



Vancouver School Board Student Registration Information

Complete the attached Student Application Form and bring it to your neighbourhood school, along with the required original documents as listed below.

Go to www.vsb.bc.ca/schools to search for your neighbourhood school by postal code or by map.

Who should register at neighbourhood schools?

* Kindergarten to Grade 12 students born in Canada, who speak English at home as the home language.

Checklist of original documents required for registration

Note: Parent(s) and/or legal guardian(s) of a child **must** come with the student to register.

Bring the following **original** documents:

- 1. Proof of address in Vancouver.**
 - Home owners:**
 - Recent property tax statement
 - or**
 - Purchase agreement if you just bought a new home
 - Renters:**
 - Formal rental or lease agreement and hydro or cable statement
- 2. Child's original birth certificate**
 - Shows parents' names with certified translation in English if needed
- 3. Canadian immigration or citizenship documents**
 - For parents and children
 - Please bring passports if available
- 4. Original school report cards** with certified translation in English if needed
 - a. Elementary school: Report cards from two most recent school years
 - b. Secondary school: All report cards from Grade 7 to current year
- 5. Child's immunization records since birth** and, if necessary, any other important health documents
- 6. Any other relevant documentation** involving guardianship, court orders, etc.



STUDENT APPLICATION FORM

VANCOUVER BOARD OF EDUCATION

Catchment School: _____
Date Application Received: _____
BCeSIS Pupil #: _____
PEN: _____ **OFFICE USE ONLY**
Grade: _____ **Home Room:** _____
Program: _____
Last school attended: _____

STUDENT INFORMATION

Gender: (Check one) Male Female **Address:** _____
Legal Last Name: _____ **City:** _____
Legal First Name: _____ **Province:** _____ **Postal Code:** _____
Usual Last Name: _____ **Home Phone #:** _____ **Check if unlisted:**
Preferred First Name: _____ **Mobile Phone#:** _____ **Check if unlisted:**
Legal Middle Name: _____ **Proof of Address** (Check one and attach when submitting)
Birth Date: _____ DD-MMM-YYYY **Municipal Tax Bill** **Rental Agreement**

Proof of Age (Check one and attach)
Birth Certificate **Certificate of Citizenship** **Court Order** **Passport** **Other**

STUDENT CITIZENSHIP INFORMATION

Country / Prov of Birth: _____ **First Language:** _____
Citizen of: _____ **Language at home:** _____
If not a Canadian Citizen, **Language most used:** _____
Date of entry into Canada: _____ DD-MMM-YYYY **Interpreter Required?** **Yes** **No**

Citizenship Status: OFFICE USE ONLY

International Funding Eligibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
International Funding Not Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Out of Province Canadian Not Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permanent Resident/Landed Immigrant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refugee	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Study Permit #: _____
Permit Expiry Date: _____

Student attended a Strong Start Centre?
Yes **No**
If yes, name of school: _____

Citizenship Information (Check one and attach)
Canada Immigration Record **Immigration Canada Permit**
Immigration Canada VISA **Passport**
Permanent Resident Card **Permanent Resident Form**

French Immersion / Montessori Applicants
Would the student consider an alternate school? **Yes** **No**
If yes, school name: _____
Sibling in the French / Montessori program? **Yes** **No**
Name of sibling: _____
School: _____
Mandarin Bilingual Program Applicants **Yes** **No**

Aboriginal Ancestry
Do you have Aboriginal Ancestry?
Yes **No**
Would you like to receive Enhanced Educational Services? **Yes** **No**

PARENT/GUARDIAN INFORMATION

Living with student **Yes** **No**
Emergency Contact **Yes** **No**
Speaks English **Yes** **No**
Willing to Volunteer? **Yes** **No**
Who has legal custody? _____
Legal Last Name: _____
Legal First Name: _____
Home Telephone #: _____
E-mail Address: _____
VISA/Work/Study Permit Number: _____

Relation to student: (Check one)
Mother **Father** **Grandparent**
Guardian **Aunt** **Uncle**
Homestay **Other** **Family Services**
Same as Student's Address **Yes** **No**
If not living with student provide address: _____
Mobile Phone #: _____
Business Phone # if available at work: _____

PARENT/GUARDIAN INFORMATION

Living with student Yes No
Emergency Contact Yes No
Speaks English Yes No
Willing to Volunteer? Yes No
Who has legal custody? _____
Legal Last Name: _____
Legal First Name: _____
Home Telephone #: _____
E-mail Address: _____
VISA/Work/Study Permit Number: _____

Relation to student: (Check one)

Mother Father Grandparent
Guardian Aunt Uncle
Homestay Other Family Services

Same as Student's Address Yes No
If not living with student provide address: _____

Mobile Phone #: _____
Business Phone # if available at work: _____

SIBLING INFORMATION (School age siblings 5-18 yrs) (Check one)

1. Name: _____ Male Female Birth Date: DD-MMM-YYYY
2. Name: _____ Male Female Birth Date: DD-MMM-YYYY
3. Name: _____ Male Female Birth Date: DD-MMM-YYYY

EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT

Legal Last Name: _____ Legal First Name: _____
Relationship: _____ **Address:** _____
Does this person speak English? Yes No Home Phone #: _____
Mobile Phone #: _____ Work Phone #: _____

EMERGENCY CONTACT: OUT OF PROVINCE / COUNTRY (Call in the event of a Natural Disaster)

Legal Last Name: _____ Legal First Name: _____
Does this person speak English? Yes No
Legal relationship to student: _____ Work Phone #: _____
Home Phone #: _____ Mobile Phone #: _____

STUDENT MEDICAL HEALTH INFORMATION

Doctor Name: _____ Phone #: _____
Dentist Name: _____ Phone #: _____
Care Card #: _____
Hospital: _____
Is an Immunization Record attached? Yes No
Allergies and Health Conditions (Check one)
Allergies/Conditions Yes No
If yes, What? _____
Life Threatening? Yes No
What? _____

The information on this form is collected under the authority of the *School Act*, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79(2) of the *School Act*. The information collected on this form will be protected consistent with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the information recorded on this form, please contact the School Administrator.

(Please sign in front of school staff listed below)

I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.

Parent / Guardian Signature: _____ **Date:** _____ **Verified by:** _____

Administrator's Signature: _____ **Date:** _____