

PLEASE PRINT

OFFICE USE ONLY

Grade _____ **French Program:** Immersion Early Late

Student # _____ PEN _____

Non-Catchment Area Form Non-District Form

Non-Catchment Area Request (sch code) _____ District Placement (sch code) _____

Traditional School Request (sch code) _____

TIME & DATE OF RECEIPT OF THIS FORM MUST BE RECORDED BY THE CATCHMENT AREA SCHOOL: _____

Legal Restrictions For Access To Student?
(If yes, copy of legal document must be on file at school)

CATCHMENT SCHOOL _____

Registration Date (MM/DD/YY) _____

Enrolment Start Date (MM/DD/YY) _____

STUDENT NAME:

Legal Family Name _____ Legal First Name _____ Legal Middle Name _____

Usual Family Name (if different from legal name) _____ Usual First Name _____ Usual Middle Name _____

BIRTHDATE _____ **GENDER** Female Male **PRIMARY LANGUAGE SPOKEN IN HOME (Check One)** English French Other (Specify) _____

MM DD YY **Birth Certificate Verified By** _____

Country of Birth _____ **Citizenship if not Canadian** _____

Has anyone in this student's immediate family immigrated to Canada? If yes, they may be eligible for settlement services for newcomers. Yes No

Proof of Parents' Status in Canada Landed Immigrant Perm Resident Refugee Status Work/Study Permit

Last School _____ Address (if known) _____ City _____

Province/State _____ Country _____ Date of Leaving _____ Grade _____

HOME PHONE / ADDRESS:

Home Phone (____) _____ - _____ **Unlisted? (Y/N)** **Proof of Residency** **Verified by:** _____

Home Address _____
Apt. # _____ House # _____ Street Name _____

City _____ **Province** _____ **Postal Code** _____

CUSTODY: **Both Parents:** Yes No If No, please indicate custody: _____
Custody Order?: Yes No If Yes, copy is required) Student Living With: _____

PARENT(S)/GUARDIAN(S) WITH WHOM CHILD RESIDES:

Name _____
Family Name _____ First Name _____ Relationship to Student _____

Business Phone (____) _____ - _____ **Cell Phone/Pager** (____) _____ - _____ **Email** _____
IMPORTANT - PRINT CLEARLY

Name _____
Family Name _____ First Name _____ Relationship to Student _____

Business Phone (____) _____ - _____ **Cell Phone/Pager** (____) _____ - _____ **Email** _____
IMPORTANT - PRINT CLEARLY

PARENT/GUARDIAN WITH WHOM CHILD DOES NOT RESIDE:

Name _____
Family Name _____ First Name _____ Relationship to Student _____

Home Address _____
Apt. # _____ House # _____ Street Name _____

City _____ **Province** _____ **Postal Code** _____

Daytime Phone (____) _____ - _____ **Cell Phone/Pager** (____) _____ - _____ **Email** _____
IMPORTANT - PRINT CLEARLY

IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, THE SCHOOL SHOULD CALL:

Name Relationship to Student Daytime Phone

MEDICAL ALERT: YES NO **Doctor:** _____ **Phone:** (____) _____ - _____

Care Card No: _____ **Medical Concerns/Severe Allergies:** _____

Please turn over and complete other side

OFFICE USE ONLY

Homeroom/Div. # _____ **Teacher Name** _____ **COPIES:** Student G4 Teacher

Records Requested **Bus Student** **District Placement** **Home Schooling** **Off-Shore Student** **Nurse** **Other** _____

STUDENT NAME: _____

FOR NEW KINDERGARTEN STUDENTS: Please fill in any Early Learning Experiences that your child has regularly participated in (i.e. Childcare, StrongStart, Family Place, Preschool etc.):

Type or Name of Early Learning Centre(s): _____

ENGLISH LANGUAGE LEARNER (ELL) ELIGIBILITY: Students are eligible for ELL support when the primary language spoken at home is a language other than English and the student meets eligibility requirements after assessment.

Is your child within this category? YES NO

SPECIAL LEARNING NEEDS: Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child? YES NO

If yes, please describe: _____

Other Children in Family	_____	_____	_____	_____	_____	_____
	Name	Gender	Age	Name	Gender	Age
	_____	_____	_____	_____	_____	_____
	Name	Gender	Age	Name	Gender	Age
	_____	_____	_____	_____	_____	_____
	Name	Gender	Age	Name	Gender	Age

SELF VOLUNTEERED INFORMATION: ABORIGINAL EDUCATION PROGRAMS ARE AVAILABLE FOR STUDENTS OF ABORIGINAL ANCESTRY

Student is of Aboriginal Ancestry: YES (Status Indian, Non Status Indian or Metis) BAND _____

Information on this form is collected under the authority of the *School Act* and will be used for educational program purposes and when required may be provided to health services, social services or other support services as outlined in the *School Act*. The information collected is protected under the Freedom of Information and Protection of Privacy Act.

Revised January, 2019

PARENT/GUARDIAN SIGNATURE

EMAIL COMMUNICATION

Canada's new anti-spam legislation requires us to obtain your consent in order to provide you with electronic information about many of the happenings and events occurring at your child's school or within our school district. As a result, the Board of Education of School District No. 37 (Delta) would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions relevant to our students and families. Examples of such messages include information about fieldtrips, fundraising, yearbooks, student pictures, dance tickets, hot lunches, Continuing Education programs, or similar events and offers.

If you wish to receive the above communications from us, please identify your consent below. Each parent/guardian must complete and sign below.

Guardian #1: Name: _____
Family Name First Name Relationship to Student

Email _____

- I DO consent to receive commercial electronic messages from the Delta School District.
- I DO NOT consent to receive commercial electronic messages from the Delta School District.

Signature _____

Guardian #2: Name: _____
Family Name First Name Relationship to Student

Email _____

- I DO consent to receive commercial electronic messages from the Delta School District.
- I DO NOT consent to receive commercial electronic messages from the Delta School District.

Signature _____

Guardian #3: Name: _____
Family Name First Name Relationship to Student

Email _____

- I DO consent to receive commercial electronic messages from the Delta School District.
- I DO NOT consent to receive commercial electronic messages from the Delta School District.

Signature _____

You may change your consent at any time by signing into Parent Connect and selecting the appropriate option or by informing your school in writing (either via email or printed note) that you choose to no longer receive email communication from the school, school district or staff relating to messages that may contain advertising or promotions.