



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

Bring the following:

- 1. **Your Child**
- 2. **Proof of address in Vancouver**
Home Owners:
 - Recent property tax statement
 - or
 - Purchase agreement if you just bought a new home with subject removed and a copy of deposit receipt**Renters:**
 - Formal rental or lease agreement and hydro or cable statement
- 3. **Child's original birth certificate**
 - Shows parent names with certified translation in English if needed
- 4. **Canadian immigration or citizenship documents** (including Canadian Citizens)
 - For parents and children
 - Please bring passports if available
- 5. **Original school report cards** with certified translation in English if needed
 - Elementary school: Report cards from two most recent school years
 - Secondary school: All report cards from Grade 7 to current year
- 6. **Child's immunization records since birth** and, if necessary, any other important health documents
- 7. 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: _____
 School Currently Attending: _____

There is a separate form for applying to Elementary District programs.
 You will find it here: <http://www.vsb.bc.ca/programs>

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: _____
 Birth Date: _____ DD-MMM-YYYY **Proof of Address** (Check one and attach when submitting)
 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 No
 International Funding Not Eligible Yes No
 Out of Province Canadian Not Eligible Yes No
 Permanent Resident/Landed Immigrant Yes No
 Refugee Yes No
 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

Aboriginal Ancestry
 Do you have Aboriginal Ancestry? Yes No
 If YES, would you like to receive Enhanced Educational Services? Yes No

Will your child be applying for an Elementary District Program?
 Yes No
 Is there a sibling already in the program?
 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: _____

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Home Telephone #: _____

Mobile Phone #: _____

E-mail Address: _____

Business Phone # if available at work: _____

VISA/Work/Study Permit Number: _____

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

Work Phone #: _____

Home Phone #: _____

Mobile 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 #: _____

Allergies and Health Conditions (Check one)

Hospital: _____

Allergies/Conditions Yes No

Is an Immunization Record attached?

If yes, What? _____

Yes No

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:** _____