



Templeton Secondary School Student Enrolment Form

FOR OFFICE USE ONLY

BCesis Number: _____

Admission Date: - -
D D M M M Y Y Y Y Y

Registration Date: - -
D D M M M Y Y Y Y Y

Admission Reason (*Circle ONE*):

Moved into Area

Admin Transfer

Parent/Student Request

Other: _____

School Year: _____ Program: _____

Grade: _____ Homeroom: _____

Previous School: _____

Last attended BC school (if different from the above): _____

Cross Boundary to this school? No Yes If yes, home school: _____

If yes, please attach a Cross-Boundary application form.

Section A – Student Information

Legal _____
LAST FIRST MIDDLE

Usual _____
LAST FIRST MIDDLE

Gender: Male Female

Birth Date: - -
D D M M M Y Y Y Y Y

Address: _____ Apt# _____

City: _____ Postal Code: _____ Home Phone Number: _____ - _____ - _____

Do you have a brother or sister that attends Templeton? If so please include their names.

Section B – Immigration / Miscellaneous Information

Country of Birth _____

First Language _____ Language Spoken at Home _____

Citizenship Status (*circle one*):

Canadian Citizen | Landed Immigrant | Work Permit | International Student

First Nation Ancestry: Yes No *If yes, please circle one of the following:*

Inuit | Metis | Non-Status | Status – Off Reserve | Status – On Reserve

Section C – Medical Information

Medical Condition and/or Allergies: _____

Life Threatening? Yes No

Care Card Number: _____

Doctor Name: _____ Phone Number: _____ - _____ - _____

Section D – Parent/Guardian Information

Custody: _____

Student lives with _____

Court Order in Effect: No Yes *If yes, please attach legal document*

Mother/ Guardian Name: _____ Relationship to student: _____ <i>If not mother</i> Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you live with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give address: _____ Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No Home Phone number: _____ - _____ - _____ Work Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____ Email Address: _____ Allow to pick up the student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Father/ Guardian Name: _____ Relationship to student: _____ <i>If not father</i> Emergency contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you live with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give address: _____ Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No Home Phone number: _____ - _____ - _____ Work Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____ Email Address: _____ Allow to pick up the student: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Any other pertinent contacts (i.e. Social Worker, etc.)? _____

Do you have a brother or sister that attends Templeton? If so please include their names.

Section E – Emergency Contact Information (Other than parents in Section D)

Name: _____ Relationship to Student: _____ Language Spoken: _____ Home Phone number: _____ - _____ - _____ Work Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____ Allow to pick up the student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Relationship to Student: _____ Language Spoken: _____ Home Phone number: _____ - _____ - _____ Work Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____ Allow to pick up the student: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section F - Approval

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 transfer of the student named above.

Parent/Guardian Signature _____ Date: _____

Enrolled by _____ Date: _____
Principal / Vice Principal

Please attach the following:

- Birth certificate
- Proof of address
- Copy of last report card

Section G - Course Selection (Secondary School Use Only)
Counsellor File Copy

Student Name: _____

BCeSIS #: _____

Counsellor: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Please attach history of marks, ESL recommendations, etc.

Additional Notes for Counsellor:

I have been informed and approve of my child's course selections.

Parent/Guardian Signature _____ Date: _____