



## 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](http://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: \_\_\_\_\_  
 SIS Pupil #: \_\_\_\_\_  
 PEN: \_\_\_\_\_ OFFICE USE ONLY  
 Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 School Currently Attending: \_\_\_\_\_

## STUDENT INFORMATION

**Gender:** (Check one) Male  Female   
 Legal Last Name: \_\_\_\_\_  
 Legal First Name: \_\_\_\_\_  
**Usual Last Name:** \_\_\_\_\_  
**Preferred First Name:** \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ DD-MMM-YYYY

Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Check if unlisted:   
 Mobile Phone#: \_\_\_\_\_ Check if unlisted:   
**Proof of Address Attached**

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

## STUDENT CITIZENSHIP INFORMATION

Country / Prov of Birth: \_\_\_\_\_  
 Citizen of: \_\_\_\_\_  
**If not** a Canadian Citizen,  
 Date of entry into Canada: \_\_\_\_\_ DD-MMM-YYYY

First Language: \_\_\_\_\_  
 Language at home: \_\_\_\_\_  
 Language most used: \_\_\_\_\_  
 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

Does student have special needs? Yes  No   
 Specify: \_\_\_\_\_

**Aboriginal Ancestry**  
 Do you have Aboriginal Ancestry?  
 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: \_\_\_\_\_

**Continue on next page**

## PARENT/GUARDIAN INFORMATION

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Emergency Contact Yes  No   
Speaks English Yes  No   
Willing to Volunteer Yes  No

### Relation to student: (Check one)

Mother  Father  Grandparent   
Guardian  Aunt  Uncle   
Homestay  Other  Family Services

Who has legal custody? \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

VISA/Work/Study Permit Number: \_\_\_\_\_

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: \_\_\_\_\_

Relationship: \_\_\_\_\_

Does this person speak English? Yes  No

Home Phone #: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

**Address:** \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

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

Legal Last Name: \_\_\_\_\_

Does this person speak English? Yes  No

Legal relationship to student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

## STUDENT MEDICAL HEALTH INFORMATION

Doctor Name: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Allergies and Health Conditions (Check one)

Allergies/Conditions Yes  No

If yes, What? \_\_\_\_\_

Life Threatening? Yes  No

What? \_\_\_\_\_

Is an Immunization Record attached?

Yes  No

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:** \_\_\_\_\_