Delta School District
Inspired Learning

PLEASE PRINT

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) |_____|

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**   **PRIMARY LANGUAGE SPOKEN IN HOME (Check One)**

|___|___|___| ☐ Female   ☐ English   ☐ Other (Specify)
MM DD YY   **Birth Certificate**   ☐ Male   ☐ French
             Verified By   _____

_____   _____   ☐ Landed Immigrant ☐ Perm Resident ☐ Refugee Status ☐ Work/Study Permit
Country of Birth   Citizenship if not Canadian

Proof of Parents' Status in Canada ☐   **If NEW to Canada in the last 5 years, indicate date of arrival** _____

Last School _____   Address (if known) _____City _____

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

HOME PHONE / ADDRESS:

Home Phone (_____) _____-_____ **Unlisted? (Y/N)** ☐   **Proof of Residency** ☐

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

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

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 <u>DOES NOT</u> 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: _____   **Special Health Problems/Allergies:** _____

_____   _____

Please turn over and complete other side

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

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

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STUDENT NAME: _____

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY: ESL students are identified as Canadian-born or foreign-born students. A Canadian student is eligible for ESL 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

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 June 13, 2013   **PARENT/GUARDIAN SIGNATURE**