School District No. 73 (Kamloops-Thompson)
Student Enrolment Form

Enroling School Name _____

Student Information

Gender: _____

Legal Last Name: _____

Legal First Name: _____

Usual Last Name: _____

Preferred First Name: _____

Legal Middle Name(s): _____   None

Date of Birth: _____
<div align="center">Day / Month / Year</div>

Proof of Age Provided, for File: _____
<div align="center">(Document Name)</div>

Home Phone: _____

Student E-mail: _____

Property Address

Street: _____

Apt.#: _____ Postal Code: _____

City/Municipality: _____

Proof of Address Provided: _____
<div align="center">(Document Name)</div>

Mailing Address

Same as Property Address: Yes   No

If Not, Mailing Address: _____

_____

Admission Information

Enrolment Date: _____ Grade: _____

Previous School/Program

First Time Entry   French Immersion   Montessori

District Program   Strong Start

Transfer   Fine Arts

Previous School/District

Previous City/Province: _____

Previous District: _____

Previous School: _____

Previous School Phone Number: _____

Citizenship

Country of Birth: _____

Citizenship: _____

   Refugee

Entry Date into Canada: _____

Visa Status: _____ Expiry: _____

Copy to be Placed in File:

   Work Permit   Expiry: _____

   Study Permit   Expiry: _____

Aboriginal Ancestry

Is your child of Aboriginal Ancestry?   Yes   No

If yes, then select:

   Status Off Reserve   Métis   Inuit

   Status On Reserve   Non-Status   Other: _____

Band of Residence: _____

DIA #: _____

Parent/Guardian Contact #1

Relationship to Child: _____

Last Name: _____

First Name: _____

   Living with Student?   Different address from Student:

Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____

Work Phone #: _____ Available at Work

E-mail Address: _____

Parent/Guardian Contact #2

Relationship to Child: _____

Last Name: _____

First Name: _____

   Living with Student?   Different address from Student:

Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____

Work Phone #: _____ Available at Work

E-mail Address: _____

If parents/guardians do not wish to receive email notifications from the school, please notify the school in writing.

Custody Information

Is there a Court Order in effect?   Yes   No

If yes: Parental   Ministry

If Ministry: Continuing Custody Order   Temporary Custody Order   Voluntary Custody Order

If there are any custody arrangements for this student, legal documentation must be filed with the school.

Family Alert

Description of Family Alert(s): _____

_____

_____

_____

_____

Siblings (Include siblings who are attending a different school)

	1.	2.	3.	4.
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

Emergency Contacts

Note: Parents should contact all emergency contacts listed below to ensure that they know they are being listed as an emergency contact.

Emergency Contact #1

Relationship to Child: _____

Last Name: _____

First Name: _____

Address: _____

_____

Home Phone #: _____ Cell Phone #: _____

Work Place: _____

Work Phone #: _____

Permission to pick up student: Yes   No

Emergency Contact #2

Relationship to Child: _____

Last Name: _____

First Name: _____

Address: _____

_____

Home Phone #: _____ Cell Phone #: _____

Work Place: _____

Work Phone #: _____

Permission to pick up student: Yes   No

Medical Information

Doctor: _____ Phone #: _____ BC Services Card #: _____

Allergies: _____ Life Threatening

Other Health Factors: _____ Life Threatening

Is this child currently on medication: Yes   No   If yes, describe: _____

Alternate Contacts

Note: Alternate Contacts are individuals/organizations who will be picking the student up from school or dropping the student off at school.
This may include daycare, babysitters or other care providers.

   Pick Up   Drop Off

Address: _____

_____

Contact Name: _____

Contact Phone #: _____

   Pick Up   Drop Off

Address: _____

_____

Contact Name: _____

Contact Phone #: _____

Other Information

Language Spoken at Home: English   Other: _____

Past Assistance:

Learning Assistance	Vision Accommodations	Hearing Accommodation
Educational Assessment	Learning Adaptations/Modification	Speech/Language
District Counsellor	Inclusive Educational Plan	Physical Accommodation

Additional Information: _____

_____

_____

_____

_____

The information provided by you is collected for the use of the school and public health personnel and will not be used for any other purpose without prior approval.

_____ I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Advisory Council,
Initial   Safe Arrival Program and Classroom Phoning Committee, etc. (as applicable).

_____ I give my consent for the publication of my child's name, photograph and comments, for school purposes, in the school yearbook or newsletter
Initial   or the school website, and on occasion, in the school district calendar, annual report or in the news media.

_____ I give my consent for my child to participate in neighbourhood, curriculum-based off school ground activities.
Initial

_____   _____
Parent Signature   Date

For Office Use Only

Proof of Age (1 required)

☐ Birth Certificate

☐ Passport

Proof of Address (1 required)

☐ Driver's License/Auto Registration

☐ Lease/Rental/Purchase Agreement

☐ Gas/Hydro Bill

Proof of BC Residency (1 required)

☐ BC Services Card

☐ District Internet Agreement completed

☐ Enrolment Interview completed

☐ Copy of Custody Court Order (if applicable)

_____   _____
Principal/Designate   Date