

École de la Vallée de Pemberton Conseil scolaire francophone de la Colombie-Britannique (S.D. 93)

1410 Portage Ave Pemberton BC V0N 2L1 Telephone: (604) 894-2038 ecole_pemberton@csf.bc.ca

Enrollment Form

STUDENT	ALERT
Legal last name	Date Grade
Legal first name	PREVIOUS SCHOOL
Usual last name	
Preferred first	District School
Middle names	Address
Gender (M/F)	
Date of birth (DD/MM/YYYY)	Telephone
Proof of age document	ABORIGINAL ANCESTRY INFORMATION
Home telephone	No Yes
PROPERTY ADDRESS	If yes Off reserve
Address	On reserve (band name)
Address Municipality	MEDICAL INFORMATION
Province Postal code	Doctor's name
MAILING ADDRESS (if different from property address)	Telephone
(ii diliototik ii olii proporty adaloso)	CareCard number
	Visual impairment (Y/N)
	Problem description
LANGUAGES & OTHER INFORMATION	Eyeglasses (Y/N) Contact lenses (Y/N)
First language	Hearing impairment (Y/N) Hearing aid (Y/N)
Language spoken at home	Problem description
Language most used	Allergies (Y/N) EpiPen (Y/N)
Country or province of birth	If yes, please list allergies and required treatment
City of birth	
Citizenship	
Immigration status	
AUTHORIZATIONS	
	Asthma (Y/N) Bronchodilator (Y/N)
I accept that information about my child (name, address, grade, telephone, pictures, audio and video recordings) be	Medication
released, if necessary, for the following school-related	Diabetes (Y/N) Requires insulin (Y/N)
activities:	Epilepsy (Y/N) Type
P.A.C. (telephone directory) (Y/N)	Medication
School transportation (Y/N)	Heart condition (Y/N)
School pictures (Y/N)	Problem description
Website (Y/N) Media (TV, radio, newspaper) (Y/N)	Is your child able to fully participate in the school's physical education
	program? (Y/N)
Field trips (Y/N)	Other pertinent information
certify that the information on this form is correct.	
Davant / Overdien eign-tur-	Data
Parent / Guardian signature	Date

The information on this form is collected under the authority of the British Columbia School Act. Information is used by the District for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.



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3. Last name 4. Last name First name First name Relationship Relationship Home telephone Home telephone Work telephone Work telephone Cellular telephone Cellular telephone Languages spoken Languages spoken	PARE	NT / GUARDIAN Custody	_	Student lives with
First name Lives with student	1.	Relationship	2.	Relationship
Lives with student		Last name		Last name
Same address as student (Y/N) If not, address		First name		First name
Same address as student (Y/N) If not, address		Lives with student (Y/N)		Lives with student (Y/N)
Speaks French				
Other languages		If not, address		If not, address
Copy of correspondence (Y/N) Willing to volunteer (Y/N) Willing to volunteer (Y/N) Home telephone Home telephone Work telephone Work telephone Cellular telephone Cellular telephone If yes, call sequence in case of emergency MF) Last name 1. 2. 3. 4. First name Relationship Relationship Relationship Relationship Home telephone Cellular telephone Cellular telephone Tirst name Relationship Relationship Relationship Relationship Home telephone Cellular telephone Cellular telephone Cellular telephone Tirst name Relationship Home telephone Cellular te		Speaks French (Y/N)		Speaks French (Y/N)
Willing to volunteer		Other languages		Other languages
Home telephone Work telephone Emergency contact (Y/N) Can pick up (Y/N) Emergency contact (Y/N) Can pick up (Y/N) If yes, call sequence in case of emergency If yes, call sequence in case of emergency If yes, call sequence in case of emergency SIBLINGS Last name 1, 2, 3, 4, 4, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Copy of correspondence (Y/N)		Copy of correspondence (Y/N)
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