

Student Registration Form Checklist

This form must be completed by a parent or legal guardian.

Complete the Student Registration form and bring it to Central Registration at
2121 Lonsdale Avenue, North Vancouver, along with the required **original** documents listed below.

Documents required for all student registrations:

Please bring originals - Central Registration staff will make copies

1. **Child's original birth certificate**
 - Ideally, showing parent names, with certified translation in English, if applicable
2. **Proof of Status in Canada both parents and children.**
 - **Canadian Citizens** – Canadian Birth Certificate, Canadian Passport or Citizenship Card/ Certificate, Certificate of Indian Status Identification Card
 - **Permanent Residents** - passports **and** valid Permanent Residence Card or Confirmation of Permanent Residence Document (valid landing document)
 - **Work Permit** - Parent's Work Permit, accompanying parent & child's Study or Visitor Record Permit, parent's Letter/Offer of Employment **and** passports
 - **Study Permit** - Parent's Study Permit, accompanying parent & child's Study or Visitor Record Permit, Letter of Acceptance from school program/admission letter, and proof of tuition payment **and** passports
 - Refugee Claimant Document(s) (if available)
 - Diplomatic Card and passports
3. **Legal documentation involving guardianship** - separation, divorce, and guardianship orders, adoption orders, etc.
4. **Proof of address in BC**
(current address determines catchment, pre-sale agreements are not considered)

Accepted documents are:

 - **Home Owners:**
 1. Current BC Hydro, gas, landline telephone, or internet/cable statement
 2. Purchase agreement, if you have bought a new home with subjects removed,
 - **Renters:**
 - Formal rental or lease agreement **and a current BC Hydro**, gas, landline telephone, or internet/cable statement in the tenant's or landlord/ homeowner's name (as per lease/tenancy agreement)
 - Please note:** If you do not have a formal tenancy agreement (e.g., living with family/friend), we require:
 - Letter from the tenant/homeowner stating this living arrangement including the names of all your family members (children & parents) living in their residence, **and**
 - Proof of their address (as per accepted documents above)
5. **School Reports**, with certified translation in English, if applicable
 - Elementary School (grades 1-7): Report cards from the most recent school year
 - Secondary School (grades 8-12): Most recent report card (for grades 8 and 9) or, for older students, report cards from Grade 10 to current year
 - If applicable, any Individual Education Plan (IEP), Psych Ed reports, or medical reports

Student Registration Form

English K Fr Immersion K English (Gr 1-12) Fr Immersion (Gr 1-12) Late Fr Immersion (Gr 6/7 entry)

This form must be submitted in person by a parent or legal guardian to
Central Registration, 2nd Floor, 2121 Lonsdale Avenue, North Vancouver, BC V7M 2K6
Please refer to checklist for original documents required for registration

North Van Catchment Area School	1st Placement Request	2nd Placement Request
<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Information *Please Print*

Entering School Year (YYYY-YYYY) :	<input type="text"/>	Entering Grade	<input type="text"/>
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LEGAL Last Name	LEGAL First Name	LEGAL Middle Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Usual Last Name	Usual First Name	Usual Middle Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Male <input type="radio"/> Female	Birthdate (DD/MMM/YYYY):	<input type="text"/>
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Apt #	Address	City	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Previous School	City	Province	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has the student ever previously attended a school in the North Vancouver School District?	<input type="radio"/> Yes	<input type="radio"/> No
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If yes, please list name of school(s):	<input type="text"/>	School Year(s) attended:	<input type="text"/>
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Primary Language Spoken at Home:	<input type="text"/>
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Special Learning Considerations: <input type="checkbox"/> ELL <input type="checkbox"/> Learning Assistance <input type="checkbox"/> SPED (Ministry Category)	<input type="text"/>
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Medical Alerts: <input type="checkbox"/> Anaphylaxis (Extreme Allergic Reaction) <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Severe Asthma <input type="checkbox"/> Blood Clotting Disorder <input type="checkbox"/> Serious Heart Condition
<input type="checkbox"/> Special Needs (with potentially life threatening condition)
<input type="text"/>

Doctor Name	Doctor Phone	Care Card #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Aboriginal Ancestry

<input type="radio"/> Yes <input type="radio"/> No If Yes, Status: <input type="checkbox"/> Off Reserve <input type="checkbox"/> Metis <input type="checkbox"/> Non Status Band Of Residence:	<input type="text"/>
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Citizenship Status

Country of Birth	Citizen of	<input type="radio"/> Canadian Citizen <input type="radio"/> Exchange Student <input type="radio"/> Permanent Resident/Landed Immigrant <input type="radio"/> Refugee <input type="radio"/> Study/Visitor Permit
<input type="text"/>	<input type="text"/>	

Sibling Information (school aged)

Sibling 1 - Last Name	First Name	<input type="radio"/> Male <input type="radio"/> Female	Birthdate (DD/MMM/YYYY)
<input type="text"/>	<input type="text"/>		<input type="text"/>

Current School/Program:	<input type="text"/>	School Year:	<input type="text"/>	Grade:	<input type="text"/>
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Sibling 2 - Last Name	First Name	<input type="radio"/> Male <input type="radio"/> Female	Birthdate (DD/MMM/YYYY)
<input type="text"/>	<input type="text"/>		<input type="text"/>

Current School/Program:	<input type="text"/>	School Year:	<input type="text"/>	Grade:	<input type="text"/>
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Student Registration Form

Parent/Guardian Information

Student Lives With: Both Parents Mother Only Father Only Legal Guardian Other:

Parent/Guardian 1		Relationship to Student: <input type="text"/>	
Last Name	First Name	Address (if different from Parent/Guardian 2)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Citizenship Status: Canadian Citizen Permanent Resident/Landed Immigrant Refugee
 Work Permit Study Permit Visitor Record Permit

Parent/Guardian 2		Relationship to Student: <input type="text"/>	
Last Name	First Name	Address (if different from Parent/Guardian 1)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Citizenship Status: Canadian Citizen Permanent Resident/Landed Immigrant Refugee
 Work Permit Study Permit Visitor Record Permit

Alternate Contact Information (if Parent/Guardian cannot be reached)

Contact 1 - Last Name	First Name	Relationship to Student
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact 2 - Last Name	First Name	Relationship to Student
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Declaration and Agreement

The information on this form is collected under the authority of the *School Act*. 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 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 District Principal, Administrative Services.

I certify that the above information is correct and valid 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 Name - Please Print	Parent/Guardian Signature	Date (DD/MMM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Name - Please Print	Parent/Guardian Signature	Date (DD/MMM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Information & Documentation - For Office Use Only

Student: <input type="checkbox"/> Proof of Citizenship/Immigration Status <input type="checkbox"/> Fee paying Int'l Student (previously) <input type="checkbox"/> Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> _____ <input type="checkbox"/> Report Cards/IEP/Evaluation/Medical Documents <input type="checkbox"/> English Language Assessment Required <input type="checkbox"/> Booked	Parent/Guardian: <input type="checkbox"/> Proof of Citizenship/Immigration Status <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Legal Court Order <input type="checkbox"/> 2nd Parent/Guardian Consent <input type="checkbox"/> Parents Work Permit Expiry Date(DD/MMM/YYYY): _____ <input type="checkbox"/> Parents Study Permit Expiry Date(DD/MMM/YYYY): _____
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Received By: <input type="text"/>	Date (DD/MMM/YYYY): <input type="text"/>
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