

# 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) and copy of passport
  - Diplomatic Card and passports
3. **Legal documentation involving guardianship** - separation, divorce, 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 <input type="text"/>	1st Placement Request <input type="text"/>	2nd Placement Request <input type="text"/>
---------------------------------------------------------	-----------------------------------------------	-----------------------------------------------

## Student Information *Please Print*

Entering School Year (YYYY-YYYY) :    Entering Grade

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

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

Male    Female   Birthdate (DD/MMM/YYYY):

Apt # <input type="text"/>	Address <input type="text"/>	City <input type="text"/>	Postal Code <input type="text"/>
-------------------------------	---------------------------------	------------------------------	-------------------------------------

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

Has the student ever previously attended a school in British Columbia?    Yes    No

If yes, please list name of school(s):    School Year(s) attended:

**Inclusive Education:**    IEP / SPED    ELL    Speech/Lang.    OT / PT    NSCDP

Primary Language Spoken at Home:

**Medical Alerts:**    Anaphylaxis (Extreme Allergic Reaction)    Diabetes    Seizure Disorder  
 Severe Asthma    Blood Clotting Disorder    Serious Heart Condition  
 Special Needs (with potentially life threatening condition)  

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

### Aboriginal Ancestry

Yes    No   If Yes, Status:    Off Reserve    Metis    Non Status   Band Of Residence:

### Citizenship Status

Country of Birth <input type="text"/>	Citizen of <input type="text"/>	<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
------------------------------------------	------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Sibling Information (school aged)

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

Current School/Program: <input type="text"/>	School Year: <input type="text"/>	Grade: <input type="text"/>
----------------------------------------------	-----------------------------------	-----------------------------

<b>Sibling 2</b> - Last Name <input type="text"/>	First Name <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	Birthdate (DD/MMM/YYYY) <input type="text"/>
------------------------------------------------------	------------------------------------	---------------------------------------------------------	-------------------------------------------------

Current School/Program: <input type="text"/>	School Year: <input type="text"/>	Grade: <input type="text"/>
----------------------------------------------	-----------------------------------	-----------------------------

# Student Registration Form

## Parent/Guardian Information

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

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

Email Address <input type="text"/>	Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <input type="text"/>
------------------------------------	---------------------------------	---------------------------------	---------------------------------

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

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

Email Address <input type="text"/>	Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <input type="text"/>
------------------------------------	---------------------------------	---------------------------------	---------------------------------

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

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)

<b>Contact 1 - Last Name</b> <input type="text"/>	First Name <input type="text"/>	Relationship to Student <input type="text"/>
---------------------------------------------------	---------------------------------	----------------------------------------------

Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <input type="text"/>
---------------------------------	---------------------------------	---------------------------------

<b>Contact 2 - Last Name</b> <input type="text"/>	First Name <input type="text"/>	Relationship to Student <input type="text"/>
---------------------------------------------------	---------------------------------	----------------------------------------------

Home Phone <input type="text"/>	Work Phone <input type="text"/>	Cell Phone <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 <input type="text"/>	Parent/Guardian Signature <input type="text"/>	Date (DD/MMM/YYYY) <input type="text"/>
----------------------------------------------------------	------------------------------------------------	-----------------------------------------

Parent/Guardian Name - Please Print <input type="text"/>	Parent/Guardian Signature <input type="text"/>	Date (DD/MMM/YYYY) <input type="text"/>
----------------------------------------------------------	------------------------------------------------	-----------------------------------------

## Information & Documentation - For Office Use Only

<b>Student:</b> <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	<b>Parent/Guardian:</b> <input type="checkbox"/> Proof of Citizenship/Immigration Status <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Parent Declaration Signed <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): _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Received By: <input type="text"/>	Date (DD/MMM/YYYY): <input type="text"/>
-----------------------------------	------------------------------------------