

Summer Learning Student Registration Form

SUMMER LEARNING
Ph: 604-903-3333
Fax: 604-903-3334
summer@sd44.ca

Checklist

Complete this registration form ONLY if you are a currently enrolled student in a BC private/independent school.

Bring the completed form, along with the required original documents listed below to the School Office at

Mountainside Secondary School,3365 Mahon Avenue, North Vancouver, within 4 days of payment.

* * * Incomplete student registrations will be withdrawn after 10 days of payment. * * *

Documents required for all Summer School student registrations: Please bring originals - Summer School staff will make copies 1. Student's original birth certificate · Ideally, showing parent names, with certified translation in English, if applicable 2. Proof of Status in Canada for parent(s) and student. Canadian Citizens - Canadian Birth Certificate, Canadian Passport or Citizenship Card/ Certificate, Certificate of Indian Status Identification Card Permanent Residents - valid Permanent Residence Card or Confirmation of Permanent Residence Document (valid landing document) and passports 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 Accepted documents are: Home Owners: - Recent property tax statement, or - Purchase agreement, if you just bought a new home with subjects removed, or - Current BC Hydro, gas, landline telephone, or internet/cable statement Renters: - Formal rental or lease agreement and a current BC Hydro, gas, landline telephone, or internet/cable statement 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 Secondary School (grades 8-12): Most recent report card. 6. Individualized Education Plan (if student holds a designation)

7. KEV CashOnline Receipt for Summer School course payment



Summer Learning Student Registration Form

SUMMER LEARNING

Ph: 604-903-3333 Fax: 604-903-3334 summer@sd44.ca

This form must be submitted in person to: Summer School Registration, Mountainside Secondary School, 3365 Mahon Avenue, North Vancouver, BC V7N 3T7 Please refer to checklist for original documents required for Summer School registration									
	7 10000 1010	to circumst	Course Info				criour registr		
Course Name:							Course Grad	de Level:	
			Student Info	rmatio	1 Please P	Print			
Current School	Year: 2018		PEN # (9 digits):						
Student LEGAL Last Name			Student LEGAL First Name			Stud	Student LEGAL Middle Name(s)		
Student Usual Last Name			Student Usual First Name			Stude	Student Usual Middle Name(s)		
	◯ Femal	e	Birthdate (DD/MMM	M/YYYY):					
Apt#	Address					City		Postal Code	
Name of School attended in June				City			Province	Country	
Has the student	ever previous	y attended a s	chool in the North	Vancouv	er School D	District?	○ Yes	○ No	
If yes, please lis	t name of sch	ool(s):				School	Year(s) attend	led:	
Primary Langua	ge Spoken at	Home:							
Special Learnin [•] Please provid			Learning A			•	y Category)*		
Medical Alerts:	Anaphy	axis (Extreme	Allergic Reaction)	Diak	petes	s	eizure Disorder	
	Severe A	Asthma	Blood C	lotting Dis	order		Serious Hea	rt Condition	
	Special	Needs (with p	otentially life threa	tening co	ndition)				
Doctor Name			Doctor Phone	Octor Phone Care Card #					
Aboriginal Ance	setry								
	o If Yes, Sta	tus:	Reserve Met	is 🖂	Non Status	Band O	f Residence:		
Citizenship Stat		<u>L.</u>				zana o			
Country of Birth		Citizen of		○ Perm	dian Citize anent Resi //Visitor Pe	ident/Lande	☐ Internation	onal Student Refugee	



26-Jan-2018

Summer Learning Student Registration Form

SUMMER LEARNING

Ph: 604-903-3333 Fax: 604-903-3334 summer@sd44.ca

Relationship to Student: Address (if different from Parent/Guardian 1)	Parent/Guardian 1				Guardian (Other:				
Email Address Home Phone Work Phone Cell Phone		Relationshi	Relationship to Student:						
Citizenship Status: Canadian Citizen C Permanent Resident/Landed Immigrant C Refugee Work Permit C Study Permit C Study Permit C Visitor Record Permit Parent/Guardian 2 Relationship to Student Last Name First Name Address (if different from Parent/Guardian 1): Email Address Home Phone Work Phone Cell Phone Citizenship Status: C Canadian Citizen C Permanent Resident/Landed Immigrant C Refugee Work Permit C Study Permit C Visitor Record Permit Alternate Contact Information (if Parent/Guardian cannot be reached) Contact 1 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student 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 service support services as outlined in the School Act. The information collected on this form will be protected consistent with Freedom of Information in Secondarian is correct and valid of this date. I understand that the provision of false information may to my child no longer being able to attend the assigned school. Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Consent Parents Study Permit Eviny Designandian	Last Name	First Name	First Name Address			s (if different from Parent/Guardian 2)			
Citizenship Status: Canadian Citizen C Permanent Resident/Landed Immigrant C Refugee Work Permit C Study Permit C Study Permit C Visitor Record Permit Parent/Guardian 2 Relationship to Student: Last Name First Name Address (if different from Parent/Guardian 1): Email Address Home Phone Work Phone Cell Phone Citizenship Status: C canadian Citizen C Permanent Resident/Landed Immigrant C Refugee Work Permit C Study Permit C Visitor Record Permit Alternate Contact Information (if Parent/Guardian cannot be reached) First Name Relationship to Student Home Phone Work Phone Cell Phone Contact 1 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student Home Phone Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student 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 service support services as outlined in the School Act. The information collected on this form will be protected consistent with Freedom of Information and Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DDMMMYYYY) Parent/Guardian Name - Please Print Parent/Guardian Consent Parents Study Permit Every Designation Mandrey Parents Study Permit Every Designation Mandrey Parents Study Permit Every Designation Mandrey Parents Work Permit Every Designation Mandrey Parents Study Permit Ev									
Cilizenship Status:	Email Address		Hon	ne Phone	Work Phone	Cell Phone			
Cilizenship Status:									
Relationship to Student: Last Name	Citizenship Status:			ent/Landed Ir	-				
Last Name First Name First Name Address (if different from Parent/Guardian 1)	○ Work Po	ermit C Stu	dy Permit		O v	isitor Record Permit			
Email Address	Parent/Guardian 2	Relationshi	p to Student:						
Email Address	Last Name	First Name	}	Add	ress (if different from	Parent/Guardian 1)			
Citizenship Status: Canadian Citizen Permanent Resident/Landed Immigrant Refugee Work Permit Study Permit Nutration (if Parent/Guardian cannot be reached) Contact 1 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student Home Phone Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student Home Phone Work Phone Cell Phone Cell Phone 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 service support services as outlined in the School Act. The information collected on this form will be protected consistent with recedom of Information and Protection of Privacy Act. If you have any questions about the Information recorded on this for please contact the District Principal, Administrative Services. Icertify that the above information is correct and valid of this date. I understand that the provision of false information may to my child no longer being able to attend the assigned school. Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DD/MMM/YYYY) Information & Documentation - For Office Use Only Student: Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DD/MMM/YYYY) Information & Documentation - For Office Use Only Student: Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DD/MMM/YYYY) Parent/Guardian Parent/Guardian Consent Proof of Citizenship/Immigration Status Fee paying Int'l Student (previously) Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Parents Work Permit Expry Date(DD/MMM/YYYY): English Language Assessment Required Passport Other Parents Study Permit Expry Date(DD/MMM/YYYY):									
Citizenship Status: Canadian Citizen Permanent Resident/Landed Immigrant Refugee Work Permit Study Permit Study Permit Refugee Alternate Contact Information (if Parent/Guardian cannot be reached) Contact 1 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student More Phone Work Phone Cell Phone Contact 2 - Last Name First Name Relationship to Student 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 service support services as outlined in the School Act. The information collected on this form will be protected consistent with Freedom of Information and Protection of Privacy Act. If you have any questions about the Information recorded on this for please contact the District Principal, Administrative Services. I certify that he above information is correct and valid of this date. I understand that the provision of false information may to my child no longer being able to attend the assigned school. Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DD/MMM/YYYY) Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DD/MMM/YYYY) Information & Documentation - For Office Use Only Student: Proof of Citizenship/Immigration Status Fee paying Int'l Student (previously) Proof of Citizenship/Immigration Status Fee paying Int'l Student (previously) Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Parents Work Permit Expry Date(DDM/MM/YYYY): English Language Assessment Required Parents Study Permit Expry Date(DDM/MM/YYYY):	Email Address		Hon	ne Phone	Work Phone	Cell Phone			
Alternate Contact Information (if Parent/Guardian cannot be reached) Contact 1 - Last Name									
Alternate Contact Information (if Parent/Guardian cannot be reached) Contact 1 - Last Name	Canadia	an Citizen Per	manent Resic	lent/Landed I	mmigrant C R	.efuqee			
Alternate Contact Information (if Parent/Guardian cannot be reached) Contact 1 - Last Name First Name Relationship to Student	Oilizeriship Status.					-			
First Name	742		<u>-</u>	/Guardian (
Home Phone Work Phone Cell Phone						•			
Contact 2 - Last Name First Name	OUNTAGE 1				Troision,	Judent			
Contact 2 - Last Name First Name	Home Phone	Work Phor	ıĄ		Cell Phone				
Home Phone Mork Phone Cell Phone	Tiomo i nons		Tonk i Helio						
Home Phone Mork Phone Cell Phone	Contact 2 - Last Name	First Name	First Name			Student			
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 service support services as outlined in the School Act. The information collected on this form will be protected consistent with Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this for 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 be to my child no longer being able to attend the assigned school. Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DD/MMM/YYYY) Information & Documentation - For Office Use Only Student: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order Date (DD/MMM/YYYY): Legal Court Order Parent/Guardian Consent Parents Work Permit Expiry Date(DD/MMM/YYYY): English Language Assessment Required	OUMUNE LACT.TEM.		I list walle						
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 service support services as outlined in the School Act. The information collected on this form will be protected consistent with Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this for 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 be to my child no longer being able to attend the assigned school. Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DD/MMM/YYYY) Information & Documentation - For Office Use Only Student: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order Date (DD/MMM/YYYY): Legal Court Order Parent/Guardian Consent Parents Work Permit Expiry Date(DD/MMM/YYYY): English Language Assessment Required	Home Phone	Work Phor			Cell Phone	Cell Phone			
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 service support services as outlined in the School Act. The information collected on this form will be protected consistent with Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this for 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 it to my child no longer being able to attend the assigned school. Parent/Guardian Name - Please Print Parent/Guardian Signature Parent/Guardian Signature Date (DD/MMM/YYYY) Information & Documentation - For Office Use Only Student: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order Parents Work Permit Expiry Date(DD/MMM/YYYY): English Language Assessment Required	TIOTHO F HOLD		<u> </u>						
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 service support services as outlined in the School Act. The information collected on this form will be protected consistent with Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this for 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 it to my child no longer being able to attend the assigned school. Parent/Guardian Name - Please Print Parent/Guardian Signature Parent/Guardian Signature Date (DD/MMM/YYYY) Information & Documentation - For Office Use Only Student: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order Parents Work Permit Expiry Date(DD/MMM/YYYY): English Language Assessment Required		Applicant's	Doclaration a	ad Agreemer					
Parent/Guardian Name - Please Print Parent/Guardian Signature Parent/Guardian Name - Please Print Parent/Guardian Signature Date (DD/MMM/YYYY) Date (DD/MMM/YYYY) Parent/Guardian Signature Date (DD/MMM/YYYY) Parent/Guardian Signature Parent/Guardian: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Report Cards/IEP/Evaluation/Medical Documents Parents Work Permit Expiry Date(DD/MMM/YYYY): Proof Date (DD/MMM/YYYY):	educational programs and adm support services as outlined in Freedom of Information and Pro	ninistrative purposes, and the School Act. The ir	d when requir nformation co	red may be pr ollected on thi	rovided to health ser is form will be prote	rvices, social services ected consistent with			
Information & Documentation - For Office Use Only Student: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Report Cards/IEP/Evaluation/Medical Documents Parents Work Permit Expiry Date(DD/MMM/YYYY): Parents Study Permit Expiry Date(DD/MMM/YYYY):	certify that the above informat	tion is correct and valid o	of this date. I u		at the provision of fa	alse information may l			
Information & Documentation - For Office Use Only Student: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Report Cards/IEP/Evaluation/Medical Documents Parents Work Permit Expiry Date(DD/MMM/YYYY): Parents Study Permit Expiry Date(DD/MMM/YYYY):	certify that the above informat to my child no longer being able	tion is correct and valid of e to attend the assigned s	of this date. I u school.	understand th					
Student: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Parents Work Permit Expiry Date(DD/MMM/YYYY): Parents Study Permit Expiry Date(DD/MMM/YYYY):	certify that the above informat to my child no longer being able Parent/Guardian Name - Pleas	tion is correct and valid of the to attend the assigned see Print Parent/Gua	of this date. I u school. ardian Signat	understand the					
Student: Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Parents Work Permit Expiry Date(DD/MMM/YYYY): Parents Study Permit Expiry Date(DD/MMM/YYYY):	certify that the above informat to my child no longer being able Parent/Guardian Name - Pleas	tion is correct and valid of the to attend the assigned see Print Parent/Gua	of this date. I u school. ardian Signat	understand the	Date (DD/MMM/	YYYY)			
Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Citizenship/Immigration Status Proof of Residency Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Report Cards/IEP/Evaluation/Medical Documents Parents Work Permit Expiry Date(DD/MMM/YYYY): English Language Assessment Required Parents Study Permit Expiry Date(DD/MMM/YYYY):	certify that the above informat to my child no longer being able Parent/Guardian Name - Pleas Parent/Guardian Name - Pleas	tion is correct and valid of the to attend the assigned see Print See Print Parent/Gua Parent/Gua	of this date. Tu school. ardian Signat ardian Signat	understand the	Date (DD/MMM/	YYYY)			
Fee paying Int'l Student (previously) Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Report Cards/IEP/Evaluation/Medical Documents Parents Work Permit Expiry Date(DD/MMM/YYYY): Parents Study Permit Expiry Date(DD/MMM/YYYY):	certify that the above informat to my child no longer being able Parent/Guardian Name - Pleas Parent/Guardian Name - Pleas Information & Documentati	tion is correct and valid of the to attend the assigned see Print See Print Parent/Gua Parent/Gua	of this date. Tu school. ardian Signat ardian Signat	understand the	Date (DD/MMM/	YYYY)			
Proof of Age: Birth Certificate Passport Other Legal Court Order 2nd Parent/Guardian Consent Report Cards/IEP/Evaluation/Medical Documents Parents Work Permit Expiry Date(DD/MMM/YYYY): English Language Assessment Required Parents Study Permit Expiry Date(DD/MMM/YYYY):	certify that the above information my child no longer being able Parent/Guardian Name - Please Parent/Guardian Name - Please Ple	tion is correct and valid of the to attend the assigned see Print Parent/Guase Print Pare	of this date. I uschool. ardian Signat ardian Signat	understand the ture ture rent/Guardian	Date (DD/MMM/	(YYYY) (YYYY)			
Report Cards/IEP/Evaluation/Medical Documents Parents Work Permit Expiry Date(DD/MMM/YYYY): Parents Study Permit Expiry Date(DD/MMM/YYYY):	certify that the above information my child no longer being able Parent/Guardian Name - Pleas Parent/Guardian Name - Pleas Information & Documentation Student: Proof of Citizenship/Immigration	tion is correct and valid of the to attend the assigned see Print See Print Parent/Gua Parent/Gua ion - For Office Use O	of this date. I uschool. ardian Signat ardian Signat	ture ture rent/Guardiar	Date (DD/MMM/ Date (DD/MMM/ n: enship/Immigration Statu	(YYYY) (YYYY)			
English Language Assessment Required Parents Study Permit Expiry Date(DD/MMM/YYYY):	recrify that the above information my child no longer being able Parent/Guardian Name - Please Parent/Guardian Name - Please Information & Documentation Student: Proof of Citizenship/Immigration Fee paying Int'l Student (previous	tion is correct and valid of the to attend the assigned see Print See Print Parent/Gua Farent/Gua For Office Use Offi	of this date. I uschool. ardian Signat ardian Signat Only Par	ture ture rent/Guardiar Proof of Citizer	Date (DD/MMM/ Date (DD/MMM/ Date (DD/MMM/ n: enship/Immigration Statu	YYYY) YYYY)			
	recrify that the above information my child no longer being able Parent/Guardian Name - Please Parent/Guardian Name - Please Information & Documentation Student: Proof of Citizenship/Immigration Fee paying Int'l Student (previous Proof of Age: Birth Certification my children in the proof of Birth Certification my children in the proof of Age: Birth	tion is correct and valid of the to attend the assigned see Print Parent/Guase Print Parent/Guase Print Parent/Guase Print Parent/Guase	of this date. I uschool. ardian Signat ardian Signat Only Par	ture ture rent/Guardiar Proof of Citizer Proof of Reside	Date (DD/MMM/ Date (DD/MMM/ n: enship/Immigration Statulency Order 2nd Parel	YYYYY) YYYYY) us nt/Guardian Consent			
· · · · · · · · · · · · · · · · · · ·	Parent/Guardian Name - Please Information & Documentation Proof of Citizenship/Immigration Proof of Age: Report Cards/IEP/Evaluation/Metotomy child no longer being able to my child no longer being a	tion is correct and valid of the to attend the assigned see Print See Print Parent/Gua For Office Use Office Use Officate Passport Officate Passport Officate O	of this date. I uschool. ardian Signat ardian Signat Only Par	ture ture rent/Guardiar Proof of Citizer Proof of Reside Legal Court O Parents Work	Date (DD/MMM/ Date (DD/MMM/ Date (DD/MMM/ Date (DD/MMM/ 2nd Parei Expiry Date(DD/MM	YYYY) YYYY) us nt/Guardian Consent M/YYYY):			