

## Summer Learning Student Registration Form Checklist

SUMMER LEARNING Ph: 604-903-3333

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

Complete this registration form **ONLY** if you are a student whose current school of record is **OUTSIDE** the North

Vancouver School District.

Submit the completed form, along with scanned copies of the required documents listed below to <a href="mailto:summer@sd44.ca">summer@sd44.ca</a>, within 4 days of payment.

\* \* \* Only complete registration packets, with all the required documents and payment receipt attached, will be processed. \* \* \*

ents required for a	II Summer School student registrations:
1 Student's origin	nal birth certificate
_	showing parent names, with certified translation in English, if applicable
	in Canada for parent(s) and student.  an Citizens – Canadian Birth Certificate, Canadian Passport or Citizenship Card/
<ul> <li>Permar Resider</li> </ul>	ate, Certificate of Indian Status Identification Card nent Residents - valid Permanent Residence Card or Confirmation of Permanent nce Document (valid landing document) and passports
Record • Study F Record tuition p • Refuge	ermit - Parent's Work Permit, accompanying parent & child's Study or Visitor Permit, parent's Letter/Offer of Employment and passports  Permit - Parent's Study Permit, accompanying parent & child's Study or Visitor Permit, Letter of Acceptance from school program/admission letter, and proof of ayment and passports  e Claimant Document(s) (if available)  atic Card and passports
•	tation involving guardianship - separation, divorce, and guardianship orders,
4. Proof of addres	s in BC
Accepted do	ocuments are:
Home (	Owners:
– P	ecent property tax statement, or urchase agreement, if you just bought a new home with subjects removed, or urrent BC Hydro, gas, landline telephone, or internet/cable statement
• Renters	<b>3</b> :
	ormal rental or lease agreement and a current BC Hydro, gas, landline telephone, or internet/cable statement
	ase note: If you do not have a formal tenancy agreement (e.g., living with illy/friend), we require:
	<ul> <li>Letter from the tenant/homeowner stating this living arrangement including the names of all your family members (children &amp; parents) living in their residence, and</li> <li>Proof of their address (as per accepted documents above)</li> </ul>
5. School Reports	, with certified translation in English, if applicable
	ary School (grades 8-12): <b>Most recent report card.</b>
6. Individualized E	ducation Plan (if student holds a designation)
	Receipt for Summer School course payment



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 $\bigcirc$  ELL  $\bigcirc$  Full Credit Grade 10 - 12  $\bigcirc$  Foundations Grade 8 - 9

This form must be submitted via email to: summer@sd44.ca Please refer to checklist for scanned_documents required for Summer School registration									
Course Information Please Print									
Course Name: Course Grade Level:									
			Student Informa	ation Pleas	se Print				
Current School	Year :		PEN # (9 digits):						
Student LEGAL Last Name		Student LEGAL First Name			Student LEGAL Middle Name(s)				
Student Usual Last Name		Student Usual First Name			Student Usual Middle Name(s)				
○ Male	○ F	emale	Birthdate (DD/MMM/YY)	Y):					
Apt #	Address				Cit	у	Postal Code		
Name of School attended in June				City		Province	Country		
Has the student	ever pre	viously attended a s	chool in the North Var	couver Scho	ool Distri	ict?	○ No		
If yes, please list name of school(s):  School Year(s) attended:									
Primary Langua	age Spok	en at Home:							
Special Learning Considerations: ELL Learning Assistance SPED (Ministry Category)*  * Please provide a current copy of the student's Individualized Education plan.									
Medical Alerts:	: Ar	naphylaxis (Extreme	Allergic Reaction)		Diabete	s	Seizure Disorder		
Severe Asthma Blood Clotting Disorder Serious Heart Condition									
Special Needs (with potentially life threatening condition)									
Doctor Name			Doctor Phone			Care Card #			
Aboriginal Ana	octr.								
Aboriginal Ancestry  Yes No If Yes, Status: Off Reserve Metis Non Status Band Of Residence:									
Citizenship Status									
Country of Birth  Citizen of  Permanent Resident/Landed Immigrant  Refugee  Study/Visitor Permit									



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Parent/Guardian Information									
Student Lives With:   Both Parents   Mother Only   Father Only   Legal Guardian   Other:									
Parent/Guardian 1	Relationship to Stud	lent:							
Last Name	First Name		Address (if different from Parent/Guardian		ent/Guardian 2)				
Email Address		Home Pho	ne	Work Phone	Cell Phone				
Citizanahin Statusi	O Permanent F	Resident/La	nded Imm	igrant	gee				
Citizenship Status: Work Permit	Study Permit			○ Visito	or Record Permit				
Parent/Guardian 2	Relationship to Stud	lent:							
Last Name	First Name		Address	(if different from Parent/Guardian 1)					
Email Address		Home Pho	ne	Work Phone	Cell Phone				
Citizenship Status: Canadian Citizen	Permanent F	Resident/La	nded Imm	igrant	gee				
Work Permit	<ul><li>Study Permi</li></ul>	it		○ Visito	or Record Permit				
Alternate Contact	t Information (if Pa	arent/Guar	dian can	not be reached)					
Contact 1 - 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 Declarat								
The information on this form is collected under the authority of the <i>School Act</i> . 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 <i>School Act</i> . The information collected on this form will be protected consistent with the <i>Freedom of Information and Protection of Privacy Act</i> . 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 Si	ignature		Date (DD/MMM/YYYY)					
District Name Places Print				Deta (DDawnsons)					
Parent/Guardian Name - Please Print	Parent/Guardian Signature		Date (DD/MMM/YYYY)						
Information & Documentation - For Of Student:	ffice Use Only								
☐ Proof of Citizenship/Immigration Status ☐ Fee paying Int'l Student (previously)	Proof o	Parent/Guardian:  Proof of Citizenship/Immigration Status  Proof of Residency							
Proof of Age: Birth Certificate Pa  Report Cards/IEP/Evaluation/Medical Docume	assport Other		Court Orde		uardian Consent				
English Language Assessment Required	ints	raicing work rain		mit Expiry Date(DD/MMM/YYYY):					
Eligiisti Laliguage Assessitioni Noquiloa	— ∐ Pareni	Parents Study Permit Expiry Date(DD/MMM/YYYY):							
Received By:	Date (DD/	Date (DD/MMM/YYYY):							