

Summer Learning Student Registration Form

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***** Incomplete student registrations will be withdrawn after 10 days of payment.*****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

ELL Full Credit Grade 10 - 12 Review & Completion Grade 8 - 9 Transition Grade 7/8

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

Course Information *Please Print*

Course Name: _____

Course Grade Level: _____

Student Information *Please 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

Female

Birthdate (DD/MMM/YYYY):

Apt #

Address

City

Postal Code

Name of School attended in June

City

Province

Country

Has the student ever previously attended a school in the North Vancouver School District?

Yes

No

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

School Year(s) attended:

Primary Language Spoken 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:

Anaphylaxis (Extreme Allergic Reaction)

Diabetes

Seizure Disorder

Severe Asthma

Blood Clotting Disorder

Serious Heart Condition

Special Needs (with potentially life threatening condition)

Doctor Name

Doctor Phone

Care Card #

Aboriginal Ancestry

Yes

No

If Yes, Status:

Off Reserve

Metis

Non Status

Band Of Residence:

Citizenship Status

Country of Birth

Citizen of

Canadian Citizen

International Student

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 Student: _____

Last Name _____ First Name _____ Address (if different from Parent/Guardian 2) _____

Email Address _____ Home Phone _____ Work Phone _____ Cell Phone _____

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

Home Phone _____ Work Phone _____ Cell Phone _____

Contact 2 - Last Name _____ First Name _____ Relationship to Student _____

Home Phone _____ Work 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 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) _____

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 Age: Birth Certificate Passport Other
- Report Cards/IEP/Evaluation/Medical Documents
- English Language Assessment Required

Parent/Guardian:

- Proof of Citizenship/Immigration Status
- Proof of Residency
- Legal Court Order 2nd Parent/Guardian Consent
- Parents Work Permit Expiry Date(DD/MMM/YYYY): _____
- Parents Study Permit Expiry Date(DD/MMM/YYYY): _____

Received By: _____ Date (DD/MMM/YYYY): _____