



THIS FORM IS TO BE COMPLETED BY STUDENTS WHO ARE ALREADY AT A VSB SCHOOL. DO NOT SUBMIT AN ONLINE APPLICATION. PLEASE SCAN AND EMAIL COMPLETED APPLICATION & DOCUMENTS TO SSENGSAVANH@VSB.BC.CA

**Sir Winston Churchill Secondary School
Grades 9-12 Student Registration Form**

REGULAR FRENCH IMMERSION

Gr _____ School Year _____

| | |
|-----------------|------------|
| Current School: | Student No |
|-----------------|------------|

STUDENT INFORMATION

| | | |
|---|----------------------|---|
| Legal Last Name | Legal First Name | Legal Middle Name |
| Usual Last Name | Usual First Name | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Address | | DOB (DD/MMM/YY) |
| City | Postal Code | Home Phone |
| Student email | | Student Cell Phone |
| Country/Province of Birth | Language Mostly Used | Language at Home |
| Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Work Permit <input type="checkbox"/> International Student | | |
| Aboriginal Ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No | Ancestry Name | If YES, would you like to receive Enhanced Educational Services? <input type="checkbox"/> Yes <input type="checkbox"/> No |

SIBLING(S) ATTENDING CHURCHILL

| | | |
|--------------|-----|-----------|
| Sibling Name | DOB | Student # |
| | | |
| Sibling Name | DOB | Student # |
| | | |

PARENT/GUARDIAN INFORMATION

| | |
|--|--|
| Mother/Guardian Name: | Father/Guardian Name: |
| Relationship to Student: | Relationship to Student: |
| Living with the student <input type="checkbox"/> YES <input type="checkbox"/> NO | Living with the student <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Address (if not living with) (please provide full address) | Address (if not living with) (please provide full address) |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Work Phone | Work Phone |
| Email | Email |

EMERGENCY CONTACT INFORMATION (Other than Parents/Guardians listed above)

| | |
|--|----------------------------|
| Emergency Contact #1 Name: | Emergency Contact #2 Name: |
| Relationship to Student: | Relationship to Student: |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Work Phone | Work Phone |
| Email | Email |
| Any other pertinent contacts (ie Social Worker, etc)? Name/Relationship/Phone Number/Email | |
| | |

MEDICAL INFORMATION

| | |
|----------------------------|---|
| CareCard Number | Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please ask office staff for an Emergency Care Plan form to complete)</small> |
| Allergies/Health Condition | |

REQUIRED DOCUMENTS: Please attach **copies** of the following to support your application.
ANY APPLICATIONS WITH MISSING DOCUMENTATION WILL RESULT IN A DELAY IN YOUR APPLICATION BEING PROCESSED.

- Child's Birth Certificate (Canadian born only)
- Child's Canadian Immigration/Visa Document (not born in Canada)
- ID of BOTH PARENTS (Driver License, Canadian Passport/VISA, Permanent Residence Card)
- Most Recent Report Card
- Proof of Residency (2 pieces – 1 Primary AND 1 Secondary Document; OR 2 Primary Documents)
- ✓ **Primary documents: CURRENT** Property Tax Notice; Purchase Agreement; Rental Agreement; Utility/Cable /Land Phone Bill
- ✓ **Secondary documents: CURRENT** Vehicle Registration, Bank/Credit Card Statement, Drivers License, etc.

Student's Signature: _____

Parent/Guardian's Signature: _____

Date: _____