



VANCOUVER BOARD OF EDUCATION
STUDENT APPLICATION FORM

OFFICE USE ONLY

Catchment School: _____
 Date Application Received: _____
 SIS Pupil #: _____
 PEN: _____
 Grade: _____ Home Room: _____
 Program: _____
 School Currently Attending: _____

STUDENT INFORMATION

Assigned Sex at Birth: Male Female
Gender Identity: Male Female Other
 Legal Last Name: _____ Address: _____
 Legal First Name: _____ City: _____
Usual Last Name: _____ Province: _____ Postal Code: _____
Preferred First Name: _____ Student Home Phone #: _____
 Legal Middle Name: _____ Student Mobile Phone#: _____
 Birth Date: _____ DD-MMM-YYYY **Proof of Address Attached**

Proof of Age (Check one and attach)

Birth Certificate Certificate of Citizenship Court Order Passport Other

STUDENT CITIZENSHIP INFORMATION

Country / Prov of Birth: _____ First Language: _____
 Citizen of: _____ Language at home: _____
If not a Canadian Citizen, Language most used: _____
 Date of entry into Canada: _____ DD-MMM-YYYY Interpreter Required? Yes No

Citizenship Status: **OFFICE USE ONLY**

International Funding Eligibility Yes No
 International Funding Not Eligible Yes No
 Out of Province Canadian Not Eligible Yes No
 Permanent Resident/Landed Immigrant Yes No
 Refugee Yes No
 Study Permit #: _____
 Permit Expiry Date: _____

Student attended a Strong Start Centre?

Yes No
 If yes, name of school: _____

Citizenship Information (Check one and attach)

Canada Immigration Record Immigration Canada Permit
 Immigration Canada VISA Passport
 Permanent Resident Card Permanent Resident Form

Does student have special needs? Yes No

Specify: _____

Aboriginal Ancestry

Do you have Aboriginal Ancestry?
 Yes No

PARENT/GUARDIAN INFORMATION

Living with student Yes No
 Emergency Contact Yes No
 Speaks English Yes No
 Willing to Volunteer? Yes No
 Who has legal custody? _____
 Legal Last Name: _____
 Legal First Name: _____
 Home Telephone #: _____
 E-mail Address: _____
 VISA/Work/Study Permit Number: _____

Relation to student: (Check one)

Mother Father Grandparent
 Guardian Aunt Uncle
 Homestay Other Family Services
 Same as Student's Address Yes No
If not living with student provide address: _____
 Mobile Phone #: _____
 Business Phone # if available at work: _____

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SIBLING INFORMATION (School age siblings 5-18 yrs.) (Check one)

1. Name: _____ Male Female Birth Date: DD-MMM-YYYY
2. Name: _____ Male Female Birth Date: DD-MMM-YYYY
3. Name: _____ Male Female Birth Date: DD-MMM-YYYY

EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT

Legal Last Name: _____ Legal First Name: _____
Relationship: _____ **Address:** _____
Does this person speak English? Yes No Work Phone #: _____
Home Phone #: _____ Mobile Phone #: _____

EMERGENCY CONTACT: OUT OF PROVINCE / COUNTRY (Call in the event of a Natural Disaster)

Legal Last Name: _____ Legal First Name: _____
Does this person speak English? Yes No
Legal relationship to student: _____ Work Phone #: _____
Home Phone #: _____ Mobile Phone #: _____

STUDENT MEDICAL HEALTH INFORMATION

Care Card #: _____

Allergies and Health Conditions (Check one)

Allergies/Conditions Yes No
If yes, What? _____
Life Threatening? Yes No
What? _____

Is an Immunization Record attached?
Yes No

The information on this form is collected under the authority of the School Act, Sections 13 and 79. 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 Section 79(2) of 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 School Administrator.

I certify that the above information is correct and valid as 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 Signature: _____ **Date:** _____ **Verified by:** _____

Administrator's Signature: _____ **Date:** _____