



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
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STUDENT INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name
Usual Last Name	Usual First Name	Assigned Sex at Birth: <input type="checkbox"/> M <input type="checkbox"/> F Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
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

Parent/Guardian Name:	Parent/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 (If yes, please ask office staff for an Emergency Care Plan form to complete)
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; Mortgage Statement; Rental Agreement; Utility/Cable /Phone Bill; CRA Notice of Assessment
- ✓ **Secondary documents: CURRENT** Vehicle Registration, Bank/Credit Card Statement, Drivers License, etc.

We certify that the above information is correct and valid as of this date. We understand that the provision of false information may lead to the student no longer being able to attend Churchill Secondary School.

Student's Signature: _____

Parent/Guardian's Signature: _____

Date: _____