



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 <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 Address** by Custodial Parent or Legal Guardian is required to verify secondary school catchment. (1 Primary AND 1 Secondary Document; or 2 Primary Documents; or 3 Secondary)

Primary

- Mortgage Statement - showing legal name and address
- Subject-free property purchase agreement (move in date within 6 months) - showing legal name and address
- Property tax statement/BC Property Assessment - showing legal name and address
- House or Contents Insurance Policy – showing legal name and address

Secondary

- Utility bill (internet/cable/cell phone/hydro/gas) showing legal name and address
- BC Driver's License/BC ID
- BC vehicle registration (pages 1 & 2)
- Canadian bank account/credit card statement - showing legal name and address
- Re-direction Information from Canada Post - showing legal name and address
- Income Tax statement - showing legal name and province of residency

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: _____