



VANCOUVER BOARD OF EDUCATION
STUDENT APPLICATION FORM
2023-2024

OFFICE USE ONLY

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

STUDENT INFORMATION

Gender: (Check one) Male Female

Legal Last Name: _____

Legal First Name: _____

Usual Last Name: _____

Preferred First Name: _____

Legal Middle Name: _____

Birth Date: _____ DD-MMM-YYYY

Address: _____

City: _____

Province: _____ Postal Code: _____

Student Home Phone #: _____

Student Mobile Phone#: _____

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: _____

Citizen of: _____

If not a Canadian Citizen,

Date of entry into Canada: _____ DD-MMM-YYYY

First Language: _____

Language at home: _____

Language most used: _____

Interpreter Required? Yes No

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Citizenship Status:

International Funding Eligibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
International Funding Not Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Out of Province Canadian Not Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permanent Resident/Landed Immigrant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refugee	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	<input type="checkbox"/>	Immigration Canada Permit	<input type="checkbox"/>
Immigration Canada VISA	<input type="checkbox"/>	Passport	<input type="checkbox"/>
Permanent Resident Card	<input type="checkbox"/>	Permanent Resident Form	<input type="checkbox"/>

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: _____

Continue on next page

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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: _____

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 #: _____
Is an Immunization Record attached? Yes No
Allergies and Health Conditions (Check one)
Allergies/Conditions Yes No
If yes, What? _____
Life Threatening? Yes No
What? _____

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:** _____