

VSB VANCOUVER BOARD OF EDUCATION
STUDENT APPLICATION FORM
2025-2026

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 ☐

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: _____

Continue on next page

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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: _____

Relationship: _____

Does this person speak English? Yes ☐ No ☐

Home Phone #: _____

Legal First Name: _____

Address: _____

Work Phone #: _____

Mobile Phone #: _____

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

Legal Last Name: _____

Does this person speak English? Yes ☐ No ☐

Legal relationship to student: _____

Home Phone #: _____

Legal First Name: _____

Work 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: _____