



THIS FORM IS TO BE COMPLETED BY STUDENTS WHO ARE ALREADY AT A VSB SCHOOL. DO NOT SUBMIT AN ONLINE APPLICATION. PLEASE SUBMIT COMPLETED APPLICATION & DOCUMENTS TO THE MAIN OFFICE AT ERIC HAMBER SECONDARY SCHOOL.

Student No.: _____

Current School: _____

Neighbourhood High School: _____ Applying for Grade: _____ School Year: _____

Section A – Student Information

Legal Name: _____
LAST FIRST MIDDLE

Usual Name: _____
LAST FIRST

Home Phone Number _____ Gender: M F Birth Date: _____
dd-mmm-yyyy

Address: _____ City: _____ Postal Code: _____

Country/Province of Birth: _____ Language: _____ Language at Home: _____

Citizenship Status (circle one): Canadian Citizen | Landed Immigrant | Work Permit | International Student

Aboriginal Ancestry: Yes No If YES, would you like to receive Enhanced Educational Services? Yes No

Section B – Parent/Guardian Information

Siblings attending Hamber (if any) _____ Male Female Birth Date: _____

Mother/Guardian Name: _____	Father/Guardian Name: _____
Relationship to student: _____ (If not mother)	Relationship to student: _____ (If not father)
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 NO): _____	Address (if NO): _____
Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone number _____	Home Phone number _____
Cellular Phone number _____	Cellular Phone number _____
Work Phone number _____	Work Phone number _____
Email Address _____	Email Address _____

Section C – Emergency Contact Information (Other than parents/guardians in Section B)

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Home Phone number _____	Home Phone number _____
Cellular Phone number _____	Cellular Phone number _____
Work Phone number _____	Work Phone number _____

Any other pertinent contacts (i.e. Social Worker, etc.)? _____

Section D – Medical Information

Doctor: _____ Phone Number: _____ Care Card Number: _____

Allergies or Health Conditions: _____

Life Threatening? Yes No (If YES, please ask Office Staff for an Emergency Care form for you to complete).

Section E – Please Attach Copies of the Following Registration Documents:

- Parents and Student Birth Certificate / Canadian Immigration Documents
- Valid Driver's License/ BC ID showing name and current address (BOTH parents)
- Most Recent Report Card
- Proof of Residency (One Primary Document AND One Secondary Documents)
 - ✓ **Primary documents:** Recent Property Tax Notice; Purchase Agreement or Rental Agreement
 - ✓ **Secondary documents:** Utility Bill (BC Hydro, Fortis, Cell Phone, Internet or Tenant Insurance)

Student's Signature: _____ **Parent/Guardian's Signature:** _____

Date: _____