



SCHOOL DISTRICT NO. 75 (MISSION)

Summit Learning Centre

29715 Donatelli Ave.

Mission, BC V4S 1H6

Ph: 604.820.3333 t/f: 1.866.881.1984

fx: 604.820.9505

ENROLLMENT FORM (K – 12 Fully Enrolled Students)

Office Checklist:

- Office Checklist items: SLP Completed by, BCeSIS, Programs Added, E-mail added to Group

FOR OFFICE USE ONLY: Student Assigned to: Grade Teacher

PEN No. Student No.

Date of Enrollment: Year Month Day Intended Start Date:

Birth Certificate Photocopied and Verified by: Last Grade completed :

Records Requested: Yes Signed Withdrawal Form (8 -12 students): Yes

ESL Student: Yes ESD Student: Yes Aboriginal: Yes

Custody Concern: Yes (Details) Legal Documents Received Yes

Copy of Supporting Documents: Yes Proof of BC Residency: Yes (property tax notice or utility bill)

Student Authorization / Immigration Papers (non-Canadian only) Yes International Student: Funding - Eligible

Textbook Deposit: Yes N/A (no resources) REFUND TO: Funding – Not Eligible

\*\*The Ministry of Education requires all enrollments in LEGAL names\*\*

Gender: Male Female

Requesting Enrolment in Grade

LEGAL Last Name: LEGAL First Name: Usual Last Name:

Preferred First Name: LEGAL Middle Name: Preferred Middle Name:

Date of Birth: Day Month Year Home Phone No: Unlisted

Student Address: Street Apt. # City/Province Postal Code

Student Mailing Address (if different from above):

Student E-Mail Address:

Student Cell Phone:

Previous School attended: Previous City/Town:

Country of Birth: Province of Birth: Citizen of:

Immigration Status:

Home Language: English French Other (indicate other)

Aboriginal Ancestry No Yes (If yes, fill in the appropriate information) Status – On Reserve

Band of Residence Status – Off Reserve Metis Inuit Non-Status

Special Needs Yes Comments: Learning Assistance during previous school year: Yes No

Has this student previously been enrolled with Summit? No YES, please provide date:

How did you hear about Summit?

**First Parent/Guardian**

Has Custody: \_\_\_\_\_ Student Lives with:  Yes  No  
Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Prefix:  Mr.  Mrs.  Miss  Ms  
Address if not same as student: \_\_\_\_\_  
Apt No/Street \_\_\_\_\_ City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Second Parent/Guardian**

Has Custody: \_\_\_\_\_ Student Lives with:  Yes  No  
Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Prefix:  Mr.  Mrs.  Miss  Ms  
Address if not same as student: \_\_\_\_\_  
Apt No/Street \_\_\_\_\_ City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Siblings in Mission schools:** Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

**MEDICAL INFORMATION:**

**If the student has a medically diagnosed life-threatening condition, please inform the school in order to arrange a meeting with the school principal prior to the student attending school.**

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Care Card No: \_\_\_\_\_

**Medical Alerts:** Please check any medically diagnosed alerts that apply:

- |                                                                                      |                                                  |
|--------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Special Needs (with potentially life threatening condition) | <input type="checkbox"/> Severe Asthma           |
| <input type="checkbox"/> Anaphylaxis (Extreme Allergic Reaction)                     | <input type="checkbox"/> Blood Clotting Disorder |
| <input type="checkbox"/> Diabetes                                                    | <input type="checkbox"/> Serious Heart Condition |
| <input type="checkbox"/> Seizure Disorder                                            |                                                  |

Other Medical Conditions (e.g. food allergies)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I verify that the information contained in this enrollment is accurate and complete.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Enrollment accepted by:

Summit Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

*The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.*