

Summit Learning Centre**REGISTRATION FORM**

This form is for students who will be **registered only** under Section 12 of the BC School Act. Registering only will not lead to a BC Dogwood Diploma. As well, registered students will not be able to enroll in ArtSmarts activities and access to Summit resources will be limited. If you wish to **ENROLL** your child with Summit Learning Centre, please use the **ENROLLMENT K-12 Form**.

FOR OFFICE USE ONLY: Student Assigned to: Grade _____PEN No. _____ Student No. _____ Previously registered at Summit Yes No

Date of Registration _____

Year Month Day

Birth Certificate Photocopied and Verified by: _____

Records Requested: Yes No _____Travelling out of Country Proof of BC Residence provided: _____Custody Concern: Yes (Details) _____ Legal Documents Received YesCopy of Supporting Documents: Yes****The Ministry of Education requires all registrations in LEGAL names****Gender: Male Female

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

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

Date of Birth: _____ Home Phone No: _____ Unlisted
Day Month YearStudent Address: _____
Street Apt. # City/Province Postal Code

Student Mailing Address (if different from above): _____

Student E-mail address: _____

Previous School attended: _____ Previous City/Town: _____

Country of Birth: _____ Province of Birth: _____ Citizen of: _____

Immigration Status: _____

Home Language: English French Other (indicate other) _____**Educational History:**

Name of last school attended: _____ Phone Number: _____

City of last school attended: _____

Last grade completed at this school was: _____ Last month/year attended: _____

If registered as a homeschool student, name of program or school student was registered with last year:

City: _____

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 registered with Summit: Name: _____ Age _____ Gender _____
Name: _____ Age _____ Gender _____
Name: _____ Age _____ Gender _____
Name: _____ Age _____ Gender _____

Correspondence:

- We would appreciate receiving Summit newsletters and e-mail updates.
 No thank-you, we do not wish to receive Summit newsletters and e-mail updates.

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

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date _____

Registration 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.