



PLEASE PRINT CLEARLY

Requested Enrollment Date \_\_\_\_\_

**Please note the following enrolling priorities for Saanich School District 63**

1 - re-enrolling students*	4 - non-catchment children
2 - siblings of re-enrolling students	5 - out of district children
3 - catchment area children	

\*A child who, in the previous year, attended the school

<b>LEGAL First Name</b>	<b>LEGAL Family Name</b>	<b>LEGAL Middle Name</b>	No Legal Middle Name <input type="checkbox"/>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
USUAL Family Name(s) (if different)	PREFERRED First Name (if different)	<b>Age</b>	<b>Date of Birth:</b> _____ / _____ / _____ dd mm yyyy	
Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____			<b>Entering Grade:</b> _____	
<b>HOME ADDRESS</b>				
Street No.	Street Name	Apt. No.	City	Postal Code
<b>Name of sibling(s) at this school</b> _____				
<b>BIRTHPLACE</b> Country of Birth: _____ Prov. of Birth: _____	<b>For Office Use Only - CITIZENSHIP</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International - Funding Eligible <input type="checkbox"/> Int'l - Funding <b>Not Eligible</b> <input type="checkbox"/> Out of Prov Cdn - Funding <b>Not Eligible</b> <i>*For International applicants please complete the Provincial Funding Eligibility Checklist</i>			
<b>Previous School &amp; District / StrongStart / Preschool</b>	Previous Grade:	Previous School Prov	Previous School Country	Phone ( ) Email:

<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN			<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN				
Last Name		First Name		Last Name		First Name	
Address (if not living with student)				Address (if not living with student)			
Work Phone ( )	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone ( )	Cell Phone ( )			Home Phone ( )	Cell Phone ( )		
Email Address				Email Address			

**LIVES WITH**  
 Both Parents     Mother Only     Father Only     Guardian     Other – Please specify: \_\_\_\_\_  
 **COURT ORDER** (copy required) specify \_\_\_\_\_    NOTES: \_\_\_\_\_

<b>EMERGENCY CONTACTS if parents cannot be reached. Please only write one person per line, and they will be called in that order. PLEASE TICK THE BOX TO CONFIRM IF YOUR CONTACT IS AUTHORISED TO COLLECT YOUR CHILD FROM SCHOOL.</b>					<input checked="" type="checkbox"/>
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( )	<b>Cell Phone</b> ( )	
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( )	<b>Cell Phone</b> ( )	
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( )	<b>Cell Phone</b> ( )	

**PLEASE COMPLETE IF INDIGENOUS ANCESTRY**

- Metis     FN     Status – on reserve  
 Inuit     Status – off reserve  
 Non Status

**BAND OF RESIDENCE**

- 0652 - Pauquachin     0653 - Tsartlip  
 0654 - Tsawout     0655 - Tseycum  
 Other - No. \_\_\_\_\_ Name \_\_\_\_\_ DIA # \_\_\_\_\_

Prefer not to answer

If Indigenous Ancestry would you like to :

- Yes, I give permission for my child to access programs and services from the Indigenous Education Program for the current school year.  
 No, I would like to decline services from the Indigenous Education Program for the current school year.

Previous Special Ed Designation: category: \_\_\_\_\_

Other Learning Considerations:

\_\_\_\_\_

\_\_\_\_\_

Family Doctor's Name

Doctor's Phone  
(    )

STUDENT'S CARE CARD NO

**HEALTH FACTORS** Check if applicable

- Anaphylactic     Allergies     Asthma     Diabetes     Epilepsy     Other

Additional information: \_\_\_\_\_

Are any of these conditions

**LIFE THREATENING?**     Yes     No

Please specify:

\_\_\_\_\_

**Other Health Conditions** which may require emergency care – please specify.

\_\_\_\_\_

\_\_\_\_\_

**Please sign to certify that the above information is correct:**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Legal Guardian

**DOCUMENTATION CHECKLIST**

*\*For International applicants, please complete the Provincial Funding Eligibility Checklist*

Canadian Citizen / Landed Immigrant / Permanent Residents must provide the following documentation at the time of registration:

**1. Student Identification**

- Birth Certificate OR  
 Valid Passport OR  
 Status Card

**If not Canadian we also require for both parent and student:**

- Permanent Resident Card OR  
 Certificate of Canadian Citizenship

**3. Parent Identification**

- Valid Passport OR  
 BC Driver's License and/or BC Services Card or BCID

**4. Student BC Services Card**

**5. Guardianship or Custody Documents**

**2. Proof of Residence: \*At least 2 of the documents must show current address**

Home Owners	Renters
Please provide <b>two</b> of the following: <input type="checkbox"/> Home purchase agreement <input type="checkbox"/> Property Tax Statement <input type="checkbox"/> Home insurance policy <input type="checkbox"/> Property assessment <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable)	<input type="checkbox"/> Rental Agreement signed by the landlord with landlord's contact information
<b>And one</b> of the following: <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> BC Driver's License and/or BC Services Card or BCID	<b>And two</b> of the following:: <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable) <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> Renter's insurance policy <input type="checkbox"/> BC Driver's License and/or BC Services Card or BCID

**FOR OFFICE USE**

- In Catchment  
 Out of Catchment  
 Out of District  
  
 Address verified for catchment school  
 Birthdate corresponds with correct grade  
 Copy to Learning Services if support required

NOTES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# PARKLAND SECONDARY SCHOOL

An Innovative, Inspiring, Inclusive Learning Community



NAME: \_\_\_\_\_

INTAKE DATE: \_\_\_\_\_

INTERNATIONAL Y N

DOB: \_\_\_\_\_ STUDENT #: \_\_\_\_\_ PEN: \_\_\_\_\_

**Thank you for your interest in Parkland Secondary School. Before the registration process begins, the following documentation is needed:**

- District Registration Form – please fill in all forms included in this package
- Authorization to Share Confidential Information – please complete this form
- Completed Course Selection form (please fill out appropriate grade form)
- For course information, please see our website [www.parkland.sd63.bc.ca](http://www.parkland.sd63.bc.ca) or borrow a Course Selection Handbook from our counselling department or school office.

**Copies of the following documentation also required: (we are happy to copy these for you)**

- Birth Certificate (copy)
- B.C. Medical / Care Card (copy)
- Proof of current address – rental agreement, utility invoice, etc.
- Academic record or a recent report card from previous school
- Proof of legal guardianship / custody if not living with both parents
- Landed immigrants must include: copy of landed immigrant status papers

**Once intake interview with an administrator has taken place, and registration package completed, application will be reviewed. One of our counsellors will then contact you for an appointment.**

***NEW STUDENT INTAKE PROCESS INCL INTERNATIONAL: (CHECK OR INITIAL BOX) SCHOOL USE ONLY***

<b>1. ADMINISTRATOR REVIEW, INCL INTAKE INTERVIEW</b> <input type="checkbox"/>	<b>2. COMPLETE NEW STUDENT APPLICATION, COPY I.D.</b> <input type="checkbox"/>	<b>3. MYED ENTRY INCLUDING DEMOGRAPHICS, COURSES</b> <input type="checkbox"/>
<b>4. COUNSELLOR APPOINTMENT, PRINT TIMETABLE</b> <input type="checkbox"/>	<b>5. NEW STUDENT FILE MADE, RECORDS REQUEST SENT</b> <input type="checkbox"/>	<b>6. NEW FILES TO ACADEMIC COUNSELLOR REVIEW</b> <input type="checkbox"/>

Saanich Schools



Student Services  
School District #63 (Saanich)  
2125 Keating Cross Rd, Saanichton, BC V8M 2A5  
Phone: 250-652-7392  
Fax: 250-652-76361

**AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION**

ATTENTION: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_

To release the following information:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

regarding (student's name): \_\_\_\_\_

Date of Birth (d/m/y) : \_\_\_\_\_

to :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Name : \_\_\_\_\_  
(valid for one year)

Parent(s)/Guardian(s) Signature : \_\_\_\_\_

Witness Name : \_\_\_\_\_

Witness Signature : \_\_\_\_\_

Date: \_\_\_\_\_



# PARKLAND SECONDARY SCHOOL

*An Innovative, Inspiring, Inclusive Learning Community*



## ***New Student Information***

***\*\*completed while meeting with Parkland Administration\*\****

***Today's Date:*** \_\_\_\_\_

***Name of Student:*** \_\_\_\_\_

***Student email address and/or cell number:*** \_\_\_\_\_

***Name of previous school:*** \_\_\_\_\_

***Address of previous school:*** \_\_\_\_\_

***What grade or courses  
did you most recently  
complete:*** \_\_\_\_\_  
\_\_\_\_\_

***Name of contact person  
at your previous school  
(learning support teacher  
counsellor/administrator)*** \_\_\_\_\_  
\_\_\_\_\_

***Did you have any  
additional support or  
services at your  
previous school?  
(IEP or designation)*** \_\_\_\_\_  
\_\_\_\_\_

***Reason for move:*** \_\_\_\_\_

***What made you  
choose Parkland ?*** \_\_\_\_\_  
\_\_\_\_\_

***What are you most  
interested in when it  
comes to school ?*** \_\_\_\_\_  
\_\_\_\_\_

**10640 McDonald Park Rd, North Saanich, BC V8L 3S7  
T 250-655-2700 F 250-655-2701 [www.parkland.sd63](http://www.parkland.sd63)  
School District 63 (Saanich)**