



PLEASE PRINT

CATCHMENT SCHOOL \_\_\_\_\_

Registration Date (MM/DD/YY) \_\_\_\_\_

Enrolment Start Date (MM/DD/YY) \_\_\_\_\_

OFFICE USE ONLY

Grade [ ] French Program: Immersion Early [ ] Late [ ]

Student # [ ] PEN [ ]

Non-Catchment Area Form [ ] Non-District Form [ ]

Non-Catchment Area Request (sch code) [ ] District Placement (sch code) [ ]

TIME & DATE OF RECEIPT OF THIS FORM MUST BE RECORDED BY THE CATCHMENT AREA SCHOOL: \_\_\_\_\_

Legal Restrictions For Access To Student? [ ] (If yes, copy of legal document must be on file at school)

STUDENT NAME:

Legal Family Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Usual Family Name (if different from legal name) \_\_\_\_\_ Usual First Name \_\_\_\_\_ Usual Middle Name \_\_\_\_\_

BIRTHDATE [ ][ ]/[ ][ ]/[ ][ ] GENDER [ ] Female [ ] Male PRIMARY LANGUAGE SPOKEN IN HOME (Check One) [ ] English [ ] Other (Specify) [ ] French

Country of Birth \_\_\_\_\_ Citizenship if not Canadian [ ] Landed Immigrant [ ] Perm Resident [ ] Refugee Status [ ] Work/Study Permit

Proof of Parents' Status in Canada [ ] If NEW to Canada in the last 5 years, indicate date of arrival \_\_\_\_\_

Last School \_\_\_\_\_ Address (if known) \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Date of Leaving \_\_\_\_\_ Grade \_\_\_\_\_

HOME PHONE / ADDRESS:

Home Phone ( ) - Unlisted? (Y/N) [ ] Proof of Residency [ ]

Home Address Apt. # \_\_\_\_\_ House # \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

PARENT(S)/GUARDIAN(S) WITH WHOM CHILD RESIDES:

Name Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Business Phone ( ) - Cell Phone/Pager ( ) - Email \_\_\_\_\_ IMPORTANT - PRINT CLEARLY

Name Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Business Phone ( ) - Cell Phone/Pager ( ) - Email \_\_\_\_\_ IMPORTANT - PRINT CLEARLY

PARENT/GUARDIAN WITH WHOM CHILD DOES NOT RESIDE:

Name Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address Apt. # \_\_\_\_\_ House # \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone ( ) - Cell Phone/Pager ( ) - Email \_\_\_\_\_ IMPORTANT - PRINT CLEARLY

IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, THE SCHOOL SHOULD CALL:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Daytime Phone ( ) - \_\_\_\_\_

MEDICAL ALERT: [ ] YES [ ] NO Doctor: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Care Card No: \_\_\_\_\_ Special Health Problems/Allergies: \_\_\_\_\_

Please turn over and complete other side

OFFICE USE ONLY

Homeroom/Div. # \_\_\_\_\_ Teacher Name \_\_\_\_\_ COPIES: Student G4 [ ] Teacher [ ]

Records Requested [ ] Bus Student [ ] District Placement [ ] Home Schooling [ ] Off-Shore Student [ ] Nurse [ ] Other \_\_\_\_\_

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

**ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY:** ESL students are identified as Canadian-born or foreign-born students. A Canadian student is eligible for ESL support when the primary language spoken at home is a language other than English and the student meets eligibility requirements after assessment. Is your child within this category?  YES  NO

**SPECIAL LEARNING NEEDS:** Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child?  YES  NO

If yes, please describe: \_\_\_\_\_

---

Other Children in Family

Name _____	Gender _____	Age _____	Name _____	Gender _____	Age _____
Name _____	Gender _____	Age _____	Name _____	Gender _____	Age _____
Name _____	Gender _____	Age _____	Name _____	Gender _____	Age _____

---

**SELF VOLUNTEERED INFORMATION: ABORIGINAL EDUCATION PROGRAMS ARE AVAILABLE FOR STUDENTS OF ABORIGINAL ANCESTRY**

Student is of Aboriginal Ancestry:

YES (Status Indian, Non Status Indian or Metis) BAND \_\_\_\_\_

Information on this form is collected under the authority of the *School Act* and 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 the *School Act*. The information collected is protected under the Freedom of Information and Protection of Privacy Act.

---

Revised June 23, 2014

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

---

**EMAIL COMMUNICATION**

Canada's new anti-spam legislation requires us to obtain your consent in order to provide you with electronic information about many of the happenings and events occurring at your child's school or within our school district. As a result, the Board of Education of School District No. 37 (Delta) would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions relevant to our students and families. Examples of such messages include information about fieldtrips, fundraising, yearbooks, student pictures, dance tickets, hot lunches, Continuing Education programs, or similar events and offers.

If you wish to receive the above communications from us, please identify your consent below. Each parent/guardian must complete and sign below.

**Guardian #1: Name:** \_\_\_\_\_  
*Family Name* *First Name....* *Relationship to Student*

**Email** \_\_\_\_\_

- I DO consent to receive commercial electronic messages from the Delta School District.  
 I DO NOT consent to receive commercial electronic messages from the Delta School District.

**Signature** \_\_\_\_\_

**Guardian #2: Name:** \_\_\_\_\_  
*Family Name..* *First Name....* *Relationship to Student...*

**Email** \_\_\_\_\_

- I DO consent to receive commercial electronic messages from the Delta School District.  
 I DO NOT consent to receive commercial electronic messages from the Delta School District.

**Signature** \_\_\_\_\_

**Guardian #3: Name:** \_\_\_\_\_  
*Family Name..* *First Name....* *Relationship to Student ....*

**Email** \_\_\_\_\_

- I DO consent to receive commercial electronic messages from the Delta School District.  
 I DO NOT consent to receive commercial electronic messages from the Delta School District.

**Signature** \_\_\_\_\_

---

You may change your consent at any time by signing into Parent Connect and selecting the appropriate option or informing your school in writing (either via email or printed note) that you choose to no longer receive email communication from the school, school district or staff relating to messages that may contain advertising or promotions.