

**VSBC VANCOUVER BOARD OF EDUCATION**  
**STUDENT APPLICATION FORM**  
**2021-2022**

**OFFICE USE ONLY**

Catchment School: \_\_\_\_\_  
 Date Application Received: \_\_\_\_\_  
 SIS Pupil #: \_\_\_\_\_  
 PEN: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 School Currently Attending: \_\_\_\_\_

**STUDENT INFORMATION**

**Gender:** (Check one) Male  Female

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

**Usual Last Name:** \_\_\_\_\_

**Preferred First Name:** \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ DD-MMM-YYYY

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Student Home Phone #: \_\_\_\_\_

Student Mobile Phone#: \_\_\_\_\_

**Proof of Address Attached**

**Proof of Age** (Check one and attach)

Birth Certificate  Certificate of Citizenship

Court Order

Passport

Other

**STUDENT CITIZENSHIP INFORMATION**

Country / Prov of Birth: \_\_\_\_\_

Citizen of: \_\_\_\_\_

**If not** a Canadian Citizen,

Date of entry into Canada: \_\_\_\_\_ DD-MMM-YYYY

First Language: \_\_\_\_\_

Language at home: \_\_\_\_\_

Language most used: \_\_\_\_\_

Interpreter Required? Yes  No

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Citizenship Status:

International Funding Eligibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
International Funding Not Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Out of Province Canadian Not Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permanent Resident/Landed Immigrant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refugee	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Study Permit #: \_\_\_\_\_

Permit Expiry Date: \_\_\_\_\_

**Student attended a Strong Start Centre?**  
 Yes  No

If yes, name of school: \_\_\_\_\_

**Citizenship Information** (Check one and attach)

Canada Immigration Record	<input type="checkbox"/>	Immigration Canada Permit	<input type="checkbox"/>
Immigration Canada VISA	<input type="checkbox"/>	Passport	<input type="checkbox"/>
Permanent Resident Card	<input type="checkbox"/>	Permanent Resident Form	<input type="checkbox"/>

Does student have special needs? Yes  No

Specify: \_\_\_\_\_

**Aboriginal Ancestry**  
 Do you have Aboriginal Ancestry?  
 Yes  No

**PARENT/GUARDIAN INFORMATION**

Living with student Yes  No

Emergency Contact Yes  No

Speaks English Yes  No

Willing to Volunteer? Yes  No

Who has legal custody? \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

VISA/Work/Study Permit Number: \_\_\_\_\_

**Relation to student:** (Check one)

Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Grandparent	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	Aunt	<input type="checkbox"/>	Uncle	<input type="checkbox"/>
Homestay	<input type="checkbox"/>	Other	<input type="checkbox"/>	Family Services	<input type="checkbox"/>

Same as Student's Address Yes  No

If **not** living with student provide address: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Business Phone # if available at work: \_\_\_\_\_

*Continue on next page*

**PARENT/GUARDIAN INFORMATION**

Living with student Yes  No   
Emergency Contact Yes  No   
Speaks English Yes  No   
Willing to Volunteer Yes  No   
Who has legal custody? \_\_\_\_\_  
Legal Last Name: \_\_\_\_\_  
Legal First Name: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
VISA/Work/Study Permit Number: \_\_\_\_\_

**Relation to student:** (Check one )  
Mother  Father  Grandparent   
Guardian  Aunt  Uncle   
Homestay  Other  Family Services   
Same as Student's Address Yes  No   
If not living with student provide address: \_\_\_\_\_  
Mobile Phone #: \_\_\_\_\_  
Business Phone # if available at work: \_\_\_\_\_

**SIBLING INFORMATION** (School age siblings 5-18 yrs.) (Check one)

1. Name: \_\_\_\_\_ Male  Female  Birth Date: DD-MMM-YYYY  
2. Name: \_\_\_\_\_ Male  Female  Birth Date: DD-MMM-YYYY  
3. Name: \_\_\_\_\_ Male  Female  Birth Date: DD-MMM-YYYY

**EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ **Address:** \_\_\_\_\_  
Does this person speak English? Yes  No  Work Phone #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

**EMERGENCY CONTACT: OUT OF PROVINCE / COUNTRY** (Call in the event of a Natural Disaster)

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_  
Does this person speak English? Yes  No   
Legal relationship to student: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

**STUDENT MEDICAL HEALTH INFORMATION**

Care Card #: \_\_\_\_\_  
Is an Immunization Record attached? Yes  No   
**Allergies and Health Conditions** (Check one)  
Allergies/Conditions Yes  No   
If yes, What? \_\_\_\_\_  
Life Threatening? Yes  No   
What? \_\_\_\_\_

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the School Administrator.

*I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.*

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Verified by:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_