

**NON-DISTRICT APPLICATION FORM
for 2018/19 School Year**

Completed application form is to be submitted to the Principal of the requested school on Monday, February 5, 2018 or shortly thereafter. Priority will be given to applications received prior to March 9. Approval of this application may not take place until June 8 or later.

- NOTE:**
1. A student may not register in a school until the application form is approved by the Superintendent of Schools or the Superintendent's delegate.
 2. To determine eligibility to attend a Delta school, please provide appropriate proof of status in Canada for both student and parent.
 3. *For Secondary Students: Approval of this application may affect your opportunity to compete on school sports teams.*

Approval is subject to availability of space and a suitable program.

Student's Name: _____ Birth Date: _____

Unit #: _____ Address: _____ City: _____

Postal Code: _____ Telephone: (____) _____ Alt. No. (____) _____

Parent's Name: _____ Parent Email: _____

Address (if different from above): _____ City: _____

Postal Code: _____ Telephone: (____) _____ Alt. No. (____) _____

Reason for Request: _____

Sibling already in requested school? NO YES Name of Sibling: _____

Requesting French Immersion? NO YES

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:

School Student Presently Attends: _____ Grade: _____

School Requested: _____ Grade: _____

Requested Start Date: _____

Note: Students applying to Delta for the first time should attach a copy of their most recent Report Card.

Signature of Parent: _____

OFFICE USE ONLY:

Effective Date: _____

Signature of Principal

Approved by Superintendent of Schools
(or Superintendent's delegate)



PLEASE PRINT

CATCHMENT SCHOOL _____
 Registration Date (MM/DD/YY) _____
 Enrolment Start Date (MM/DD/YY) _____

| OFFICE USE ONLY | |
|--|---|
| Grade _____ | French Program: Immersion <input type="checkbox"/> Early <input type="checkbox"/> Late <input type="checkbox"/> |
| Student # _____ | PEN _____ |
| Non-Catchment Area Form <input type="checkbox"/> | Non-District Form <input type="checkbox"/> |
| Non-Catchment Area Request (sch code) _____ | District Placement (sch code) _____ |
| Traditional School Request (sch code) _____ | |
| TIME & DATE OF RECEIPT OF THIS FORM MUST BE RECORDED BY THE CATCHMENT AREA SCHOOL: _____ | |
| Legal Restrictions For Access To Student? <input type="checkbox"/> (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)**
 MM DD YY Birth Certificate Verified By English French Other (Specify) _____

Country of Birth _____ **Citizenship if not Canadian** _____ Has anyone in this student's immediate family immigrated to Canada? If yes, they may be eligible for settlement services for newcomers. Yes No

Proof of Parents' Status in Canada Landed Immigrant Perm Resident Refugee Status Work/Study Permit

Last School _____ Address (if known) _____ City _____

Province/State _____ Country _____ Date of Leaving _____ Grade _____

HOME PHONE / ADDRESS:

Home Phone (____) _____ - _____ Unlisted? (Y/N) Proof of Residency Verified by: _____

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: _____ Medical Concerns/Severe Allergies: _____

Please turn over and complete other side

| OFFICE USE ONLY | |
|---|---|
| Homeroom/Div. # _____ | Teacher Name _____ |
| Records Requested <input type="checkbox"/> | Bus Student <input type="checkbox"/> District Placement <input type="checkbox"/> Home Schooling <input type="checkbox"/> Off-Shore Student <input type="checkbox"/> |
| COPIES: Student G4 <input type="checkbox"/> Teacher <input type="checkbox"/> Nurse <input type="checkbox"/> Other _____ | |

STUDENT NAME: _____

FOR NEW KINDERGARTEN STUDENTS: Please fill in any Early Learning Experiences that your child has regularly participated in (i.e. Childcare, StrongStart, Family Place, Preschool etc.):

Type or Name of Early Learning Centre(s): _____

ENGLISH LANGUAGE LEARNER (ELL) ELIGIBILITY: Students are eligible for ELL 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 December, 2016

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 by 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.

PARENT DECLARATION

As a parent or legal guardian (please attach copy of a BC court order appointing you as legal guardian), I understand that my child is entitled to receive a funded education from the Province of British Columbia (governed by the Ministry of Education) on the condition that I reside (i.e. primary residence) in the province of British Columbia throughout my child's educational life.

I understand that at least one parent or legal guardian has to remain in residence in British Columbia in order for my child to qualify for government funding. If not, I will be charged for my child's tuition fees according to the current rate for International Students.

I am (please)

- A Canadian Citizen
- Landed Immigrant / Permanent Resident
- Lawfully admitted into Canada under one of the following documents:
 - Admission as a refugee claimant
 - A person claiming refugee status
 - Study Permit for one or more years
 - Work Permit for one or more years
 - A person carrying out official duties as a diplomatic or consular official
 - Other – document description (must be cleared with Immigration Canada)
 - _____

And will be permanently residing in B.C. **WITH** my child at the following address:

I will not be residing elsewhere and will not be taking extended trips during the school year.

I am aware that by making a false statement, I will be liable for my child's educational costs at whatever the current rate of International Students fees which will be backdated from the date of this document. Please visit our International Student site for information:

<http://godelta.ca/>

Child(ren)'s Legal Name(s) (Please print in English): _____

Parent's/Legal Guardian's Legal Name (Please print in English): _____

Signature of Parent/Legal Guardian (Please sign in front of registrar): _____

Date: _____