



SD45 (West Vancouver)
Rockridge Secondary School
 5350 Headland Drive, West Vancouver, V7W 3H2
 Phone: (604) 981-1300 Fax: (604) 981-1301
STUDENT ADMISSION/REGISTRATION FORM

Office use: Program

Please present Proof of Citizenship/Birthdate for student and one parent, and Proof of Residency (Purchase/lease agreement AND supporting utility bill) with this form.

NEW GRADE _____ PEN _____ Date Received _____ Date of Admission _____

STUDENT'S **LEGAL** FAMILY NAME _____ **LEGAL** FIRST NAME _____ **LEGAL** MIDDLE NAME _____ **MALE**

FEMALE

STUDENT'S **USUAL** FAMILY NAME _____ **USUAL** FIRST NAME _____ **USUAL** MIDDLE NAME _____ **OTHER**

BIRTHDATE _____ HOME PHONE _____ IF UNLISTED, PLEASE CHECK

ADDRESS (Please note that rental agreements must be from a commercial rental agency and may not include secondary suites.)

PHYSICAL ADDRESS - STREET _____ CITY _____ POSTAL CODE _____

MAILING ADDRESS (if different) _____ CITY _____ POSTAL CODE _____

PREVIOUS SCHOOL /CHILDCARE/PRESCHOOL EXPERIENCE (Name and City) _____

BIRTHPLACE _____ **CITIZEN OF** _____ **PRIMARY LANG SPOKEN AT HOME** _____

Canadian Citizen Perm Res/Land Imm International (Fund-Not Eligible) Out of Prov Can (Fund-Not Eligible)

International (Fund Eligible) Work Visa (min 1 yr) Study Visa (min 2 yr) Diplomatic Visa Exchange Refugee

Other: _____ VISA Expiry date: _____

ABORIGINAL ANCESTRY No Non-Status Metis Inuit STATUS-Lives on Reserve Band of Residence _____

CUSTODY: Both Parents Mother only Father only Legal Guardian Other _____ Relationship _____

LIVES WITH: Both Parents Mother only Father only Legal Guardian Other _____ Relationship _____

PARENT/GUARDIAN INFORMATION

NAME _____	NAME _____
RELATIONSHIP _____	RELATIONSHIP _____
Address (if different from above) _____	Address (if different from above) _____
Home Phone _____ Business _____	Home Phone _____ Business _____
Cell _____ Pager _____	Cell _____ Pager _____
E-mail Address _____	E-mail Address _____
Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLING(S) Yes Name(s) _____

School(s)/Grade(s) _____

EMERGENCY INFORMATION (emergency contacts in addition to parents/guardians; permission is hereby granted to release to these individuals in an emergency)

NAME _____	NAME _____
RELATIONSHIP _____	RELATIONSHIP _____
Home Phone _____ Business _____	Home Phone _____ Business _____
Cell _____	Cell _____
Emergency Call Sequence _____	Emergency Call Sequence _____

HEALTH INFORMATION

DOCTOR'S NAME _____	LIFE-THREATENING MEDICAL CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO
CARE CARD NO. _____	IF YES, WHAT IS THE CONDITION? _____
PHONE _____	OTHER HEALTH CONCERNS _____

SPECIAL LEARNING CONSIDERATIONS AbEd ELL LSP SPED

I declare that all the information I have provided in this application and in any other documentation which accompanies this application is complete and true in every respect. Furthermore, I understand that, if there is any failure to respond completely and truthfully, or any deliberate misrepresentation of information provided by me, that upon discovery by the Board of any such falsehoods, this will constitute sufficient grounds for the Board to reassess the application and revoke the current placement of my child. It is my expectation that the child will be living with the parent/legal guardian at the residence stated in this application for the duration of the school year. Should this not be the case and depending on the capacity of the school, I understand that my child may be withdrawn.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

School District 45 (West Vancouver) Parent Information Release Form

The West Vancouver School District has the legal authority to collect personal information that relates directly to its operating programs, activities or as otherwise authorized by statute. Personal information will be used for the purpose for which it was collected or for a use consistent with that purpose.

Additionally, in accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA), School District #45 is hereby notifying you that there are occasions when our school would like to contact parents to consult them directly about school related activities that are separate to, or in conjunction with, regular school programs. For these purposes, access to phone numbers, addresses (both physical and email) by individuals such as President of the Parent Advisory Committee (PAC) or his/her designate may be required. Photographs for the purpose of commemorating or promoting events are also a tradition (e.g. school yearbook, newsletter, news media, etc.) and will be used for such purposes. **Information will not be released to anyone for solely business or commercial purposes.**

Yes – I give my consent for the publication of my child’s name and photograph and for the use of personal contact information such as phone numbers, email addresses, or physical addresses for the purposes consistent with the above.

No – I do not give my consent for the publication of my child’s name and photograph and for the use of personal contact information such as phone numbers, email addresses, or physical addresses for the purposes consistent with the above.

Parent/Guardian Name

Signature

Date