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

Office use: Program

STUDENT ADMISSION/REGISTRATION FORM

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 _____

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

MALE ☐ **FEMALE** ☐ **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 ☐ *Yes* ☐ *No* Emergency Contact? ☐ *Yes* ☐ *No* Speaks English ☐ *Yes* ☐ *No* Emergency Contact? ☐ *Yes* ☐ *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?** ☐ **YES** ☐ **NO**

CARE CARD NO._____ IF YES, WHAT IS THE CONDITION? _____

PHONE_____ OTHER HEALTH CONCERNS _____

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*

ROCKRIDGE SECONDARY SCHOOL
2020-2021 COURSE SELECTION
GRADE 7 INTO GRADE **8**

Note: Final copy of this form must be completed using a pen.

FIRST NAME (print) _____

LAST NAME _____

Birthdate (m/d/y) _____ Gender: Male Female Other

Signature of Parent/Guardian _____

Parent/Guardian Email address: _____

Current School _____

GRADE 8
Required Courses:

Students in grade 8 are required to take the following courses; programming will be done by the school based on a consultation process with the elementary school.

Language and Literature Year 3 (English 8) or Transitional English 8

Individuals and Societies year 3 (Social Studies 8)

Mathematics Year 3

Sciences Year 3

Language Acquisition Year 3 8 (ie: French or Spanish 8) or English Language Development 8

***Note:** The MYP Program requires sustained acquisition of a Second Language. All students take the same second language in Grades 8,9 & 10.

Choose <u>one</u> of the following:

- ☐ French 8 **OR**
- ☐ Spanish 8 (for beginners or students with past French Immersion) **OR**
- ☐ no preference, either Spanish 8 or French 8 **OR**
- ☐ English Language Development 8

Physical and Health Education Year 3 (PE 8)

Applied Skills 8 – Textiles, Information Technology, Technology Education

AND Choose <u>one</u> of the following:

- ☐ Fine Arts 8 – Beginner Band, Drama and Art, **OR**
- ☐ Music: Jr. Concert Band _____(instrument)

_____years of experience (if any)

***Note:** Band is a **full year** course and it replaces the grade 8 Fine Arts elective block.

- ☐ Optional: Choir 8 (offered outside the timetable)
- ☐ Optional: Jr Jazz Band (in addition to Jr. Concert Band) - offered outside the timetable

Pursuit Program

Students who are eligible for Pursuit status are competing or performing at an exceptional (elite) level in their specific activity. This may be verified through:

- Achievements recognized by the Ministry of Education with the granting of external credit
- An affiliated outside agency which provides training and competition opportunities at an elite level.

The criteria for elite level participation are in addition to the minimum criteria of academic achievement, requisite weekly training/competition hours and citizenship that are described in the Pursuit application package, available on the district website. http://westvancouverschools.ca/ go to *Programs > Secondary > Pursuit* Contact Mr. Thomson, Rockridge Vice Principal at gthomson@wvschools.ca or by phone at 604.981-1311 if you have questions about your child's eligibility or suitability for this program.

West Vancouver Schools' Premier Academies

West Vancouver Schools' Premier Academy programs provide an exciting opportunity for students to achieve excellence in a range of disciplines in athletics, the arts and STEM learning. The programs offer students the opportunity to complete their academic requirements in the mornings and their skill development in the afternoons, all during school hours. Open House information session dates and times are available on http://westvancouverschools.ca/academies. Please register online. For further information, please contact Diane Nelson, District Principal at 604-981-1150 or dnelson@wvschools.ca.