



School District # 73 (Kamloops/Thompson)

STUDENT ENROLLMENT FORM

McGowan Park Elementary School
2080 Tremerton Drive
Kamloops, BC V2E 2S2

Enrolling School: _____

Enrollment Date: _____ Start Date: _____

STUDENT INFORMATION

Legal **FIRST** Name _____ Legal **LAST** Name _____ Legal **MIDDLE** Name _____
 Current Grade _____ Gender Male Female Date of Birth _____ Day / Month / Year _____
 Usual First Name _____ Usual Last Name _____ Usual Middle Name _____
 Home Language _____ Language Most Used _____ First Language _____
 BC Personal Health Number _____

PROPERTY ADDRESS

Street # & Name _____ Please complete if different than Property Address
 Apt # _____ RR #/PO Box _____ Postal Code _____
 City/Municipality _____ City _____ Postal Code _____
 Proof of Address Document _____
 Home Phone _____ Unlisted

MAILING ADDRESS

Same as Property Address

ADMISSION INFORMATION

Previous School/Program
 First Time Entry French Immersion District Program
 Strong Start Montessori Transfer
 Fine Arts

Previous School _____
 Previous District _____
 Previous City/Province _____
 Previous School Phone # _____

PARENT/GUARDIAN INFORMATION

Surname _____	_____	_____
First Name _____	_____	_____
Relationship to Student _____	_____	_____
Custody _____	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared
Court Order in Effect?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Authority/Guardian... _____	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls
Home Phone _____	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address
Cell Phone _____	_____	_____
Work Phone _____	_____	_____
Work Place _____	_____	_____
Email Address _____	_____	_____
Address _____	_____	_____
Street Address _____	_____	_____
City _____	_____	_____
Province _____	_____	_____
Street Address _____	_____	_____
RR#/PO Box _____	_____	_____
City _____	_____	_____
Province _____	_____	_____

*If there are any custody arrangements with this student, legal documentation must be filed with the school

EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED)

Emergency Contact _____	_____	_____
Relationship _____	_____	_____
Home Phone _____	_____	_____
Cell Phone _____	_____	_____
_____	<input type="checkbox"/> Can pick up student	<input type="checkbox"/> Can pick up student
_____	<input type="checkbox"/> Lives with student	<input type="checkbox"/> Lives with student

SIBLING INFORMATION (ONLY SCHOOL AGED IN BC)

Legal Last Name				
Legal First Name				
Birth Date				
Relationship				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS ONLY)

Description of Condition _____ School Medical Plan Needed

Phone Number _____

Name of Physician _____

HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS STUDENT MAY BE USING)

Description of Condition _____

Is child currently on medication? If yes, please describe _____

STUDENT LEGAL ALERTS (COURT ORDERS ON FILE) Yes No

Description of Court Order(s) _____

OTHER FAMILY ALERTS

Description of Family Alert(s) _____

CITIZENSHIP

Country of Birth _____ Citizenship _____ Refugee Entry Date Into Canada _____

Visa Status _____ Expiry _____ Work Permit Expiry _____ Study Permit Expiry _____

ABORIGINAL ANCESTRY

Is your child of Aboriginal Ancestry? Yes No

If yes, please select appropriate status

Metis Status On Reserve Band of Residence _____

Inuit Status Off Reserve Status No. _____

Non-Status

OTHER INFORMATION

Past Assistance: Learning Assistance Educational Assessment District Counsellor Adaptations

Modifications Individual Educational Plan Hearing Speech/Language

Physical Accommodation

Additional Information: _____

PERMISSIONS

The information contained on this form is collected under the authority of the School Act, Section 13 and 79. This information will be used for educational programming 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 (FIPPPA). If you have any questions about the information recorded on this form, please contact your School Administrator.

Date _____ Signature of Parent/Guardian _____

- District Internet Agreement Form Completed (see attached)
- Release of Info/Photos/Media outside of District Form Completed (see attached)
- Enrollment Interview Completed

Date _____ Signature of Principal/Designate _____

OFFICE USE ONLY

Proof of Age (1 required) _____ Proof of Address (1 required) _____ Proof of BC Residency (1 required) _____

Birth Certificate Driver's License/Auto Registration Gas/Hydro Bill BC Services Card/CareCard

Passport Lease/Rental/Purchase Agreement

Verified by _____ Date _____