



CLAREMONT

A tradition of excellence

SECONDARY SCHOOL

2010 - 2011 New Student Application for Registration

We would like to thank you for your interest in registering your student at Claremont Secondary School. In order for us to consider this application please ensure that the following required information is **complete** when submitted.

In catchment Out of catchment

Name of Student: _____ Age: _____ Birthdate: _____

Current or Previous School: _____ Current Grade: _____

Current School address & location: _____

Permanent home address: _____

Postal Code: _____

Parent or Guardian's name(s): _____

Phone: (H) _____ (W) _____ (cell) _____

Email: _____

The following documents must be submitted to complete the application for registration package:

- School District No. 63 (Saanich) Student Registration Form
- Claremont Course Selection Sheet (for appropriate Grade)
- Copy of identification for student
(Birth Certificate, Passport, Permanent Residence Card)
- Authorization to Share Confidential Information Form
- Copy of proof of residence for parent / guardian
(Driver's Licence, Utility Bill, Rental Agreement, Municipal Tax Bill)
- Copy of current Academic Report Card and attendance record
- Proof of legal guardianship / custody if not living with both parents

If you do not have access to a photocopier we would be happy to photocopy your certificates and documents for you. Please return the above information to myself or if you have any questions please feel free to contact me at 250-658-5221 or fax 250-658-5387.

With thanks,

Christine Knapp
Administrative Assistant

4980 Wesley Road Victoria, B.C. V8Y 1Y9 Phone: 250-658-5221 Fax 250-658-5387
www.claremont.sd63.bc.ca



SCHOOL DISTRICT NO. 63 (SAANICH)

STUDENT REGISTRATION FORM

School: _____

PLEASE PRINT CLEARLY

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	LEGAL Family Name	LEGAL First Name	LEGAL Middle Name	No Legal Middle Name <input type="checkbox"/>		
USUAL Family Name(s) (if different)		PREFERRED First Name (if different)	PREFERRED Middle Name (if different)			
Birth Date ____ - ____ - ____ dd mmm yyyy		Age	For Office Use Only			
Home Phone () ()		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	PROOF OF LEGAL NAME & AGE		Staff Initials _____	
Home Address Street No. Street Name Apt. No. City Prov BC Postal Code		Entering Grade _____	<input type="checkbox"/> BC Identification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Documents <input type="checkbox"/> Vital Statistics Documents <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card			
For Office Use Only						
PROOF OF ADDRESS <input type="checkbox"/> Credit Card Invoice <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill						
Mailing Address if different from Home Address Street No. Street Name Apt. No. City Prov Postal Code						
Ever attended a BC School <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous District	Previous School or StrongStart Centre	Previous School Prov	Previous School Country	Previous School Phone (if known) () ()	Previous School Fax No. (if known) () ()
Name of sibling(s) at this school _____						
BIRTHPLACE Country of Birth: _____ Prov. of Birth: _____		For Office Use Only - CITIZENSHIP <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible <input type="checkbox"/> International Funding Eligible <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International Funding Not Eligible			Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____	
FIRST NATIONS ANCESTRY <input type="checkbox"/> Status – on reserve <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Status – off reserve <input type="checkbox"/> Non-Status		BAND OF RESIDENCE <input type="checkbox"/> 0652 - Pauquachin <input type="checkbox"/> 0653 - Tsartlip <input type="checkbox"/> 0654- Tsawout <input type="checkbox"/> 0655 - Tseycum <input type="checkbox"/> Other – No. _____ Name _____ DIA # (if known) _____				

CUSTODY <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> COURT ORDER (copy in student file) <input type="checkbox"/> Other (specify) _____			LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> MOTHER or <input type="checkbox"/> STEPMOTHER or <input type="checkbox"/> LEGAL GUARDIAN			<input type="checkbox"/> FATHER or <input type="checkbox"/> STEPFATHER or <input type="checkbox"/> LEGAL GUARDIAN		
Last Name		First Name	Last Name		First Name
Address (if not living with student)			Address (if not living with student)		
Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No			Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone () ()		Ext / Local	Work Phone () ()		Ext / Local
Home Phone () ()		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone () ()		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone () ()		Pager	Cell Phone () ()		Pager
Email Address			Email Address		

Family Doctor's Name		Doctor's Phone () ()	STUDENT'S CARE CARD NO
HEALTH FACTORS Check if applicable <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other Additional Information: _____ _____			Are any of these conditions LIFE THREATENING? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____
Other Health Conditions which may require emergency care – please specify. _____			
<input type="checkbox"/> The student requires medication to be administered during school hours for one month or longer . Please contact school staff to discuss and to plan.			
Name of Medication(s) _____			

