



# CLAREMONT

*A tradition of excellence*

## SECONDARY SCHOOL

Date received by Claremont \_\_\_\_\_

### 2018-2019 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 listed below is **complete** when submitted. **Students cannot be registered or scheduled if the application package is incomplete.**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current or Previous School: \_\_\_\_\_ Grade in 2017-2018: \_\_\_\_\_

Current School address & location: \_\_\_\_\_

Permanent home address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code: \_\_\_\_\_  In catchment  Out of catchment

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 to release records from previous school
- 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
- Does your child have an Individual Education Plan (IEP) or Ministry Special Needs Designation?
  - Yes  No If YES, I have attached a current copy (Initial Here) \_\_\_\_\_.

**Program(s) of Choice (Please check all that apply)**

- Claremont Sports Institute  Pursuit of Excellence  Focus on Fine Arts (indicate on selection sheet only)
- Trades Exploration  Institute for Global Solutions

**Applications may be submitted to Christine Knapp in person, by mail or faxed to 250-658-5387.** Your completed documents will be date stamped and kept on file, once the school administration determines that space is available you will be contacted to confirm enrollment.

With thanks,

Christine Knapp  
Administrative Assistant



**PLEASE COMPLETE IF INDIGENOUS ANCESTRY**

- Metis       FN       Status – on reserve  
 Inuit               Status – off reserve  
 Non Status  
 Prefer not to answer

**BAND OF RESIDENCE**

- 0652 - Pauquachin       0653 - Tsartlip  
 0654- Tsawout       0655 - Tseycum  
 Other – No. \_\_\_\_\_ Name \_\_\_\_\_ DIA # \_\_\_\_\_

If Indigenous Ancestry would you like to :

- Yes, I give permission for my child to access programs and services from the Indigenous Education Program for the current school year.  
 No, I would like to decline services from the Indigenous Education Program for the current school year.

Previous Special Ed Designation: category: \_\_\_\_\_

Other Learning Considerations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Doctor's Name	Doctor's Phone (      )	STUDENT'S CARE CARD NO
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**HEALTH FACTORS** Check if applicable

Anaphylactic     Allergies     Asthma     Diabetes     Epilepsy     Other

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Are any of these conditions **LIFE THREATENING?**     Yes     No

Please specify: \_\_\_\_\_

\_\_\_\_\_

**Other Health Conditions** which may require emergency care – please specify.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct and valid as of \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

FOR OFFICE USE ONLY					
Pupil #:	PEN #:	School Name	Address Verified <input type="checkbox"/> Yes	Division	Teacher
<b>Admission Reason:</b> <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Student Transfer <input type="checkbox"/> Graduated <input type="checkbox"/> Adult -19 yrs or older		<b>Program Type</b> <input type="checkbox"/> Regular <input type="checkbox"/> International	<b>Enter Program Codes:</b> <input type="checkbox"/> 63 Core French <input type="checkbox"/> 63 French Immersion <input type="checkbox"/> 63 ELL (for SBO use)	<b>Catchment</b> <input type="checkbox"/> Out of catchment <input type="checkbox"/> Out of District	<b>Copies for file:</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested
<b>Admission Date:</b> _____/_____/_____ dd      mm      yyyy		<b>First Date of Attendance</b> (if different) _____/_____/_____ dd      mm      yyyy		<b>Nurse notified</b> of Life Threatening Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Advise:</b> <input type="checkbox"/> Library		<b>Revise:</b> <input type="checkbox"/> Class List for Teacher <input type="checkbox"/> Division List		<b>Ministry Designation - Special</b>	
<input type="checkbox"/> Computer Lab		<input type="checkbox"/> Class List for Office <input type="checkbox"/> _____		<b>Needs Category (if known):</b> _____	
<b>Student File</b>	<input type="checkbox"/> Requested	<input type="checkbox"/> Teacher for Review	<b>RED FILE</b>	<input type="checkbox"/> Requested	
	<input type="checkbox"/> Received	<input type="checkbox"/> Filed		<input type="checkbox"/> Received	

- SPREADSHEET     DISTRICT AVERAGING     EMAIL     FAX SCHOOL     BLUE BAG



School District #63 (Saanich)  
2125 Keating Cross Road, Saanichton, BC V8M 2A5  
Phone: 250-652-7392  
Fax: 250-652-7361

**CONFIDENTIAL FILE REQUEST/RELEASE**

Student's Name: \_\_\_\_\_

Date of Birth: (d/m/y) \_\_\_\_\_

This student has a confidential file.

I / We give permission to **release** the confidential file about my child to the following school / school district (please include your mailing address):

\_\_\_\_\_  
\_\_\_\_\_

**OR**

I/We give permission to School District #63 (Saanich) to **request** the confidential file or confidential information about my child.

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

# OUT OF CATCHMENT AREA APPLICATION GRADES 6-12

TO BE COMPLETED BY PARENTS WISHING TO ENROLL A STUDENT IN, OR TRANSFER A STUDENT TO, A SCHOOL OUTSIDE OF THEIR CATCHMENT AREA.

PARENTS MUST FIRST REGISTER THE STUDENT IN THEIR CATCHMENT AREA SCHOOL.

Please note the following are the enrolling priorities for Saanich School District 63

- |                                      |                              |
|--------------------------------------|------------------------------|
| 1 - Re-enrolling catchment students* | 4 - Non-catchment siblings   |
| 2 - Catchment area siblings          | 5 - Non-catchment children   |
| 3 - Catchment area children          | 6 - Out of district children |

\*A child who, in the previous year, attended the school

Approval for out of catchment placements will only be considered when space and staff are available in the school to which the student wishes to enroll. Every effort will be made to confirm out of catchment placements by the end of June when possible (Sept 15 at the latest). If this application is approved, parents may be responsible for transportation.

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

(Please give both residence and mailing address if they are different, and include Postal Code) Postal Code Phone Number

◆ Catchment area school student should attend: \_\_\_\_\_ Grade Placement: \_\_\_\_\_

◆ School student wishes to attend: \_\_\_\_\_

- Reason for Request: (The District's prime concern is the educational welfare of the student)

\_\_\_\_\_  
\_\_\_\_\_

◆ Is this student receiving support from the Community or School District Learning Services? Yes  No   
If yes, please explain below: (e.g. Queen Alexandra Centre, Beacon Community Services, private support)

\_\_\_\_\_  
\_\_\_\_\_

Parent(s) or Guardian(s) Signature: \_\_\_\_\_

**For transfer requests within SD63** please visit the catchment school where the student would normally attend to discuss the request.

Catchment School Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once complete with signatures parents should submit this form to the requested school for consideration. For Grades 9-12 please attach course selection information.

PLEASE NOTE: Transferring schools in Grades 10, 11, or 12 is likely to result in a student being INELIGIBLE for school sports teams, based on Provincial rules. Please ask for clarification if you are hoping to play on a school team.

Saanich Schools



For completion by the Proposed School (please sign where appropriate)

a) Put on waiting list: \_\_\_\_\_ Date: \_\_\_\_\_

b) No space available: \_\_\_\_\_ Date: \_\_\_\_\_

c) Approved for Registration: \_\_\_\_\_ Date: \_\_\_\_\_