



# CLAREMONT

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## SECONDARY SCHOOL

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

### 2023-2024 New Student Application for Registration

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 2022-2023: \_\_\_\_\_

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:**

Please Check

- School District No. 63 (Saanich) Student Registration Form
- Claremont Course Selection Sheet (for appropriate Grade)
- Authorization to Share Confidential Information Form (to release records from previous school)
- Out of Catchment Area Application
- Copy of current Academic Report Card and Attendance Record
- Does your child have an Individual Education Plan (IEP) or Ministry Special Needs Designation?
  - Yes  No **If YES**, I have attached a current copy of the IEP and Psychoeducational Assessment (Initial Here) \_\_\_\_\_.

**Document Checklist – See page two of District Registration Form for complete list.**

- I have provided the required documents as per the District Registration Form Checklist

**Program(s) of Choice (Please check all that apply and submit Application with Registration)**

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

**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 PRINT CLEARLY

Requested Enrollment Date \_\_\_\_\_

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

- 1 - re-enrolling students\*
- 2 - siblings of re-enrolling students
- 3 - catchment area children
- 4 - non-catchment children
- 5 - out of district children

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

<b>LEGAL First Name</b>	<b>LEGAL Family Name</b>	<b>Middle Name</b> <input type="checkbox"/> No Legal Middle Name	<b>GENDER ASSIGNED AT BIRTH:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>GENDER IDENTITY:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Or please specify: _____
USUAL Family Name(s) (if different)	USUAL First Name (if different)	<b>Age</b>	<b>Date of Birth:</b> ____/____/____ dd mm yyyy	
Language spoken at home: <input type="checkbox"/> En <input type="checkbox"/> Fr <input type="checkbox"/> Other (please specify): _____			<b>Entering Grade:</b> _____	
<b>HOME ADDRESS</b>				
Street No.	Street Name	Apt. No.	City	Postal Code
<b>Name of sibling(s) at this school</b> _____				
<b>BIRTHPLACE</b> Country of Birth: _____ Prov. of Birth: _____		<b>For Office Use Only – CITIZENSHIP</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International - Funding Eligible <input type="checkbox"/> Int'l - Funding <b>Not Eligible</b> <input type="checkbox"/> Out of Prov Cdn - Funding <b>Not Eligible</b>		
<b>Previous School &amp; District / StrongStart / Preschool</b>	Previous Grade:	Province:	Country	Phone ( )
		Email/Contact: _____		

<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN			<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <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)		
Work Phone ( )	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ( )	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone ( )	Cell Phone ( )		Home Phone ( )	Cell Phone ( )	
Email Address			Email Address		

**LIVES WITH**

Both Parents  Mother Only  Father Only  **COURT ORDER** (copy required) specify \_\_\_\_\_

Shared Custody  Guardian

Other – Please specify: \_\_\_\_\_

NOTES: \_\_\_\_\_

<b>EMERGENCY CONTACTS if parents cannot be reached. Please only write one person per line, and they will be called in that order. PLEASE TICK THE BOX TO CONFIRM IF YOUR CONTACT IS AUTHORISED TO COLLECT YOUR CHILD FROM SCHOOL.</b>					<input checked="" type="checkbox"/>
Last Name	First Name	Relationship	Home/Work Phone ( )	Cell Phone ( )	
Last Name	First Name	Relationship	Home/Work Phone ( )	Cell Phone ( )	
Last Name	First Name	Relationship	Home/Work Phone ( )	Cell Phone ( )	

**PLEASE COMPLETE IF INDIGENOUS ANCESTRY**

- Metis     FN     Status – on reserve  
 Inuit     Status – off reserve  
 Non Status

**BAND OF RESIDENCE**

- 0652 - Pauquachin     0653 - Tsartlip  
 0654 - Tsawout     0655 - Tseycum  
 Other - # \_\_\_\_\_ Name \_\_\_\_\_

**STATUS CARD #**

\_\_\_\_\_

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: \_\_\_\_\_English Language Support Required:  YES or  NO

Other Learning Considerations:

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

Family Doctor's Name	Doctor's Phone (    )	STUDENT'S BC SERVICES 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.\_\_\_\_\_  
\_\_\_\_\_**Please sign to certify that the above information is correct:**\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent or Legal Guardian**DOCUMENTATION CHECKLIST****\*For applicants on a Work or Study Permit, please email our International Student Program at [sisp\\_admissions@saanichschools.ca](mailto:sisp_admissions@saanichschools.ca)****Canadian Citizen / Landed Immigrant / Permanent Residents must provide the following documentation at the time of registration:****1. Student Identification**

- Birth Certificate OR  
 Valid Passport OR  
 Status Card

**If not Canadian we also require for both parent and student:**

- Permanent Resident Card OR  
 Certificate of Canadian Citizenship

**3. Parent Identification**

- Valid Passport OR  
 BC Driver's License and/or BC Services Card or BCID

**2. Proof of Residence:****4.  Student BC Services Card****5.  Guardianship or Custody Documents**

Home Owners	Renters
Please provide <b>two</b> of the following: <input type="checkbox"/> Home purchase agreement <input type="checkbox"/> Property Tax Statement <input type="checkbox"/> Home insurance policy <input type="checkbox"/> Property assessment <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable)	<input type="checkbox"/> Rental Agreement signed by the landlord with landlord's contact information
<b>And one</b> of the following: <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> BC Driver's License and/or BC Services Card or BCID	<b>And two</b> of the following: <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable) <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> Renter's insurance policy <input type="checkbox"/> BC Driver's License and/or BC Services Card or BCID

**FOR OFFICE USE**

- In Catchment  
 Out of Catchment  
 Out of District
- Address verified for catchment school  
 Birthdate corresponds with correct grade  
 Copy to Learning Services if support required

NOTES:

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



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 students*            | 4 - Non-catchment children   |
| 2 - Siblings of re-enrolling students | 5 - Out of district children |
| 3 - Catchment area children           |                              |

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

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. Please note, 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.



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: \_\_\_\_\_