



Date received by Claremont _____

2024-2025 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 2023-2024: _____

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 (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 of Choice / Specialty Programs (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. Please ensure all documents are attached. Application cannot be processed if any required documents are missing.

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

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

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.					<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****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 two 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
And one 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	And two 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: _____