

EDUCATIONAL INFORMATION

Former School: _____ Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Has this child received Special Education Programming: YES ___ NO ___
 Has this child received Learning Assistance: YES ___ NO ___

LEGAL INFORMATION

Is there a court order in effect: YES ___ NO ___
 If YES please give details concerning custody and guardianship: _____

Note: Copy of an up-to-date court order must be on file with the school

I am (please X one):

- ___ A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
 ___ A landed immigrant (attach photocopy of landed immigrant status paper)
 ___ Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 ___ Admission as a refugee claimant
 ___ A person claiming refugee status who has a letter of no objection
 ___ Student authorization (student visa) for one year or longer.
 ___ Employment authorization (working permit) for one year or longer.
 ___ A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 ___ Other – document description: (must be cleared with Immigration Canada) _____

(Residency in British Columbia)

I am a resident of British Columbia **(please X one):**

- ___ YES Residency address: _____
 ___ NO I am not a resident of British Columbia.

MEDICAL INFORMATION

Immunization Form Completed: YES ___ NO ___ Care Card Number: _____
 Doctor's Name: _____ Phone: _____ Medical Alert: YES ___ NO ___
 Physical Limitations: _____ Medic/Alert Bracelet: ___ Where worn: _____
 Is this child currently on any medication: NO ___ YES ___ Description: _____

To be completed by the Parent/Guardian:

Why do I want my child/guardian to come to St. Ann's Academy: _____

DECLARATION:

I GIVE PERMISSION FOR THE TRANSFER OF ALL INFORMATION AND DOCUMENTATION PERTAINING TO MY CHILD AS NAMED ABOVE IF TRANSFERRING FROM A BC PUBLIC SCHOOL, OR A SCHOOL OUTSIDE BC.

I GIVE MY CONSENT FOR THE RELEASE OF MY NAME, PHONE NUMBER AND ADDRESS FOR SCHOOL COMMUNICATION PURPOSES, SUCH AS PARENTS AUXILIARY AND CLASSROOM PHONING COMMITTEE, ETC.

I HEREBY ACKNOWLEDGE THAT I CAN ACCESS THE ST. ANN'S ACADEMY PARENT HANDBOOK ON-LINE AND AGREE TO PAY ALL FEES AS REQUIRED.

I AGREE TO THESE CONDITIONS

 Parent/Guardian Signature

 Date