



École des Sept-Sommets
Conseil scolaire francophone de la Colombie-Britannique (S.D. 93)

2160 St Paul
PO Box 880
Rossland BC V0G 1Y0
Telephone: (250) 362-3395
Fax: (250) 362-3374
Email: ecole_sept_sommets@csf.bc.ca

Enrollment Form

STUDENT

ALERT _____

Legal last name _____
Legal first name _____
Usual last name _____
Preferred first _____
Middle names _____
Gender _____ (M/F)
Date of birth _____ (DD/MM/YYYY)
Proof of age document _____
Home telephone _____

Date _____ Grade _____

PREVIOUS SCHOOL

District _____ School _____
Address _____
Telephone _____

PROPERTY ADDRESS

Address _____
Apt _____ Municipality _____
Province _____ Postal code _____

MAILING ADDRESS (if different from property address)

LANGUAGES & OTHER INFORMATION

First language _____
Language spoken at home _____
Language most used _____
Country or province of birth _____
City of birth _____
Citizenship _____
Immigration status _____

AUTHORIZATIONS

I accept that information about my child (name, address, grade, telephone, pictures, audio and video recordings) be released, if necessary, for the following school-related activities:

P.A.C. (telephone directory) _____ (Y/N)
School transportation _____ (Y/N)
School pictures _____ (Y/N)
Website _____ (Y/N)
Media (TV, radio, newspaper) _____ (Y/N)
Field trips _____ (Y/N)

I certify that the information on this form is correct.

ABORIGINAL ANCESTRY INFORMATION

___ No ___ Yes
If yes ___ Off reserve
___ On reserve (band name) _____

MEDICAL INFORMATION

Doctor's name _____
Telephone _____
CareCard number _____
Visual impairment ___ (Y/N)
Problem description _____
Eyeglasses ___ (Y/N) Contact lenses ___ (Y/N)
Hearing impairment ___ (Y/N) Hearing aid ___ (Y/N)
Problem description _____
Allergies ___ (Y/N) EpiPen ___ (Y/N)
If yes, please list allergies and required treatment

Asthma ___ (Y/N) Bronchodilator ___ (Y/N)
Medication _____
Diabetes ___ (Y/N) Requires insulin ___ (Y/N)
Epilepsy ___ (Y/N) Type _____
Medication _____
Heart condition ___ (Y/N)
Problem description _____
Is your child able to fully participate in the school's physical education program? ___ (Y/N)
Other pertinent information _____

Parent / Guardian signature

Date

The information on this form is collected under the authority of the British Columbia School Act. Information is used by the District for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.



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PARENT / GUARDIAN

Custody _____

Student lives with _____

- Relationship _____
Last name _____
First name _____
Lives with student ____ (Y/N)
Same address as student ____ (Y/N)
If not, address _____
Speaks French ____ (Y/N)
Other languages _____
Copy of correspondence ____ (Y/N)
Willing to volunteer ____ (Y/N)
Home telephone _____
Work telephone _____
Available at work ____ (Y/N)
Cellular telephone _____
Emergency contact ____ (Y/N) Can pick up ____ (Y/N)
If yes, call sequence in case of emergency ____

- Relationship _____
Last name _____
First name _____
Lives with student ____ (Y/N)
Same address as student ____ (Y/N)
If not, address _____
Speaks French ____ (Y/N)
Other languages _____
Copy of correspondence ____ (Y/N)
Willing to volunteer ____ (Y/N)
Home telephone _____
Work telephone _____
Available at work ____ (Y/N)
Cellular telephone _____
Emergency contact ____ (Y/N) Can pick up ____ (Y/N)
If yes, call sequence in case of emergency ____

SIBLINGS

- | | | | | |
|---------------|-------------|-------------|-------------|-------------|
| Last name | 1. _____ | 2. _____ | 3. _____ | 4. _____ |
| First name | _____ | _____ | _____ | _____ |
| Relationship | _____ | _____ | _____ | _____ |
| Date of birth | _____ | _____ | _____ | _____ |
| Gender | _____ (M/F) | _____ (M/F) | _____ (M/F) | _____ (M/F) |
| School | _____ | _____ | _____ | _____ |

EMERGENCY CONTACTS (exclude parents / guardians and specify an emergency contact outside of the province, if possible)

- | | |
|--|--|
| 1. Last name _____
First name _____
Relationship _____
Home telephone _____
Work telephone _____
Cellular telephone _____
Languages spoken _____
Call sequence in case of emergency ____ Can pick up ____ (Y/N) | 2. Last name _____
First name _____
Relationship _____
Home telephone _____
Work telephone _____
Cellular telephone _____
Languages spoken _____
Call sequence in case of emergency ____ Can pick up ____ (Y/N) |
| 3. Last name _____
First name _____
Relationship _____
Home telephone _____
Work telephone _____
Cellular telephone _____
Languages spoken _____
Call sequence in case of emergency ____ Can pick up ____ (Y/N) | 4. Last name _____
First name _____
Relationship _____
Home telephone _____
Work telephone _____
Cellular telephone _____
Languages spoken _____
Call sequence in case of emergency ____ Can pick up ____ (Y/N) |