



SARDIS SECONDARY SCHOOL APPLICATION FORM

45460 Stevenson Road, Chilliwack, BC V2R 2Z6

Phone: 604-858-9424

Fax: 604-858-2981

Registrations will not be processed without completion of this form plus the following:

Birth Certificate **Report Card** **Transcript** **Withdrawal Form** **Proof of BC Residence**

Student # _____ **Grade** _____ **School Year** _____ **Semester** _____

Homeroom _____ **Counselor** _____ **Date** _____

(PLEASE PRINT CLEARLY, ALL FIELDS MUST BE COMPLETED)

LEGAL SURNAME _____ **PREFERRED SURNAME** _____

LEGAL FIRST NAME _____ **PREFERRED FIRST NAME** _____

MIDDLE NAME _____ **Male/Female** _____

Date of Birth: _____ **Home Phone:** _____
(Day) (Month) (Year)

Address: _____
(Number) (Street) (City) (Postal Code)

Resides With: Mother/Father Mother Father Grandparents Guardian Self Other

Name: _____

Contact Information:

Mother's Full Name _____ Cell# _____ Work# _____

Father's Full Name _____ Cell# _____ Work# _____

Parent E-mail Address _____ Student's E-mail Address _____

Emergency Contact _____ Phone# _____ Cell# _____
(other than parents)

Previous School: _____ **Cross-enrolled with another school:** yes no
If yes, homeschool (school of record) will be _____

Were you asked to leave your previous school for any reason? Yes No If yes, please specify _____

Were you receiving special services at a previous school?

Learning Assistance **Resource Program** **IEP** (Please provide copy of IEP)

EFSL (Language(s) spoken in the home: _____)

Aboriginal Information: Yes No Metis Inuit Status Non-Status

Living on Reserve: Yes No Band Name and # _____
(residing on)

Medical Information: Please indicate any severe medical concerns that the school should be aware of:

Life Threatening **If yes, a Medical Alert Form must be completed**

The information on this form is collected under the authority of the School Act, Section 13 & 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent/Guardian Signature: _____

Office Use: Enrolled

Pre-Transitioned

Records Req't