



## ADDITIONAL STUDENT APPLICATION

2026-27 School Year

Return to: [office@pathwaysacademy.ca](mailto:office@pathwaysacademy.ca)

Fax: 1-888-263-8611

PO Box 10096 RPO HART

Prince George, B.C. V2K 5Y1

### 2026-27 Addendum

This form is an addendum to the family's Enrollment Application or Re-enrollment Form for the **2026-27** school year.

#### Complete this form if:

1. You completed and signed an Enrollment Application but need to enroll **more than four students**, OR
2. You completed and signed a Re-enrollment Form and need to add a **new Gr. K student** or a **student who was NOT enrolled with Pathways in the previous year**.

### Parent/Legal Guardian

Parent/legal guardian (BC resident): First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Who has custody? Both parents Mother Father Other (step-parent, aunt, social worker, etc.): \_\_\_\_\_

Are legal custody orders in effect or in process? No Yes, for: \_\_\_\_\_

### Additional Student

Legal first name: \_\_\_\_\_ Birthdate (YYYY-MM-DD): \_\_\_\_\_

Legal middle names: \_\_\_\_\_ Gender on birth certificate: \_\_\_\_\_

Legal last name: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Preferred first name (if different): \_\_\_\_\_ Country of birth: \_\_\_\_\_

Preferred last name (if different): \_\_\_\_\_ Desired start date (MM-YYYY): \_\_\_\_\_

BC Health Services # (Care Card): \_\_\_\_\_ Grade level (at start date): \_\_\_\_\_

Medical Alert (anaphylactic or serious conditions): Y/N: \_\_\_\_\_ Other health: \_\_\_\_\_

Aboriginal Ancestry: Inuit, Metis, Non-status, Status on-reserve, Status off-reserve: \_\_\_\_\_ Band: \_\_\_\_\_

Student Contact Info: student email (optional): \_\_\_\_\_ student cell (optional): \_\_\_\_\_

I, the parent and/or legal guardian, want to be included/carbon copied (cc'd) on communication from Pathways to my child as follows: Always cc parent Do not cc parent cc parent at school's discretion (e.g. deadlines)

Cross-enrolling at PA? Name of your main school: \_\_\_\_\_ City: \_\_\_\_\_

### PREVIOUS SCHOOL (or Main School if cross-enrolling at Pathways)

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Date last attended: \_\_\_\_\_

Reason for changing schools: \_\_\_\_\_

### PERSONAL EDUCATION NEEDS (please attach separate page if you need more space)

Does your child struggle with any subjects? Explain. \_\_\_\_\_

If so, do you anticipate that your child will need extra support? \_\_\_\_\_

What type of support would best meet your child's needs? \_\_\_\_\_

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_

Has your child had professional assessments (e.g. speech) that would help us to plan your child's educational program? \_\_\_\_\_

Has your child received professional support for speech, vision, or movement (e.g. occupational therapy)? Please describe. \_\_\_\_\_

Do you anticipate that your child will need social or emotional support (e.g. counselling)? \_\_\_\_\_

### Parent/Guardian Acknowledgment

By submitting this Additional Student Application, I/we understand and agree that it is considered an addendum to our signed Enrollment Application or Re-enrollment Form for the 2026-27 school year.

Date: \_\_\_\_\_ Initial: \_\_\_\_\_  
YYYY-MM-DD

Click 'Save Form' and send to: [office@pathwaysacademy.ca](mailto:office@pathwaysacademy.ca)

Provide a copy of the student's **BIRTH CERTIFICATE** (required) and legal custody docs, if applicable.