

**Overview**

This form is an addendum to the family's Enrollment Application or Re-enrollment Form for the 2019-20 school year.

1. Please complete this form if you have already completed and signed an Enrollment Application and need to enroll more than four students (the Enrollment Application only provides space for up to four students).  
**OR**
2. Please complete this form if you have 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.

*All information collected by this form is protected by the Pathways Privacy Policy.*

**Family Group**

Guardian/Parent 1: (primary contact) \_\_\_\_\_  
*First* *Last*

**Additional Student**

**MAIN INFORMATION**

Legal First Name: \_\_\_\_\_ Birthdate (YYYY-MM-DD): \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_ Gender on Birth Certificate: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Preferred First Name (if different): \_\_\_\_\_ Aboriginal Ancestry (optional): \_\_\_\_\_  
 Preferred Last Name (if different): \_\_\_\_\_ Desired Start Date: \_\_\_\_\_  
 BC Health Services # (Care Card): \_\_\_\_\_ Grade Level (at start date): \_\_\_\_\_  
 Anaphylactic allergies or serious medical conditions: \_\_\_\_\_

Legal Custody Arrangement or Dispute? **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ *If yes, the MOE requires copies of custody docs.*

Direct Student Contact (optional\*): Student email\*: \_\_\_\_\_ Student Cell\*: \_\_\_\_\_

**I/We, the parents and/or legal guardian, do NOT want to be cc'd in the direct email and text communication between Pathways and this student.** Initial\* (optional): \_\_\_\_\_

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

**PREVIOUS SCHOOL**

School Name: \_\_\_\_\_ Reason for changing schools: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

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

Are you aware of any learning difficulties? Indicate subjects or areas. \_\_\_\_\_

Is there a formal IEP, special needs designation, or has there been previous learning assistance? Please specify. \_\_\_\_\_

Formal assessments for learning difficulties (eg. speech, vision, DORA, etc.). List type(s) & service provider. Please forward copies. \_\_\_\_\_

Do you anticipate needing educational assistance for this student? \_\_\_\_\_

Disciplinary or social problems the school should be aware of? \_\_\_\_\_

**Parent/Guardian Acknowledgement**

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 2019-20 school year.

Please provide a copy of the student's birth certificate.

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