

Overview

This form is an addendum to the family's Enrollment Application or Re-enrollment Form for the **2020-21** 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 2020-21 school year.

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

Date: _____ **Initial:** _____
 YYYY-MM-DD