

Overview

This form is an addendum to the family's Enrollment Application or Re-enrollment Form for the **2021-22** school year.

[Complete this form if:](#)

1. you completed and signed an Enrollment Application but need to enroll **more than four students** (e.g. use this page to enroll each of your additional students, one page per student). **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.

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

Family Group

Parent/Legal Guardian (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 (MM-YYYY): _____
 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 us to collect 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: _____ City: _____ Dates attended: _____ to _____

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 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 2021-22 school year.

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

Date: _____ Initial: _____

YYYY-MM-DD