

Overview

This form is an addendum to the family's Enrollment Application or Re-enrollment Form for the **2023-24** 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: _____ Home Language: _____

Student Contact Info: student email (optional): _____ student cell (optional): _____

I, the parent and/or legal guardian, do **NOT** want to be cc'd in the direct email and/or text communication between Pathways Academy and this student. PARENT INITIAL (optional): _____

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

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 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 2023-24 school year.

Date: _____ Initial: _____

YYYY-MM-DD

Click 'Save Form' and send to: office@pathwaysacademy.ca

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