

## Application for Enrollment

At Pathways Academy (PA), we seek to be open and honest regarding student and family information. We seek to uphold standards set out by the Personal Information Privacy Act of 2004 (PIPA). PA asks for your permission and consent in collecting personal information needed for registration. This includes copies of birth certificate, legal guardianship and court orders if applicable, behavioural, academic and health information, most recent report card, and other similar information. PA uses personal information as follows:

- to communicate with parents and students, make an informed decision as to your child's suitability and appropriate placement in the school, process applications and ultimately to provide students with the educational services and co curricular programs you expect.
- to enable the school to operate its administrative function, including payment of school fees and maintenance of non educational school programs.
- health, psychological, or legal information to provide certain specialized services in those areas or as adjunct information in delivering educational services.
- when required by law: The type of information the school is legally required to disclose most often relates to family court issues, legal proceedings, court orders and tax reporting requirements. Student information will be submitted to the Ministry of Education as required to establish eligibility for student funding and to maintain student records. Only the information specifically requested is disclosed and the school takes precautions to satisfy itself that the authorities making the request have legitimate grounds to do so.
- when permitted by law: The school is legally permitted to disclose some personal information in situations such as an investigation of illegal activities, reasonable methods to collect overdue accounts, a medical emergency or suspicion of illegal activities, etc. Only pertinent information is disclosed.
- to request student educational records. As part of the application/acceptance process, PA may specifically request information from previously attended Distributed Learning (DL) schools regarding your family's engagement in the DL program.

If, for any reason, personal information is required to fulfill another purpose, the school will, where appropriate, notify you and ask you for your consent before the school proceeds. The school does not sell, lease or trade information about you to other parties. The school will securely store all digital and hard copies of parent and student personal information. For more information, the privacy officer for PA is Mr. Ron Ammundsen, and he may be reached at [ron.ammundsen@pathwaysacademy.ca](mailto:ron.ammundsen@pathwaysacademy.ca).

I/We consent to the collection, use and disclosure of such personal information for the above uses. All of the information I provide will be current and accurate.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Legal Guardian Signature[s])

Please tell us about your family.

**First Parent (Legal Guardian)**

**Second Parent (Legal Guardian)**

**Parents**

Please enter only the information that is different than the First Parent

Relationship to Student:	<b>Father</b>	<b>Mother</b>
First Name:		
Last Name:		
Occupation:		
Home Phone:		
Cell Phone (optional):		
Work Phone:		
Fax Number:		
E mail:		
Preferred Method of Contact:		
Are you a Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If no, please provide a copy of Landed Immigrant or special work or student visa. The Ministry of Education requires the school to have on file, a signed Legal Residency of Parent Form. Form A is attached.*

**Home Address**

Street Address:	
City:	
Postal Code:	

**Mailing Address**

Leave blank if same as Home Address

Address:	
City:	
Postal Code:	

**Marital Status:**

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**If previously separated or divorced, are legal custody arrangements in place for the student(s)?**

Yes  No

*If yes, please provide a copy of the legal court orders with this application.*

**Is there an unresolved custody dispute involving the student(s)?**

Yes  No

*If yes, please explain on a separate sheet.*

**Emergency Information**

(Required by the Ministry of Education)

Emergency Contact Name:	
Emergency Contact Phone:	
Family Doctor:	
Doctor's Phone:	

**Your Preferences**

Does your family do mostly literature based learning?

Yes  No

After looking over the teacher profiles, please note your top two teacher choices here:

1
2

Please tell us about your children.

Student 1	Student 2
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**Legal Name**

Legal First Name:		
Legal Middle Name(s):		
Legal Last Name:		

**Other Names** (if different than Legal Name)

Previous Last Name:		
Preferred First Name:		
Usual Last Name:		

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		

**To verify legal name and birthdate the Ministry of Education requires the school to have on file, a copy of the Birth Certificate for each student.**

Citizenship:	<input type="checkbox"/> Canadian <input type="checkbox"/> Other(specify)	<input type="checkbox"/> Canadian <input type="checkbox"/> Other(specify)
Aboriginal Ancestry (optional):	<input type="checkbox"/> None <input type="checkbox"/> First Nation, Inuit, or Metis	<input type="checkbox"/> None <input type="checkbox"/> First Nation, Inuit, or Metis

**Education Information**

Desired Starting Date:		
Grade Level (at starting date):		
Personal Educational Number (PEN) if known:		

**Emergency Information**

BC Care Card Number:		
Serious Allergies (anaphylactic) or Medical Conditions:		

**FSA Participation**

Students enrolled in grade 4 or 7 are required by the Ministry of Education to participate in the Foundational Skills Assessment (FSA). Grade 4 or 7 students not participating in the FSA can be registered as homeschoolers, but cannot be enrolled in the DL program.

<input type="checkbox"/> Student 1 is not in Grade 4 or 7 <input type="checkbox"/> Will Participate in the FSA <input type="checkbox"/> Will Not Participate in the FSA	<input type="checkbox"/> Student 2 is not in Grade 4 or 7 <input type="checkbox"/> Will Participate in the FSA <input type="checkbox"/> Will Not Participate in the FSA
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**Previous Schools**

( If applicable ) List the most recent first.

School:		
Phone:		
Website:		
Dates of Attendance:	to	to
Reason for Changing Schools:		

School:		
Phone:		
Website:		
Dates of Attendance:	to	to
Reason for Changing Schools:		

School:		
Phone:		
Website:		
Dates of Attendance:	to	to
Reason for Changing Schools:		

**If there are other DL schools that you have attended please add the information for those schools on separate sheet.**

**Personal Educational Needs**

**PA wants to meet the needs of your students! We need to know as much as we can about their educational successes and struggles, so we can offer you a quality educational program that is a “fit” for your students.**

	<b>Student 1</b>	<b>Student 2</b>
At any of the previous schools, was Learning Assistance, a Special Needs designation, or a formal IEP in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any learning difficulties you are aware of? Please indicate subjects or areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any formal assessments for learning difficulties been done for this student? (speech pathology, visual perception, DORA, etc.) Please indicate what kind and by whom. Include copies of these assessments.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate needing educational support for this student? Please specify what type.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any disciplinary or social problems the school should be aware of? Please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have included the student’s last progress report.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If necessary, additional copies of these pages may be submitted for additional students**

## Photo Release (optional)

In our school newsletter, we occasionally feature student work or things our students are doing. This newsletter is only available and accessible to people in the school community through the password protected part of the PA website. We will always ask your permission specifically before using student work or photos. Please consider signing the photo release below so you can be a part of the great things happening in the newsletter.

**I grant to Pathways Academy (PA), the right to use photographs of my family in connection with the above-identified newsletter. I authorize PA to copyright, use and publish the same electronically on a school secure website.**

I have read and understand the above.

Parent Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**I agree that Pathways Academy may use such photographs of my family with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.**

I have read and understand the above.

Parent Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

## Enrollment Enclosures Checklist

### Required

- Legal Residency of Parent Form
- Birth Certificates of Each Child
- Latest Progress Reports

### Only if Needed

- Any Past Learning Assessments
- Custodial Orders or Arrangements
- Citizenship Documents

**Please send the fully completed form and enclosures to the school office in one of the following ways:**

**E-mail completed form as an attachment, scan and send enclosures.**

**Print, scan and e-mail**

**Print and Fax**

**Print and Mail**

# LEGAL RESIDENCY OF PARENT

## STATUS OF PARENT/GUARDIAN (ADMISSION TO CANADA AND RESIDENCY) - FORM A

(if parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian).

### Lawfully Admitted into Canada

**1. I am (please X one):**

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
  - Admission as a refugee or refugee claimant
  - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
- Other - Document description: (must be cleared with Citizenship and Immigration Canada)

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### Residency in British Columbia

**2. I am a resident of British Columbia (please X one):**

- Yes      Residency address: \_\_\_\_\_  
\_\_\_\_\_
- No      I am not a resident of British Columbia

### Confirming signatures:

**3. Parent/Legal Guardian's name:** \_\_\_\_\_

Parent/Legal Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_