

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.

	Student 1	Student 2
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