

Family Information	First Parent	Second Parent
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Parents

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

Relationship to Student:	Father or other:	Mother or other:
First Name:		
Last Name:		
Occupation:		
Home Phone:		
Cell Phone (optional) :		
Work Phone:		
Fax Number:		
E-mail:		
Preferred Method of Contact:		

Home Address

Street Address:	
City:	
Postal Code:	

Mailing Address Leave blank if the same as Home Address

Address:	
City:	
Postal Code:	

The Ministry of Education requires the school to have on file a signed *Legal Residency of Parent* form.

Legal Residency of Parent – Form A (or B) is attached

The personal information collected on this registration form and any supporting documents will be used by Pathways Academy in accordance with the Personal Information Privacy Act of 2004. This information will be used to establish and maintain the student's relationship with the school and to help provide the quality educational experience that you expect. Personal information will be submitted to the Ministry of Education as required to establish eligibility for student funding and to maintain student records. For more information, contact the privacy officer for the school at principal@pathwaysacademy.ca.

I grant Pathways Academy permission to request my student's records and contact his/her previous schools if necessary.

Parent's Signature _____ Date _____

Student Information	First Student	Second Student
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Legal Name

Legal First Name:		
Legal Middle Name:		
Legal Last Name:		

Other Names (If different than the 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
Birthdate:		
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

Grade Level :		
Personal Education Number (PEN) if known:		

Previous School (If applicable)

School:		
Phone:		
Website:		
Dates Attended:		
Reason for changing schools (optional) :		

Emergency Information

BC Care Card Number:		
Allergies / Health Concerns:		

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.

<input type="checkbox"/> Copy of Birth Certificate is attached	<input type="checkbox"/> Copy of Birth Certificate is attached
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If necessary, additional copies of this page may be submitted for additional students.

Please send the fully completed forms to the school office in one of the following ways:

Mail to: Pathways Academy Fax to: 888-263-8611 Scan and e-mail to: office@pathwaysacademy.ca
 PO Box 10096 RPO HART
 PRINCE GEO RGE BC V2K 5Y1

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)

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: _____