Signature of Parent/Legal Guardian

STUDENT INFORMATION:		Application for Enrollment in Grade			
Gender:	Citizenship:	Canadian Citizen 🛭 Perm	nanent Resident	Other:	
Legal Family Name	Legal First Name	Legal Middle Name		Usual First Name	
Address		City Postal Code		Postal Code	
Birthdate: Year / Month / Day	Bir	Birthplace Language most often spoken at home		ost often spoken at home	
School Last Attended	Schoo	l Phone Number			
What language was the student' <b>SIBLINGS</b> (at least 1 parent in com		conducted in? 🗖 Engli	ish 🗆 Other:		
Full Name	Birthdate (Ye	ar / Month / Day)	Current S	chool	
Full Name	Birthdate (Ye	ar / Month / Day)	/ Month / Day) Current School		
Full Name	Birthdate (Ye	ar / Month / Day)	Current S	chool	
<b>HEALTH INFORMATION:</b> P	ersonal Health Number (C	Care Card Number):			
Student wears: □ glasses □ c	ontact lenses 🚨 hearing	aids 🗖 other:			
Medical Conditions (please provide	details):				
Allergies (please provide details & trea	tment required):				
Regular Medication Required (ple	ease provide details):				
Any additional information the s	chool should be aware of:				
EMERGENCY CONTACT:					
Parent/Guardian's Name	Home Phone	Cell Phone		Email	
Parent/Guardian's Name	Home Phone	Cell Phone		Email	
Alternate Contact Person (if guardians cannot be reached)	Relation	tionship to Student Phone Number		ne Number	
Doctor's Name	Clinic Name	Phone N	umber	Comments	
PHOTO USE PERMISSION:					
I authorize Diamond & Relevant purposes (e.g. school website).	Schools to use any photoչ	graphs or videos taken of	my child/ward for	promotional or educational	

Date

PARENT/GUARDIAN 1: Rela	tionship to Student:		
Residency: 🗆 Yes, I am a residency	dent of British Columbia 🗖 No, I	am not a resident of British (	Columbia
Legal Family Name	Legal First Name	Legal Middle Name	Usual First Name
Address	City	Province	Postal Code
Home Phone	Cell Phone		Email
Occupation	Employer/Business N	Name	Work Phone
PARENT/GUARDIAN 2: Rela	tionship to Student:		
Residency:	dent of British Columbia 🗖 No, I	am not a resident of British	Columbia
Legal Family Name	Legal First Name	Legal Middle Name	Usual First Name
Address	City	Province	Postal Code
Home Phone	Cell Phone		Email
Occupation	Employer/Business N	Name	Work Phone
□ A Permanent Resident (lande □ Lawfully admitted into Canad mark the appropriate box bel □ Admission as a refugee of □ Valid student permit for □ Valid employment author more additional years) □ A person carrying out official officer, consular officer or off	n in Canada, please attach a photocopy d immigrant) (please attach a photoco a under the Immigration and Refugee ow and attach photocopy of documen or refugee claimant two or more years (or issued for one y	py of landed immigrant status pa Protection Act (Canada) with one t): ear but anticipated to be renewe e years (or issued for one year but ng Forces Act or as an accredited ign government with a consular p	of the following documents (please d for one or more additional years) t anticipated to be renewed for one or diplomatic agent, preclearance
<ol> <li>I understand that submis</li> <li>I understand that registr</li> <li>If admitted, I acknowled deadlines outlined in the</li> <li>I authorize the schools' information regarding the</li> </ol>	mation I have provided is true and corssion of this application does not guara ation in any grade is contingent on suf ge my financial obligations to Diamono 2 2019-20 Tuition and Fee Payment Sch Admissions Committee, at its discretion the applicant.	rect to the best of my knowledge, intee enrollment to the school. ficient enrollment in that grade. If a Relevant Schools and agree to redule, including the Refund Police, to contact the teacher at the agree to the second schools.	be bound by all policies, fees, and cy. oplicant's current school for further
Name of Parent/Legal Guardian	Signature of Parei	nt/Legal Guardian	Date