



**DIAMOND SCHOOL**  
**NEW STUDENT APPLICATION – 2019-2020**

**STUDENT INFORMATION:**

*Application for Enrollment in Grade \_\_\_\_\_*

**Gender:** \_\_\_\_\_ **Citizenship:**  Canadian Citizen  Permanent Resident  Other: \_\_\_\_\_

Legal Family Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_ Usual First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Birthdate: Year / Month / Day \_\_\_\_\_ Birthplace \_\_\_\_\_ Language most often spoken at home \_\_\_\_\_

School Last Attended \_\_\_\_\_ School Phone Number \_\_\_\_\_

What language was the student's prior schooling primarily conducted in?  English  Other: \_\_\_\_\_

**SIBLINGS** (at least 1 parent in common):

Full Name \_\_\_\_\_ Birthdate (Year / Month / Day) \_\_\_\_\_ Current School \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate (Year / Month / Day) \_\_\_\_\_ Current School \_\_\_\_\_

Full Name \_\_\_\_\_ Birthdate (Year / Month / Day) \_\_\_\_\_ Current School \_\_\_\_\_

**HEALTH INFORMATION:** Personal Health Number (Care Card Number): \_\_\_\_\_

Student wears:  glasses  contact lenses  hearing aids  other: \_\_\_\_\_

Medical Conditions (please provide details): \_\_\_\_\_

Allergies (please provide details & treatment required): \_\_\_\_\_

Regular Medication Required (please provide details): \_\_\_\_\_

Any additional information the school 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 \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_  
(if guardians cannot be reached)

Doctor's Name \_\_\_\_\_ Clinic Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Comments \_\_\_\_\_

**PHOTO USE PERMISSION:**

I authorize Diamond School to use any photographs or videos taken of my child/ward for promotional or educational purposes (e.g. school website).

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



# DIAMOND SCHOOL PARENT/GUARDIAN INFORMATION

**PARENT/GUARDIAN 1:** Relationship to Student: \_\_\_\_\_

Residency:  Yes, I am a resident of British Columbia  No, I am not a resident of British Columbia

Legal Family Name	Legal First Name	Legal Middle Name	Usual First Name
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Address	City	Province	Postal Code
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Home Phone	Cell Phone	Email
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Occupation	Employer/Business Name	Work Phone
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**PARENT/GUARDIAN 2:** Relationship to Student: \_\_\_\_\_

Residency:  Yes, I am a resident of British Columbia  No, I am not a resident of British Columbia

Legal Family Name	Legal First Name	Legal Middle Name	Usual First Name
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Address	City	Province	Postal Code
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Home Phone	Cell Phone	Email
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Occupation	Employer/Business Name	Work Phone
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**Lawfully Admitted Into Canada:**

I am (please select one):

- A Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A Permanent Resident (landed immigrant) (please attach a 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: \_\_\_\_\_

Description of Document - *Must be cleared with Citizenship and Immigration Canada*

Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
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In completing and submitting this form,

1. I certify that all the information I have provided is true and correct to the best of my knowledge.
2. I understand that submission of this application does not guarantee enrollment to the school.
3. I understand that registration in any grade is contingent on sufficient enrollment in that grade.
4. If admitted, I acknowledge my financial obligations to Diamond School and agree to be bound by all policies, fees, and deadlines outlined in the 2019-20 Tuition and Fee Payment Schedule, including the Refund Policy.
5. I authorize the schools' Admissions Committee, at its discretion, to contact the teacher at the applicant's current school for further information regarding the applicant.

Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date
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