



École Franco-Nord
Conseil scolaire francophone de la Colombie-Britannique (S.D. 93)

2641 Ellison Dr
Prince George BC V2M 2S6
Telephone: (250) 612-0755
Fax: (250) 612-0756
Email: ecole_franco_nord@csf.bc.ca

Enrollment Form

STUDENT

ALERT _____

Legal last name _____
Legal first name _____
Usual last name _____
Preferred first _____
Middle names _____
Gender _____ (M/F)
Date of birth _____ (DD/MM/YYYY)
Proof of age document _____
Home telephone _____

Date _____ Grade _____

PREVIOUS SCHOOL

District _____ School _____
Address _____
Telephone _____

ABORIGINAL ANCESTRY INFORMATION

____ No ____ Yes
If yes ____ Off reserve
____ On reserve (band name) _____

PROPERTY ADDRESS

Address _____
Apt _____ Municipality _____
Province _____ Postal code _____

MAILING ADDRESS (if different from property address)

LANGUAGES & OTHER INFORMATION

First language _____
Language spoken at home _____
Language most used _____
Country or province of birth _____
City of birth _____
Citizenship _____
Immigration status _____

AUTHORIZATIONS

I accept that information about my child (name, address, grade, telephone, pictures, audio and video recordings) be released, if necessary, for the following school-related activities:

P.A.C. (telephone directory) ____ (Y/N)
School transportation ____ (Y/N)
School pictures ____ (Y/N)
Website ____ (Y/N)
Media (TV, radio, newspaper) ____ (Y/N)
Field trips ____ (Y/N)

I certify that the information on this form is correct.

MEDICAL INFORMATION

Doctor's name _____
Telephone _____
CareCard number _____
Visual impairment ____ (Y/N)
Problem description _____
Eyeglasses ____ (Y/N) Contact lenses ____ (Y/N)
Hearing impairment ____ (Y/N) Hearing aid ____ (Y/N)
Problem description _____
Allergies ____ (Y/N) EpiPen ____ (Y/N)
If yes, please list allergies and required treatment

Asthma ____ (Y/N) Bronchodilator ____ (Y/N)
Medication _____
Diabetes ____ (Y/N) Requires insulin ____ (Y/N)
Epilepsy ____ (Y/N) Type _____
Medication _____
Heart condition ____ (Y/N)
Problem description _____
Is your child able to fully participate in the school's physical education program? ____ (Y/N)
Other pertinent information _____

Parent / Guardian signature

Date

The information on this form is collected under the authority of the British Columbia School Act. Information is used by the District for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.



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PARENT / GUARDIAN

Custody _____

Student lives with _____

- Relationship _____
Last name _____
First name _____
Lives with student ____ (Y/N)
Same address as student ____ (Y/N)
If not, address _____

Speaks French ____ (Y/N)
Other languages _____
Copy of correspondence ____ (Y/N)
Willing to volunteer ____ (Y/N)
Home telephone _____
Work telephone _____
Available at work ____ (Y/N)
Cellular telephone _____
Emergency contact ____ (Y/N) Can pick up ____ (Y/N)
If yes, call sequence in case of emergency ____

- Relationship _____
Last name _____
First name _____
Lives with student ____ (Y/N)
Same address as student ____ (Y/N)
If not, address _____

Speaks French ____ (Y/N)
Other languages _____
Copy of correspondence ____ (Y/N)
Willing to volunteer ____ (Y/N)
Home telephone _____
Work telephone _____
Available at work ____ (Y/N)
Cellular telephone _____
Emergency contact ____ (Y/N) Can pick up ____ (Y/N)
If yes, call sequence in case of emergency ____

SIBLINGS

- | | 1. | 2. | 3. | 4. |
|---------------|-------------|-------------|-------------|-------------|
| Last name | _____ | _____ | _____ | _____ |
| First name | _____ | _____ | _____ | _____ |
| Relationship | _____ | _____ | _____ | _____ |
| Date of birth | _____ | _____ | _____ | _____ |
| Gender | _____ (M/F) | _____ (M/F) | _____ (M/F) | _____ (M/F) |
| School | _____ | _____ | _____ | _____ |

EMERGENCY CONTACTS (exclude parents / guardians and specify an emergency contact outside of the province, if possible)

- | | |
|---|---|
| 1. Last name _____
First name _____
Relationship _____
Home telephone _____
Work telephone _____
Cellular telephone _____
Languages spoken _____
Call sequence in case of emergency ____ Can pick up ____ (Y/N) | 2. Last name _____
First name _____
Relationship _____
Home telephone _____
Work telephone _____
Cellular telephone _____
Languages spoken _____
Call sequence in case of emergency ____ Can pick up ____ (Y/N) |
| 3. Last name _____
First name _____
Relationship _____
Home telephone _____
Work telephone _____
Cellular telephone _____
Languages spoken _____
Call sequence in case of emergency ____ Can pick up ____ (Y/N) | 4. Last name _____
First name _____
Relationship _____
Home telephone _____
Work telephone _____
Cellular telephone _____
Languages spoken _____
Call sequence in case of emergency ____ Can pick up ____ (Y/N) |