



OFFICE USE ONLY		Proof parent citizenship:		E
Application deposit rec'd:		Cheques received:		
Child birth certificate:		Info permission form:		M
Immunization record:		Date application rec'd:		

Elizabeth Buckley School

Elem / Mailing: 1309 Hillside Avenue, Victoria, BC, V8T 2B3 TEL: 250.995.6425 | FAX: 250.995.6428
Middle School: 100-808 Douglas Street, Victoria, BC, V8W 2Z7 TEL: 250.995.6425

Application for Admission (Elementary & Middle School)

Name of child (first, middle, last)		Gender Identity		
Street address		City	Province	Postal Code
Legal name of child <i>(if different from above)</i>		Name child is called <i>(if different from above)</i>		
Child's citizenship		Date of birth:	Year	Month Day
Grade level into which admission is requested: <input type="checkbox"/> Elementary GRADE:		School year applying for		
<input type="checkbox"/> Middle GRADE:		20____		
Name of current school <i>(if applicable)</i>		Address		Phone number
Parent/Guardian #1 full name		Parent/Guardian #1 email		
Parent/Guardian #1 citizenship		TEL: Home	Business	Mobile
Parent/Guardian #1 occupation				
Name of employer		Address of employment		
Parent/Guardian #2 Full Name		Parent/Guardian #2 email		
Parent/Guardian #2 citizenship		TEL: Home	Business	Mobile
Parent/Guardian #2 occupation				
Name of employer		Address of employment		
Address of parent not living with child (if applicable, and indicate which)				
Does this parent wish to receive copies of child's reports and other school information? (circle one) Y N				
Name, address and phone # for person responsible for paying school bills				
Names of people, other than parents, who are allowed to pick up your child			TEL: daytime	
Names of people, other than parents, who are allowed to pick up your child			TEL: daytime	
<input type="checkbox"/> My child is allowed to leave campus on his/her own. Signature: X				
Name of child's physician		Telephone #		Child's Personal Health #

FEES PAYMENT OPTION

- In full (due June 30 for the school year that begins in September)
- Void cheque and Pre-authorized debit form for tuition, enhancement, emergency kit and volunteer deposit as outlined in the Fee Schedule. A non-refundable fee is payable upon acceptance to hold your child's spot in the school.

SIBLING INFORMATION

Name	Age	School
Name	Age	School
Name	Age	School

Applicant lives with: Both parents Parent #1 only Parent #2 only Guardian

Other (please specify) _____

Has your child had any psycho-educational assessment? *(if yes, please include assessment with application)* Yes No

Has your child ever had Learning Assistance of any kind? Yes No

If yes, please describe the nature and duration: _____

Do you give permission for EBSS to contact your child's current school to discuss his/her progress? Yes No

Is there any other information about your child that we should know in order to accommodate his/her needs (e.g. special needs, academic, social, medical, allergies)? **In order to accommodate your child, we must have full details regarding his/her learning, social/emotional, and medical needs. Failure to fully disclose may result in you being asked to withdraw from the school. For more details, see our Special Support Services Policy (steamschool.ca/about/school-policies).*

How did you hear about Elizabeth Buckley School?

current/former EBSS parent/student member of EBSS staff article/ad web search

Have you visited the Elizabeth Buckley STEAM School web site? Yes No

Is there any person NOT permitted access to your child? *(if yes, please attach information to this application)* Yes No

Please enclose with this application a copy of your child's most recent report card, if he/she is currently attending school.

Please attach a copy of your child's immunization record to this application.

Is your child immunized? YES () NO () If No, please sign the following statement:
 I understand that, should there be a suspected or real outbreak of any communicable disease, I must remove my child from the school until cleared by medical staff. **X**

DECLARATIONS: Please read and check off to indicate agreement with the following statements.

- I have read and agree to follow the school's tuition policy as outlined in the Parent Handbook.
- I agree to participate in fundraising events and to fulfill my volunteer hours.
- I understand that Elizabeth Buckley STEAM Academy Society /Hands On Summer Camp Society is a non-profit society operated by a volunteer board of directors. Most of these directors are parents/guardians of students in the school. I agree to assist the board in operating/promoting the school, given my own personal/employment commitments.
- Submitting this application does not guarantee acceptance of enrolment. (The student is requested to attend Elizabeth Buckley STEAM School for a day before a final decision is made.)
- I/we _____ have read, understood, and agree to abide by the policies and protocols of Elizabeth Buckley STEAM School as outlined in the Parent Handbook.
- This application must be returned by mail or in person with a non-refundable fee of \$100 in order to be considered for enrolment. **Please make cheques payable to Hands On Summer Camp Society.**
- I give permission for photographs/videos of my child, with no identifying information, to be used on the school web site and in promotional materials.
- My contact information may be included in the school directory, available only to EBSS families and staff.

SIGNATURE(S): **X**

DATE:



Collection and release of student information:

I consent to having Elizabeth Buckley STEAM School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and email address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information needed for registration.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on behalf of Elizabeth Buckley STEAM School

1. for the purpose of establishing, maintaining, and terminating the students' or parents' relationship with Elizabeth Buckley STEAM School;
2. for additional purposes identified when or before personal information is collected; and
3. as otherwise provided in Elizabeth Buckley STEAM School's Personal Information Privacy Policy, a copy of which is available on request. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Elizabeth Buckley STEAM School.

This information is required in order to register your child at this school and to assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, you may contact the Principal at the school.

Name(s) of child(ren) for which permission is being given:	
Signature: x	Date:



Legal Residency of Parent – FORM A

Elizabeth Buckley STEAM School receives a grant from the BC Ministry of Education for each student residing in the Province of British Columbia and whose parent(s)/legal guardian(s) are Canadian Citizens, Landed Immigrants, or lawfully admitted to Canada (as specified below) and residing in British Columbia. For the school to receive this funding, the BC Ministry of Education requires the following information be completed and signed by a parent or legal (court-appointed) guardian. Please complete this form and return to Elizabeth Buckley School along with your application.

Name of Student: _____ Date of Birth: _____

I am the parent or legal guardian of the above named student(s) and I am:

(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 landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for one year or longer
 - Employment authorization (working permit) for one year or longer
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 - Other – document description: (must be cleared with Immigration Canada)

(Residency in British Columbia) – must provide proof of residency at time of application

2. I am a resident of British Columbia (please X one):

- Yes Residency address:

- No I am not a resident of British Columbia

Confirming signature:

3. Parent's/ legal guardian's name: _____

Parent's/ legal guardian's signature: **X** _____

Date: _____