

**Summit Learning Centre**

**REGISTRATION FORM**

*This form is for students who will be **registered only** under Section 12 of the BC School Act. Registering only will not lead to a BC Dogwood Diploma. As well, registered students will not be able to enroll in ArtSmarts activities and access to Summit resources will be limited. If you wish to **ENROLL** your child with Summit Learning Centre, please use the **ENROLLMENT K-12 Form**.*

**FOR OFFICE USE ONLY:** Student Assigned to: Grade \_\_\_\_\_

PEN No. \_\_\_\_\_ Student No. \_\_\_\_\_ Previously registered at Summit  Yes  No

Date of Registration \_\_\_\_\_

Year Month Day

Birth Certificate Photocopied and Verified by: \_\_\_\_\_

Records Requested:  Yes  No \_\_\_\_\_

Travelling out of Country  Proof of BC Residence provided:  \_\_\_\_\_

Custody Concern:  Yes (Details) \_\_\_\_\_ Legal Documents Received  Yes

Copy of Supporting Documents:  Yes

**\*\*The Ministry of Education requires all registrations in LEGAL names\*\***

Gender:  Male  Female

**LEGAL** Last Name: \_\_\_\_\_ **LEGAL** First Name: \_\_\_\_\_ **Usual** Last Name: \_\_\_\_\_

**Preferred** First Name: \_\_\_\_\_ **LEGAL** Middle Name: \_\_\_\_\_ **Preferred** Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone No: \_\_\_\_\_  Unlisted  
Day Month Year

Student Address: \_\_\_\_\_  
Street Apt. # City/Province Postal Code

Student Mailing Address (if different from above): \_\_\_\_\_

Student E-mail address: \_\_\_\_\_

Previous School attended: \_\_\_\_\_ Previous City/Town: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Province of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Immigration Status: \_\_\_\_\_

Home Language:  English  French  Other (indicate other) \_\_\_\_\_

**Educational History:**

Name of last school attended: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City of last school attended: \_\_\_\_\_

Last grade completed at this school was: \_\_\_\_\_ Last month/year attended: \_\_\_\_\_

If registered as a homeschool student, name of program or school student was registered with last year:

\_\_\_\_\_ City: \_\_\_\_\_

**First Parent/Guardian**

Has Custody: \_\_\_\_\_ Student Lives with:  Yes  No  
Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Prefix:  Mr.  Mrs.  Miss  Ms  
Address if not same as student: \_\_\_\_\_  
Apt No/Street \_\_\_\_\_ City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Second Parent/Guardian**

Has Custody: \_\_\_\_\_ Student Lives with:  Yes  No  
Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Prefix:  Mr.  Mrs.  Miss  Ms  
Address if not same as student: \_\_\_\_\_  
Apt No/Street \_\_\_\_\_ City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Siblings registered with Summit:** Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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**Correspondence:**

- We would appreciate receiving Summit newsletters and e-mail updates.  
 No thank-you, we do not wish to receive Summit newsletters and e-mail updates.

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I verify that the information contained in this registration is accurate and complete.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Registration accepted by:  
Summit Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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*The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.*