

REGISTRATION FORM

| Imagine. Innovate. Inspire. 12895 85th Ave, Surrey BC V3W 0K8 Tel: 604.599.3828 | | | | For office use only Medical Alert | | | | Legal Alert | | |
|---|---|--|---|---|--|--|-------------------------|------------------------|-----------------|--|
| Last Name: | | | | For office use only (Student Documentation - the following documents are correct, verified and a copy has been submitted) | | | | | | |
| First Name: | | | | Birth Certificate Immunization Record Care Card Proof of Parent Status | | | | | | |
| Middle Name: | | | | Proof of Student Status Proof of Address Admission Approved By: Date: | | | | | | |
| Student's Information | | | | Aun | iission Approved by. | | | Date. | | |
| Date of Birth: | Birth Place: | | | | Citizenshi | 0: | | ☐ Male | Female | |
| | | | Relatio | tionship to Student: Citizenship: | | | | | | |
| Address: City/Prov.: | | | | Postal Code: | | | | | | |
| Contact Information | | | | | | | | | | |
| | | Cell: | | Home: | Email: | Email: | | | | |
| Mother Name: | | Cell: | | | Home: | | Email: | | | |
| Legal Guardian: | | Cell: | | | Home: | Email: | | | | |
| Emergency Contact Information (Contact information of someone, other than the parent, who we can contact if the parent is not available) | | | | | | | | | | |
| Name: Phone: | | | | | Relationship: | | | | | |
| Student Record | | | | | | | | | | |
| Previous School Attended: | | | | | | Location: | | | | |
| Last Grade Completed: Month/Year: | | | r: | Grade Admitted to: | | | | | | |
| Was student receiving Learning Support? Yes No | | | | | Previous Report Card Submitted: | | | | | |
| Punjabi Language Level (Reading/Writing) 🛛 Beginner 🗌 Adv | | | | nce | | Yes No | | | | |
| Fees and Donations (all fees and donations are non-refundable) | | | | | | | vice Requi | | 🗆 No | |
| New Registration and Application Fee - \$300 / Re-Registration Fee - \$150 (One-time fee when student registers - must be paid by the first week of school in September) New Registration must pay ALL fees upon registration. | | | | | | We will update you once we have all the necessary information on the number of students needing the bus service & the allocation of buses accordingly. | | | | |
| Annual (Resource and Technology) Fee - \$150 per year per student (Covers the cost of the student planners, textbooks and access to technology equipment to enhance learning opportunities for stud Must be paid by April before school starts for the next year | | | | | ortunities for students) | Are you able to: | | | | |
| Tuition (K-7) Fee/Donation - \$275 per month for first child / 5% off per additi | | | dition | al ch | ild | | donate \$1250 to school | | | |
| (Any amount that is paid over the indicated fee amount will be treated as a donation and a tax receipt will September tuition must be paid by March 31st for the next year . | | | | e issue | d for that portion). | | volunte | eer for 10 hours per | month. | |
| Student Medical Information | | | | | | | | | | |
| Care Card # Physician Name: | | | | | Physician Ph: | | | | | |
| Medical History or Allergies: (Please describe a | any medical history conce | erns or allergies, an | d steps t | to take) | | | | | | |
| Please read the following carefully before sig 1) I understand that the tuition fee is due in full b from school anytime during the school year or in 2) Sikh Academy expects the student to follow a 3) I agree that the information may be used by S 4) I undertake to abide by the school philosophy I have completed the Form A - Statue of Pa Parent / Legal Guardian Name: | y January 31st of the a mediately after the sta II the rules and shows Sikh Academy for purpo , code of conduct, rule rrent/Guardian)Admiss | art of the school exemplary beha oses consistent v s, regulations, po sion to Canada a | session viour co vith its p olicies & and Res | n in Se onsiste policie & proce sidency | ptember. ent with the school idea s and in accordance wi edures as made from ti | s. th the Free | dom of Infor | rmation and Protection | of Privacy Act. | |
| | | | | | | | | | | |



| Appendix 11: STATUS OF PARENT/GUARDIAN (ADMISSION TO CANADA AND RESIDENCY) - FORM A | | | | | | |
|---|--|--|--|--|--|--|
| To be completed and signed by a parent or legal guardian. If separated/divorced please attach a copy of legal document stating who has custody. | | | | | | |
| 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) (attach photocopy of landed immigrant status paper or PR card) | | | | | | |
| Lawfully admitted into Canada under the Immigration and Refuge Protection Act (Canada) with one of the following documents (please mark the appropriate circle below and attach a photocopy of the document(s): | | | | | | |
| 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 Force Act or as an accredit diplomatic agent, pre-clear- -ance officer, consular officer or official representative in Canada or foreign government with a consular post in British Columbia | | | | | | |
| Other – Document description: (must be cleared with Citizenship and Immigration Canada) | | | | | | |
| Residency In British Columbia | | | | | | |
| I am (please select one): | | | | | | |
| Resident of British Columbia Not a resident of British Columbia | | | | | | |
| Residency address: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Confirming signatures: | | | | | | |
| | | | | | | |
| Parent/Legal Guardian's name | | | | | | |
| Parent/Legal Guardian's signature | | | | | | |
| Date | | | | | | |



Personal Information Privacy Policy for Parents and Students

APPENDIX- Collection of Personal Information

Student's Name:

Student's DOB: (MM/DD/YYYY)

Parents/Legal Guardian's Name (Print clearly):

As per Sikh Academy's Personal Information Privacy Policy for Parents and Students, I _______ consent to having Sikh Academy collect personal information that may include students' identification information, birth certificate, legal guardianship, court orders if applicable, parent's work numbers and email address, behavioral, 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 Sikh Academy for:

1. the purpose of establishing, maintaining and terminating the student's or parent's relationship with Sikh Academy.

2. additional purposes identified when or before personal information is collected, and

3. as otherwise provided in Sikh Academy'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 Sikh Academy.

This information is required in order to register your child at this school and 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, the Principal for Sikh Academy is Mr. Raymond Mba and may be reached at 604-599-3828 or email at raymond.mba@sikhacademy.ca

Signature: _____

Date: _____

I consent to having photographs and work samples of my child(ren) used by Sikh Academy in the yearbook, newsletters, social media and promotional material and for school related purposes.

Signature: _____

Date: _____