

EVERGREEN INDEPENDENT SCHOOL

REGISTRATION AGREEMENT

DATE: _____

I/we, agree to become members of the Evergreen Independent School Society/ I/we agree to enroll
_____ at Evergreen.

An initial entry fee of \$100 is required. Former members that are re-applying are not required to pay the entry fee again.

At the end of the probationary period of one months' attendance, either the Society ore the parent or guardian of the child may terminate this agreement at which time the entry fee would be refunded. After the probationary period, the entry fee is not refundable.

Monthly school fees are to be paid by post dated cheques dated the first of the month (September through June) to out Bookkeeper. Monthly fees are not refundable. Fees are to be paid through periods of absence; i.e. holidays, medical reasons, etc.

In the case of withdrawal from school, members are required to submit either one month's written notice to the enrolment committee, or payment of one month's fees.

The entry fee of \$100 must accompany this completed agreement. **Cheques are to be made payable to: EVERGREEN INDEPENDENT SCHOOL.**

The Society reserves the right to change these conditions without prior notice.

Signed: _____

For the purpose of the independent School Act, we require answers to the following questions:

Are the parents of the student, Canadian or landed immigrants? Y____ N____

Are the parents or legal guardians, or the student (s) residents within British Columbia? Y____ N____

Child's Birthdate: _____

Signed: _____

EVERGREEN INDEPENDENT SCHOOL

REGISTRATION FORM

Date of entry into Evergreen: _____

Legal Family Name: _____ Sex: _____

Legal First & Middle Names: _____

Usual Family Name (if different from above) : _____

Usual First & Middle Names: _____

Birthdate: ____/____/____
(please attach copy of child's Birth Certificate)

Street Address: _____ Apt. #: _____

City: _____ Prov.: _____ Postal Code: _____

Mailing Address: _____ Apt#: _____

City: _____ Prov: _____ Postal Code: _____

Parents/Guardian:

Mother: _____ Tel: (H) _____ (W) _____

(Address if different from above): _____

Father: _____ Tel: (H) _____ (W) _____

(address if different from above) _____

Place of Birth: _____

Primary Language spoken at home: _____

Name of Previous Preschool or School: _____

Mailing address & phone number of previous school: _____ Tel.: _____

City: _____ Prov: _____ Postal Code: _____

(Cont'd on reverse)

Has your child been home schooled? Y ____ N ____

If YES, then please fill in the following details:

Dates of home schooling: _____

Has your child had previous schooling experience? Y ____ N ____

Please give name & address of previous school: Street: _____

City: _____ Prov.: _____ Postal Code: _____

Alternate persons to contact in case of Emergency:

Name: _____

Address: _____

Relationship: _____ Tel.: (H) _____ (W) _____

Name: _____

Address: _____

Relationship: _____ Tel.: (H) _____ (W) _____

COURT ORDER IN EFFECT? Y ____ N ____

Parent/Legal Guardian Signature

Date

School: _____
Teacher: _____
Grade: _____

STUDENT HEALTH QUESTIONNAIRE

Student's Name: _____ Birthdate: _____
Parents/Guardian: _____ Address: _____ Phone Numbers: _____
Mother: _____ H: _____ W: _____
Father: _____ H: _____ W: _____

1. Does your child have a physician diagnosed potentially life-threatening condition such as:
- a. Diabetes Y N
 - b. Epilepsy with a history of seizures in the past 2 years Y N
 - c. Severe allergic reactions needing adrenaline or hospitalization Y N
 - d. Severe asthma needing immediate medical treatment or medication to prevent an emergency Y N
 - e. Blood clotting disorders, i.e. hemophilia that requires immediate medical care Y N
 - f. Any other condition that may require emergency care at school, if yes please describe Y N

- 2. Does your child need to take medication on a continuing basis while at school? Y N
- 3. Does your child need assistance or supervision in taking their medication? Y N
- 4. Will your child need emergency medication for an allergic reaction or other Medical condition? Y N

(Parent/Legal Guardian Signature) _____
(Date)

If you have circled a "Yes", then please be sure to obtain a form specific to your child's condition from the school.

EVERGREEN INDEPENDENT SCHOOL

MEDICAL INFORMATION AND CONSENT RELEASE FORM

Child's Name: _____

Birth Date: _____

Child's B.C. Care Card #: _____

Parents/Guardians: _____

MEDICAL INFORMATION

Are your child's immunizations up to date? Y ___ N ___

Does your child have any allergies?

To drugs: _____

Reaction: _____ Treatment: _____

To foods: _____ Treatment: _____

Others: _____

Reactions: _____ Treatment: _____

Does your child have any medical conditions? (eg. Asthma, Heart): _____

Name of Family Doctor: _____

Address: _____ Tel: _____

In case of emergency, when I cannot be reached, I authorize the staff or parents of Evergreen Independent School to enlist the service of a physician or ambulance, should my child suffer accident or illness.

Parent /Legal Guardian Signature