



# APPLICATION FOR ENROLLMENT

Date stamp:
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Date				
Child's name	Sex    M / F <i>(please circle one)</i>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Birthdate (dd/mm/yyyy)</td> <td style="width: 20%; padding: 5px;">Age</td> <td style="width: 50%; padding: 5px;">Place of birth</td> </tr> </table>	Birthdate (dd/mm/yyyy)	Age	Place of birth	
Birthdate (dd/mm/yyyy)	Age	Place of birth		
Enrollment for Grade _____	Requested starting date			
<b>PLEASE NOTE: Applicants for Kindergarten must be 5 years of age by December 31<sup>st</sup> of the year of enrollment.</b>				
Parent/guardian completing this application				
Mailing address	Home phone			
	Cell phone			
Email				
Sibling names/ages				
Previous preschool/school experience and years attended				
Please indicate if your child has received any assessments for academic or social challenges.				
Additional information relating to school activities <i>(i.e., allergies, fears, challenges)</i>				
Your child's interests or hobbies				

Please consider our child for enrollment in Evergreen Independent School. We understand that the school may not be able to provide for children requiring specific remedial help, therapies or programming for social or emotional difficulties. We understand that this form is the first step in the registration procedure. Final registration is completed following an enrollment interview.

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

Occupation and interests of parents/guardians

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Please forward completed application form to:

**Evergreen Independent School**  
PO Box 166  
3515 Watson Ave.  
Cobble Hill, BC  
V0R 1L0

Phone (250)743-2433  
Fax (250)743-2570  
Email [evergreen@evergreenbc.net](mailto:evergreen@evergreenbc.net)  
Website: [www.evergreenbc.net](http://www.evergreenbc.net)

*Bursary applications are available on request.*