



# APPLICATION FOR ENROLLMENT

Date stamp
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**2024-25 school year will run 4 days per week (Monday thru Thursday) with occasional Fridays**

Child's name		
Birthdate (dd/mm/yyyy)	Age	Gender
Enrollment for Grade _____		Place of birth
Requested starting date		

Parent(s)/guardian(s)		Parent(s)/guardian(s)	
Address _____ _____		Address _____ _____	
Phone		Phone	
Email		Email	

Sibling names/ages	
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Previous preschool/school experience and years attended	Previous teacher:
	I give permission for school personnel to contact the above-named teacher. Signature: _____ <i>(to be completed during interview)</i>

Please indicate if your child has received any assessments for academic or social challenges.
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Additional information relating to school activities <i>(i.e., allergies, fears, challenges)</i>
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Your child's interests or hobbies
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Please consider my child for enrollment in Evergreen Independent School. I understand that the school may not be able to accept students with specific social, academic or physical challenges. I 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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How did you hear about Evergreen Independent School?

- Open House       Ready, Set, Learn       School event
- Family or Friends       Advertising       Website       Other: \_\_\_\_\_

Referred by \_\_\_\_\_

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.*