



APPLICATION FOR ENROLLMENT

Date stamp

2022-23 school year will run 4 days per week (Monday thru Thursday)		
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		
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.		
Additional information relating to school activities <i>(i.e., allergies, fears, challenges)</i>		
Your child's interests or hobbies		

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

How did you hear about Evergreen Independent School?

- Open House Ready, Set, Learn Children and Apple Pie fair
 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

Website: www.evergreenbc.net