



### Application for Admission

Return to:  
Brockton School  
3467 Duval Road  
North Vancouver, BC V7J 3E8

Please attach  
a recent photo of  
your child here

Date of application: \_\_\_\_\_

### STUDENT INFORMATION

Applying to enter Grade \_\_\_\_\_ starting \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
*(first, middle – please underline preferred name)*

Date of birth *(mm/dd/yyyy)* \_\_\_\_\_ Place of Birth: \_\_\_\_\_  Male  Female

Citizenship: Canadian Citizen  Landed Immigrant  Other (specify)  \_\_\_\_\_

First language spoken in home: \_\_\_\_\_

Name and address of present school: \_\_\_\_\_  
\_\_\_\_\_

Date entered present school: \_\_\_\_\_ Current Grade level: \_\_\_\_\_

Name and address of previous school: \_\_\_\_\_  
\_\_\_\_\_

Dates attended: \_\_\_\_\_

Sports: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteering/Community Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student resides with:  Both Parents  Father Only  Mother Only  Guardian

## **FAMILY INFORMATION**

**Financial Responsibility:**  Father  Mother  Legal Guardian  Other: \_\_\_\_\_

**Father:** Full Name: \_\_\_\_\_  
*Dr./Mr. First Middle Last*

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name and address of employer (if self-employed, please specify nature of business): \_\_\_\_\_

Occupation: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**Mother:** Full Name: \_\_\_\_\_  
*Dr./Mrs./Ms./Miss First Middle Last*

Home Address (if different from father): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name and address of employer (if self-employed, please specify nature of business): \_\_\_\_\_

Occupation: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**Legal Guardian with whom student resides:** Full Name: \_\_\_\_\_  
*Dr./Mr./Mrs./Ms./Miss First Middle Last*

Male  Female Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name and address of employer (if self-employed, please specify nature of business): \_\_\_\_\_

Occupation: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

### **Siblings:**

Full name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Full name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_

Full name: \_\_\_\_\_ Age: \_\_\_\_\_ Current School: \_\_\_\_\_



**Religion of family** (Provision of this information is optional; it is used for planning school holidays and celebrations):

**GENERAL HEALTH INFORMATION:** My/our child...

Has a learning disability/difficulty  No  Yes *(describe)*  
*(if yes, please describe)* \_\_\_\_\_

Has other challenges in a classroom setting  No  Yes *(describe)*  
*(if yes, please describe)* \_\_\_\_\_

Is allergic to...  No known allergies, or \_\_\_\_\_

Has physical challenges  No  Yes *(describe)* \_\_\_\_\_

Is receiving medication  No  Yes *(describe)* \_\_\_\_\_

Is receiving medical attention  No  Yes *(describe)* \_\_\_\_\_

Is receiving psychological help  No  Yes *(describe)* \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I hereby make application for my \_\_\_\_\_, \_\_\_\_\_  
*(son/daughter/ward)* *(full name)*

to enter Brockton School, and I certify that the information supplied above is, to the best of my knowledge, true and correct.

Signature of Parent/Guardian: \_\_\_\_\_

**PAYMENT OF FEES**

Fees are payable in accordance with the Schedule of Fees published by the school, and are non-refundable. Upon admittance to the school, students are committed to remain enrolled for the full academic year, and if parents/guardians withdraw a child during a year they are liable for the full year's tuition fees for that child.

I have read, understood and agree to the terms of payment of fees to the school. Upon acceptance of my child into the school, I agree to pay tuition and activity fees as required.

Signature of Parent/Guardian: \_\_\_\_\_

**COMMUNITY STANDARDS**

The school expects students and parents to respect the school's community standards of academic honesty and respect for the well-being of all other members of our school community. The school reserves the right to insist upon the withdrawal (possibly during the school year), without refund of tuition fees, of students and families who do not behave in accordance with these community standards.

I understand and support the school's community standards of academic honesty and respect for the well-being of all other members of the school community, and acknowledge that the school reserves the right to insist upon the withdrawal of my child without refund for violating these community standards.

Signature of Parent/Guardian: \_\_\_\_\_

## After School Care Program

Brockton will offer after school care until 6:00 p.m. on school days and on most school holidays. Do you require after school care for your child?

No    Yes   If yes, what days each week? \_\_\_\_\_

Do you require full-day care for your child on some or all staff professional development days and/or during school holidays?

No    Yes

The following documentation must be submitted with your application:

- \$250 application fee. Payment of this fee does not guarantee admission to the school. This fee is non-refundable.
- Recent photo of student (attach to page 1 of this application form)
- Student's report cards from last year as well as the most recent report card
- Photocopy of student's birth certificate
- Signed authorization form allowing Brockton School to contact the student's previous school and obtain copies of any records that may be relevant to the current application (the authorization form is included in this application package)
- Completed Form A – Legal Residency of Parent (included in this application package)
- Completed Personal Information Protection Act Consent Form (included in this application package)
- Immigration status: non-Canadians must submit proof of Landed Immigrant status for students and parents, and (if applicable) a Study Permit for the student issued by Citizenship & Immigration Canada

*The information requested in Brockton's Application for Admission is required in order to register your child at this school and assist Brockton in making an informed decision as to your child's suitability and appropriate placement in the school. For more information, contact the privacy officer at Brockton School by telephone at 604-929-9201, by fax at 604-929-9501, or by email at [info@brocktonschool.com](mailto:info@brocktonschool.com).*



## ***Form A – Legal Residency of Parent***

This form must be completed and signed by a parent or legal (court-appointed) guardian. (If you are a legal guardian, you must attach a copy of the court order appointing you as legal guardian).

1. I am (please mark one box):

- A Canadian citizen (if not born in Canada, please attach a photocopy of your citizenship documentation/card)
- A landed immigrant (attach a photocopy of your landed immigrant status documentation)
- Lawfully admitted into Canada under one of the following documents (please mark the appropriate checkbox below and attach a photocopy of your documentation)
  - Admission as a refugee claimant
  - A person claiming refugee status who has no letter of objection
  - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
  - A person carrying on official duties as a diplomatic or consular official (with a foreign representative accepting counterfoil in his/her passport)
  - Other – Document description (must be cleared with Immigration Canada):  
\_\_\_\_\_

2. I am a resident of British Columbia (please mark one box):

- Yes. My residency address is: \_\_\_\_\_  
\_\_\_\_\_
- No. I am not a resident of British Columbia.

Parent/Legal guardian's name: \_\_\_\_\_

Parent/Legal guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ***Authorization for the Release of School Records***

To: \_\_\_\_\_  
*Name of Present School*

I, \_\_\_\_\_, the parent (legal guardian) of  
*Full name of parent or legal guardian*

\_\_\_\_\_, hereby authorize and direct you to  
*Full name of student*

provide Brockton School with any information or copies of documents from my child's (ward's) educational records in your possession or control.

Date signed: \_\_\_\_\_

Signature of Parent or legal guardian: \_\_\_\_\_

**Please forward the requested information to:**

**Brockton School  
3467 Duval Road  
North Vancouver, BC  
V7J 3E8**



## ***Personal Information Protection Act – Consent Form***

The information collected on Brockton's Application for Admission form and other school forms is collected, used and disclosed by Brockton School in accordance with the **Personal Information Privacy Policy For Parents And Students Of Brockton School**, a copy of which is available from the school's Privacy Officer.

1. I consent to having Brockton School collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' telephone numbers and email addresses, behavioural, academic and health information, most recent report card, emergency contact names and telephone numbers, doctor's name and telephone 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 Brockton School (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with Brockton School, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in Brockton School's Personal Information Privacy Policy for Parents and Students, 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 Brockton School.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **If my child is accepted for enrolment at Brockton School:**

2. I consent to having photographs and work samples of my child(ren) used by Brockton School in the yearbook, newsletters and other promotional material.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. The school may prepare a family contact list for the use of Brockton families. If you **DO NOT** want your phone number(s), address and email address(es) included, please indicate: \_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BROCKTON**<sup>™</sup>  
SCHOOL

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