

# Vancouver International Primary & Secondary School Greybrook Academy

## STUDENT APPLICATION FORM

18477 Old Dewdney Trunk Road  
Pitt Meadows  
British Columbia  
V3Y 2R9  
Canada

ACADEMIC YEAR  
**2010 - 2011**



Registered under British Columbia Society Act # S-48494

TEL: +1 (604) 460-8477

<http://www.vis-edu.com>

FAX: +1 (604) 460-8478

**[SECTION I]: GENERAL INFORMATION**

Student's Personal Information

Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_  
Middle Names(s): \_\_\_\_\_ Commonly Used Name (if different) : \_\_\_\_\_  
Date of Birth: (dd/mm/yyyy) \_\_\_/\_\_\_/\_\_\_ Sex: M / F Grade Level 2009/2010: \_\_\_\_\_  
Status in Canada: \_\_\_\_\_ (citizen, permanent resident, student visa, etc.)  
Nationality(ies): \_\_\_\_\_

Student's Primary Home Address

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_ Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_ Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Country: \_\_\_\_\_

Parent(s) / Guardian(s) at Primary Address

(if additional space is needed to clarify the student's living arrangements and or to detail any custody agreements, please attach a separate page to this form.)

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Nationality(ies): \_\_\_\_\_  
Cellular Phone Number: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Nationality(ies): \_\_\_\_\_  
Cellular Phone Number: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Student's Secondary Home Address (if applicable)

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Nationality(ies): \_\_\_\_\_  
Cellular Phone Number: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Nationality(ies): \_\_\_\_\_  
Cellular Phone Number: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

\* School communications should be sent to:

- parents/guardians at primary address only
- parents/guardians at primary and secondary addresses

**[SECTION II]: ACADEMIC HISTORY**

School(s) Attended:

	Current	Previous	Previous
Name of School:			
City / Country:			
Dates Attended (mm/yy):	___/___ to ___/___	___/___ to ___/___	___/___ to ___/___
Grade Level(s):			
Language of Instruction:			
Reports Available (y/n):	Y / N	Y / N	Y / N

Please List the applicant's strengths: \_\_\_\_\_  
\_\_\_\_\_

List areas of concern / weakness: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever been retained or moved up a grade?  Yes  No  
(If yes, please provide details) \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever received any specific learning support?  Yes  No  
(If yes, in which areas?)  
 Speech & Language  Reading & Writing  Mathematics  
 Fine or gross motor skills (e.g. handwriting or physical therapy)  Social Skills  
 Gifted or Enriched Programme  English as a Second Language (ESL)  
 Other, please provide details: \_\_\_\_\_

Are you aware of any learning support that the applicant will need?  Yes  No  
(If yes, please provide details) \_\_\_\_\_  
\_\_\_\_\_

Has formal testing ever been recommended and/or completed for the applicant?  Yes  No  
(If yes, please provide details and a copy of test results if available) \_\_\_\_\_  
\_\_\_\_\_

**[SECTION III]: LANGUAGE PROFILE**

Applicant's First Language: \_\_\_\_\_

Rate the applicant's language proficiency by placing numbers from 1 to 5 in the boxes below - 1 being weak and 5 being excellent (appropriate to the child's age). Include in the Language(s) column the applicant's first language and any other language(s) he/she has had any previous exposure to, or classes/tutoring in:

Languages	Understands	Speaks	Reads	Writes

Languages used at home: (if more than one, give approximate percentage of usage)

\_\_\_\_\_

**[SECTION IV]: MEDICAL INFORMATION**

Applicant's medical insurance number: (CareCard or other) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If the answer to any of the following questions is "yes", please provide details:

1. Does the applicant have any medical conditions?  Yes  No  
\_\_\_\_\_
2. Does the applicant have any allergies?  Yes  No  
\_\_\_\_\_
3. Does the applicant need regular medication?  Yes  No  
\_\_\_\_\_
4. Does the applicant have any special dietary requirements?  Yes  No  
\_\_\_\_\_
5. Does the applicant have any physical disabilities?  Yes  No  
\_\_\_\_\_

For Canadian applicants, please submit an up-to-date copy of his/her immunization record.  
For international applicants, please submit a full medical examination form completed by a certified Medical Doctor.

**[SECTION V]: OTHER INFORMATION**

1. Does the applicant have any siblings? If so, please provide details:

Name	DOB (mm/dd/yyyy)	Current School (if applicable)
	___/___/_____	
	___/___/_____	
	___/___/_____	

2. What special holidays/days does the applicant celebrate? (Please give names and dates)

\_\_\_\_\_

3. Time permitting, would parent(s) / guardian(s) like to volunteer at school?

Yes  No

4. Do parent(s) / guardian(s) have any special skills/talents/expertise they are willing to share with the students?  
(please specify)

\_\_\_\_\_

5. Other important information:

\_\_\_\_\_

6. Please provide the names and telephone numbers of two people we can contact in an emergency if we cannot contact the parent(s) / guardian(s).

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

*I certify that the information contained in this document is, to the best of my knowledge, complete and accurate.  
I understand that submitting incomplete or inaccurate information may invalidate this application.*

\_\_\_\_\_  
Signature of registering parent/guardian

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

**[SECTION VI]: APPLICATION CHECKLIST**

Please return completed form with:

- a photograph of the student
- a copy of the student's birth certificate and /or passport
- a copy of the registering parent/guardian's birth certificate and/or passport
- a copy of custodial documents, if applicable
- a copy of the student's most recent school reports/records
- a copy of testing results, if applicable
- a copy of the student's immunization record
- \$200 application fee (waived pending re-certification)

- in person to Greybrook Academy
- by fax to +1 (604) 460-8478
- or by post to: Admissions  
Greybrook Academy  
18477 Old Dewdney Trunk Road  
Pitt Meadows, BC V3Y-2R9, Canada

**OFFICE USE ONLY**

- application received: \_\_\_\_\_ by \_\_\_\_\_
- documentation complete
- application fee received: \$ \_\_\_\_\_
- admissions meeting scheduled for \_\_\_\_\_ with \_\_\_\_\_  
completed: \_\_\_\_\_
- place offered: \_\_\_\_\_
- new student fee received: \$ \_\_\_\_\_
- tuition deposit received: \$ \_\_\_\_\_
- Scheduled date of entry: \_\_\_\_\_