



8820-168 STREET,
SURREY, B.C.

PHONE: 604.930.2122
FAX: 604.497.1122

GOBIND SARVAR SCHOOL

REGISTRATION FORM

INFO@GOBINDSARVAR.CA

WWW.GOBINDSARVAR.CA

OFFICE USE ONLY

Registration Date (DD/MM/YY)	First day of attendance (DD/MM/YY)	Proof of Birth: Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/>	Proof of Address: BC Drivers license <input type="checkbox"/> BC Hydro bill <input type="checkbox"/> Other <input type="checkbox"/>
CUSTODY <input type="checkbox"/>	MEDICAL ALERT <input type="checkbox"/>	LEGAL ALERT <input type="checkbox"/>	SPECIAL EDUCATION PROGRAM <input type="checkbox"/>
STUDENT FEE PAID: <input type="checkbox"/>	Receipt # _____		
Student Information Verified	Secretary	Principal	Date (DD/MM/YY)

STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	GRADE
PREFERRED FIRST NAME	PEN (PERSONAL EDUCATIONAL NUMBER)	BIRTHDATE (DD/MM/YY)	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
Home Address: _____ House # _____ Street _____ City _____ Province _____ Postal Code _____			
Residence Telephone #: _____ Mailing Address (If different than above) _____			
Previous School Attended _____ Address: _____ Last Grade Completed: _____			
Does the student have an Individual Education Plan (I.E.P.)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If Yes, please explain: _____ _____ _____			
Siblings Registered at Gobind Sarvar School			
NAME		RELATIONSHIP	GRADE

MEDICAL INFORMATION

STUDENT CARE CARD #: _____ FAMILY DOCTOR: _____ PHONE #: _____				
ALLERGIES	Mild	Moderate	Severe	Life-Threatening
Note: If your child is anaphylactic, school must have an EPI pen and your child is required to carry an EPI pen at all times.				
If the student has asthma or any other serious medical condition such as epilepsy, hemophilia, diabetes or reaction to drugs which would be a complication factor please note this below and also provide documentation.				
MEDICAL CONDITION		MEDICATION		

FIRST PARENT/GUARDIAN

Mr. / Mrs. / Ms. (please circle one)

NAME:

Last Name

First Name

For emergency purposes, please indicate
if this is contact: #1 ☐ #2 ☐ #3 ☐

Relationship to Student: Mother ☐ Father ☐
Step-Mother ☐ Step-Father ☐

Citizenship: Canadian Citizen ☐ Landed Immigrant ☐ Non-Landed ☐ Refugee ☐ Work/Study Permit ☐

Employer Telephone #: _____ Ext. _____ Cell: _____

SECOND PARENT/GUARDIAN

Mr. / Mrs. / Ms. (please circle one)

NAME:

Last Name

First Name

For emergency purposes, please indicate
if this is contact: #1 ☐ #2 ☐ #3 ☐

Relationship to Student: Mother ☐ Father ☐
Step-Mother ☐ Step-Father ☐

Citizenship: Canadian Citizen ☐ Landed Immigrant ☐ Non-Landed ☐ Refugee ☐ Work/Study Permit ☐

Employer Telephone #: _____ Ext. _____ Cell: _____

THIRD PARENT/GUARDIAN

Mr. / Mrs. / Ms. (please circle one)

NAME:

Last Name

First Name

For emergency purposes, please indicate
if this is contact: #1 ☐ #2 ☐ #3 ☐

Relationship to Student: Mother ☐ Father ☐
Step-Mother ☐ Step-Father ☐

Citizenship: Canadian Citizen ☐ Landed Immigrant ☐ Non-Landed ☐ Refugee ☐ Work/Study Permit ☐

Employer Telephone #: _____ Ext. _____ Cell: _____

Annual School Fees

New Student Registration	\$150
Annual (Agenda/Year book/Textbook borrowing)	\$100
School Year (per month/year)	\$90 / \$900

Monthly Bus Fees

Child	1-way		2-way	
	Local	Long Distance	Local	Long Distance
1st	\$80	\$105	\$120	\$145
2nd	\$80	\$105	\$105	\$130
3rd	\$80	\$105	\$95	\$120

Local: Delta, Fort Langley, Langley, Port Kells, Surrey, White Rock

Long Distance: Abbotsford, Burnaby, Maple Ridge, Mission, Port Moody, Richmond, Vancouver

Agenda/yearbook cost is a non-refundable fee of \$100.00

Tuition refunds are allowed only if a child is withdrawn prior to the start of classes in September. Any withdrawals throughout the school year **will not** be refunded.

I hereby certify that the above information is accurate to the best of my knowledge.

Your signature below indicates that you agree that your son/daughter will adhere to the Code of Conduct set out by Gobind Sarvar School as outlined in the Student Agenda.

Parent/Legal Guardian's Name

Signature

Date (DD/MM/YY)

To be completed and signed by a parent or legal (court-appointed) guardian and returned to the school. (If a legal guardian, attach copy of court order appointing you as a legal guardian).

STUDENT INFORMATION

Student Name : _____ Grade: _____
(Last name, Middle name, First name)

Lawfully Admitted into Canada

Please X one:

1. I am:

- ☐ Canadian citizen (if not born in Canada, please attach a photocopy of citizenship paper/card).
- ☐ A landed immigrant (attach photocopy of landed immigrant status paper).
- ☐ Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following document(s) (please mark the appropriate box below and attach photocopy of document).
- ☐ Admission as a refugee or refugee claimant.
- ☐ Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
- ☐ Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years) .
- ☐ A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
- ☐ Other – Must be cleared with Citizenship and Immigration Canada: _____

Residency in British Columbia

2. I, the parent, am a resident of British Columbia (please X one)

NO, I am not a resident of Canada

YES, Residency address _____

Confirming signature:

Parent/Legal Guardian's Name

Signature

Date (DD/MM/YY)

To be completed and signed by the student or a knowledgeable adult (one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document).

Please X one:

Deceased parent was Lawfully Admitted into Canada

1. The student's deceased Parent was at time of death:

- ☐ A Canadian citizen
- ☐ A Permanent Resident (Landed immigrant)

Deceased parent was Resident in British Columbia

2. The Student's deceased parent was at time of death a resident of British Columbia.

- ☐ YES, Address of Residency: _____
- ☐ NO, Not a Resident of British Columbia

To be completed and signed by the student or a knowledgeable adult (one who knew the student's parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document).

Knowledgeable Adult

Signature

Date (DD/MM/YY)

LEGAL RESIDENCY OF PARENTS

LEGAL RESIDENCY OF DECEASED PARENTS

I, _____ herby give consent for the following:
Name of Parent

- | | | |
|---|------------|-----------|
| 1. Gobind Sarvar School will share and update necessary student information with the Regional Health Departments. This information will include your child's birth date, address, home phone number and work number of the parents for the purpose of "establishing and maintaining a school health record as per the Health Protection and Promotion Act and Immunization of School Pupils Act." | YES | NO |
| 2. Gobind Sarvar School takes pride in publishing events happening in the schools, board and school websites, newspapers, newsletters, media, other publications and displays often contain student names, photographs or other personal information. I authorize the Gobind Sarvar School to use the name, grade, photograph, artwork, articles and school projects of my child/children, in Board and School websites, newspapers, newsletters, media, other publications and displays. | YES | NO |
| 3. I give permission for my name, phone number and email to be shared with a phone committee to facilitate early school dismissal, student excursions and other school related activities. | YES | NO |

My email: _____

Student Threat/Violence Risk Assessment

"Fair Notice and Process"

The Board is committed to making our school safe for students and staff and will therefore respond to all student behaviours that pose a potential risk to other students, staff and members of the community. Early intervention measures help prevent school violence. Through the Student Threat/Violence Risk Assessment protocol, school teams work to assess potentially high risk threat/violent student behaviour and evaluate the level of risk to others and the student exhibiting the behaviour. This protocol will be implemented to support collaborative planning to prevent traumatic events and student information will be shared about students at risk for violence towards self and/or others to enhance safety.

In consideration for offering my child, _____, an opportunity to:
(Last name, Middle name, First name)

(Parents initial one or all boxes for your child to participate).

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Play field hockey, basketball and/or other sports |
| <input type="checkbox"/> | <input type="checkbox"/> | Play gatka (a martial art with weapons) or practice other martial arts |
| <input type="checkbox"/> | <input type="checkbox"/> | Go on supervised walking trips in the area near the school |
| <input type="checkbox"/> | <input type="checkbox"/> | Travel either by school bus or in private vehicles driven by volunteers to and from events held off of school property |

Anytime during or outside of normal school hours throughout the school term and during camps outside of the school term. I waive any and all claims I may have against, and release from all liability and agree not to sue Gobind Sarvar School, its Board of Directors, and its officers, employees, agents, affiliates, representatives and volunteers for any personal injury, death, property damage or loss sustained as a result of my child's participation in the activities described here, arising out of any cause whatsoever, **including negligence**. I am fully aware of and acknowledge the risks of serious personal injury associated with these activities.

I authorize school personnel to seek or administer reasonable and necessary medical treatment for my child and agree to be responsible for any costs/expenses associated with such treatment. I understand all efforts will be made to contact parents and/or emergency contacts in the case of an event.

In signing this Consent I am solely relying on statements set out within this document and am not relying on any oral or written representations made by the organizers, agents, employees, or volunteers to induce me to permit my child to participate.

As the parent/guardian, I am at least 19 years of age and have read and understand the terms of this waiver. I understand that it is binding upon me, my heirs, executors and administrators.

_____ Parent/Legal Guardian's Name	_____ Signature	_____ Date (DD/MM/YY)
AND		
_____ Parent/Legal Guardian's Name	_____ Signature	_____ Date (DD/MM/YY)

CREDIT CARD

Student Name : _____ Grade: _____ Tuition Fee: _____
 (Last name, Middle name, First name) Bus Fee: _____

Credit card #: _____ Expiry date: _____ CVC #: _____

I authorize Gobind Sarvar School to withdraw payment every month from the credit card account mentioned above for tuition and fee payment.

 Name on card

 Signature

 Date (DD/MM/YY)

POST DATED CHEQUE

Student Name #: _____ Grade: _____ Tuition Fee: _____
 (Last name, Middle name, First name) Bus Fee: _____

I authorize the authorities of Gobind Sarvar School to withdraw payment every month by using postdated cheques submitted.

 Name of person(s) issuing cheques

 Signature of account holder of cheques submitted

 Date (DD/MM/YY)

DIRECT DEPOSIT

Student Name #: _____ Grade: _____ Tuition Fee: _____
 (Last name, Middle name, First name) Bus Fee: _____

I authorize Gobind Sarvar School to withdraw payment every month from the bank account as per VOID CHEQUE submitted.

 Name of person(s) issuing cheques

 Signature of account holder of cheques submitted

 Date (DD/MM/YY)

100% of tuition fee will be given a CRA tax receipt and regarded as a donation.

OFFICE: Attach VOID CHEQUE HERE

PLEASE READ THE FOLLOWING BEFORE SIGNING:

I accept my obligation to pay tuition fees and bus fees (if applicable) for the full academic session in a timely manner.

I agree to abide by the school rules and code of conduct, including changes in policies if applicable.

I accept my obligation to inform the school and provide copies of custody documentation for school records if applicable.

I give my consent to the school to take my child's photograph or use my child's schoolwork for promotional purposes on the school's website, school publications and school sponsored activities, field trips etc.

I give consent for my child to attend field trips and school sponsored activities/events.

I give my consent to allow Gobind Sarvar School to provide medical treatment for my child in emergency situations, if needed

I understand that a \$20 fee will be charged for a declined Credit Card payment or NSF cheque.

I certify that the information provided on this registration form is accurate to the best of my knowledge. I will advise the school of any changes as soon as possible.

I understand that Gobind Sarvar School is not responsible for supervising children before the school start time and cannot be held liable for any injuries or damaged/lost property. I accept that parents are responsible for supervising their own children before the school start time

 Parent/Legal Guardian's Name

 Signature

 Date (DD/MM/YY)

ONE FORM PER STUDENT, MUST BE SIGNED BY PARENT

Student Name : _____ Grade: _____ Birthdate : _____ FEMALE ☐
 (Last name, Middle name, First name) MALE ☐

Home Address: _____
 House # Street City Province Postal Code

Residence Telephone #: _____ Cell #: _____

 Parent/Legal Guardian's Name Signature Date (DD/MM/YY)

Requested start date: _____ Bus Schedule (circle one): 1-way / 2-way

NOTE: ALL CANCELLATIONS MUST BE DONE 5 DAYS PRIOR TO THE END OF THE MONTH

All riders of Gobind Sarvar School buses will be required to pay an annual fee.

Bus Data: To be completed by Transportation Department (OFFICE USE ONLY)

Start Date: _____ Campus: _____

A.M. _____
 Bus # Time A.M. bus stop Drop off

P.M. _____
 Bus # Time A.M. bus stop Drop off

Approved? YES ☐ NO ☐ Comments: _____

*****ALL STUDENTS ARE EXPECTED TO BE AT THEIR BUS STOP 5 MINUTES PRIOR TO PICK UP TIME*****