



Date received by ROMS: _____ Time: _____

2022-2023 New Student Application for Registration at ROMS

We thank you for your interest in registering your child at Royal Oak Middle School. In order for us to consider this application please ensure that the application package is complete when submitted. Students cannot be registered (if in-catchment) or waitlisted (if out of catchment) if the application package is incomplete.

Sibling of re-enrolling student(s) at ROMS for 2022/2023 In catchment Out of catchment Out of district

Name of student: _____ Birthdate: (mm/dd/yyyy) _____

Current or previous school: _____ Grade placement 2022/2023: _____

Current school address and location: _____

Student permanent home address: _____

City: _____ Postal Code: _____

Parent or Guardian's name (s): _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____

Are you interested in joining the ROMS Band Program? Yes No If YES, please fill out the Band Application Form on the ROMS website starting on April 6th, 2022. (Note: If the Application is not filled out, you will not be considered.)

Friend requests: (Friend requests may be considered, but are not guaranteed. Please include first and last name)

The following documentation must be submitted to complete the application for registration:

Please Check

- School District No. 63 (Saanich) Student Registration Form
- School District No. 63 (Saanich) Out of Area Request Form (if applicable)
- Signed Authorization to Share Confidential Information Form
- Copy of current Academic Report Card and Attendance Record
- Does your child have an Individual Education Plan (IEP) or Ministry Special Needs Designation?
 - Yes No If YES, I have attached a current copy (initial here) _____

Document Checklist – See page two of District Registration Form for complete list.

I have provided the required documents as per the District Registration Form Checklist

Your registration will be date stamped and kept on file. If school Administration determines that space is available, you will be contacted via email to confirm enrollment.

With thanks,
Karen MacEwan, Principal



PLEASE PRINT CLEARLY

Requested Enrollment Date _____

Please note the following enrolling priorities for Saanich School District 63

- | | |
|---------------------------------------|------------------------------|
| 1 - re-enrolling students* | 4 - non-catchment children |
| 2 - siblings of re-enrolling students | 5 - out of district children |
| 3 - catchment area children | |

*A child who, in the previous year, attended the school

LEGAL First Name	LEGAL Family Name	LEGAL Middle Name	No Legal Middle Name <input type="checkbox"/>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
USUAL Family Name(s) (if different)	PREFERRED First Name (if different)	Age	Date of Birth: ____/____/____ dd mm yyyy	
Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____			Entering Grade: _____	
HOME ADDRESS				
Street No.	Street Name	Apt. No.	City	Postal Code
Name of sibling(s) at this school _____				
BIRTHPLACE		For Office Use Only - CITIZENSHIP		
Country of Birth: _____		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International - Funding Eligible <input type="checkbox"/> Int'l - Funding Not Eligible <input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible <i>*For International applicants please complete the Provincial Funding Eligibility Checklist</i>		
Prov. of Birth: _____				
Previous School & District / StrongStart / Preschool		Previous Grade:	Previous School Prov	Previous School Country
			Phone ()	Email:

<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN		<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN	
Last Name	First Name	Last Name	First Name
Address (if not living with student)		Address (if not living with student)	
Work Phone ()	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()
Home Phone ()	Cell Phone ()	Home Phone ()	Cell Phone ()
Email Address		Email Address	

LIVES WITH
 Both Parents Mother Only Father Only Guardian Other – Please specify: _____
 COURT ORDER (copy required) specify _____ NOTES: _____

EMERGENCY CONTACTS if parents cannot be reached. Please only write one person per line, and they will be called in that order. PLEASE TICK THE BOX TO CONFIRM IF YOUR CONTACT IS AUTHORISED TO COLLECT YOUR CHILD FROM SCHOOL.					<input checked="" type="checkbox"/>
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	

PLEASE COMPLETE IF INDIGENOUS ANCESTRY

- Metis FN Status – on reserve
 Inuit Status – off reserve
 Non Status

Prefer not to answer

BAND OF RESIDENCE

- 0652 - Pauquachin 0653 - Tsartlip
 0654 - Tsawout 0655 - Tseycum
 Other - No. _____ Name _____ DIA # _____

If Indigenous Ancestry would you like to :

- Yes, I give permission for my child to access programs and services from the Indigenous Education Program for the current school year.
 No, I would like to decline services from the Indigenous Education Program for the current school year.

Previous Special Ed Designation: category: _____

Other Learning Considerations:

Family Doctor's Name

Doctor's Phone
()

STUDENT'S CARE CARD NO

HEALTH FACTORS Check if applicable

- Anaphylactic Allergies Asthma Diabetes Epilepsy Other

Additional Information: _____

Are any of these conditions

LIFE THREATENING? Yes No

Please specify: _____

Other Health Conditions which may require emergency care – please specify.

Please sign to certify that the above information is correct:

_____ Date

_____ Signature of Parent or Legal Guardian

DOCUMENTATION CHECKLIST

*For applicants on a Work or Study Permit, please email our International Student Program at sisp_admissions@saanichschools.ca
 Canadian Citizen / Landed Immigrant / Permanent Residents must provide the following documentation at the time of registration:

1. Student Identification

- Birth Certificate OR
 Valid Passport OR
 Status Card

If not Canadian we also require for both parent and student:

- Permanent Resident Card OR
 Certificate of Canadian Citizenship

3. Parent Identification

- Valid Passport OR
 BC Driver's License and/or BC Services Card or BCID

4. Student BC Services Card

5. Guardianship or Custody Documents

Home Owners

Please provide **two** of the following:

- Home purchase agreement
 Property Tax Statement
 Home insurance policy
 Property assessment
 Utility bill (Hydro, Fortis, Cable)

And one of the following:

- Canadian bank or credit card statement
 BC Vehicle Registration
 Income Tax Statement
 BC Driver's License and/or BC Services Card or BCID

Renters

- Rental Agreement signed by the landlord with landlord's contact information

And two of the following::

- Utility bill (Hydro, Fortis, Cable)
 Canadian bank or credit card statement
 BC Vehicle Registration
 Income Tax Statement
 Renter's insurance policy
 BC Driver's License and/or BC Services Card or BCID

FOR OFFICE USE

- In Catchment
 Out of Catchment
 Out of District

- Address verified for catchment school
 Birthdate corresponds with correct grade
 Copy to Learning Services if support required

NOTES:



Learning Services
School District #63 (Saanich)
2125 Keating Cross Road, Saanichton, BC V8M 2A5
Phone: 250-652-7392
Fax: 250-652-7361

AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION

RE: (Student's Name): _____

Date of Birth (d/m/y): _____

I hereby authorize: _____

to release the following information:

- _____
- _____
- _____
- _____

to: _____

Parent(s)/Guardian(s) Name: _____
(valid for one year)

Parent(s)/Guardian(s) Signature: _____

Witness Name: _____

Witness Signature: _____

DATE: _____

OUT OF CATCHMENT AREA APPLICATION GRADES 6-12

TO BE COMPLETED BY PARENTS WISHING TO ENROLL A STUDENT IN, OR TRANSFER A STUDENT TO, A SCHOOL OUTSIDE OF THEIR CATCHMENT AREA.

PARENTS MUST FIRST REGISTER THE STUDENT IN THEIR CATCHMENT AREA SCHOOL.

Please note the following are the enrolling priorities for Saanich School District 63

- | | |
|---------------------------------------|------------------------------|
| 1 - Re-enrolling students* | 4 - Non-catchment children |
| 2 - Siblings of re-enrolling students | 5 - Out of district children |
| 3 - Catchment area children | |

*A child who, in the previous year, attended the school

Out of catchment placements will only be considered when space and staff are available in the school to which the student wishes to enroll. Every effort will be made to confirm out of catchment placements by the end of June. Please note, if this application is approved, parents may be responsible for transportation.

Name of Student: _____

Address: _____

(Please give both residence and mailing address if they are different, and include Postal Code) Postal Code Phone Number

◆ Catchment area school student should attend: _____ Grade Placement: _____

◆ School student wishes to attend: _____

◆ Reason for Request: (The District's prime concern is the educational welfare of the student):

◆ Is this student receiving support from the Community or School District Learning Services? Yes No
If yes, please explain below: (e.g. Queen Alexandra Centre, Beacon Community Services, private support)

Parent(s) or Guardian(s) Signature: _____

For transfer requests within SD63 please visit the catchment school where the student would normally attend to discuss the request.

Catchment School Principal Signature: _____ Date: _____

Once complete with signatures parents should submit this form to the requested school for consideration. For Grades 9-12 please attach course selection information.

PLEASE NOTE: Transferring schools in Grades 10, 11, or 12 is likely to result in a student being INELIGIBLE for school sports teams, based on Provincial rules. Please ask for clarification if you are hoping to play on a school team.



For completion by the Proposed School (please sign where appropriate)

- a) Put on waiting list: _____ Date: _____
- b) No space available: _____ Date: _____
- c) Approved for Registration: _____ Date: _____