



**GOBIND SARVAR SCHOOL**  
**STUDENT REGISTRATION FORM**  
 Phone: 604-930-2122  
 Email: [info@gobindsarvar.ca](mailto:info@gobindsarvar.ca)

**Campus 2** (Gr. KG-5): 9115 160 St  
**Campus 1** (Gr. 6-12): 8820 168 St  
 Surrey, BC

**OFFICE USE ONLY**

Registration Date: \_\_\_\_\_ Enrollment Start Date: \_\_\_\_\_ Student Fee Paid: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy Receipt #

YOB: \_\_\_\_\_ Grade: \_\_\_\_\_ YOG: \_\_\_\_\_ Student #: \_\_\_\_\_ PEN: \_\_\_\_\_

**Registration Documentation (check when verified):**

- Student proof of age     Student Proof of Citizenship     Parent Proof of Citizenship     Immunization Records     Care Card  
 Proof of Address     Proof of Guardianship     Medical Documents(If applicable)

Legal Restrictions For Access To Student?  (If yes, copy of legal document must be on file at school)

Student Information Verified By: \_\_\_\_\_  
Admin Principal Date: mm/dd/yyyy

PLEASE PRINT CLEARLY

**PREVIOUS SCHOOL/DISTRICT**

District: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Province/Country: \_\_\_\_\_ Grade Completed : \_\_\_\_\_ Next Grade: \_\_\_\_\_

**STUDENT INFORMATION**

LEGAL Last Name: \_\_\_\_\_ PREFERRED Last Name: \_\_\_\_\_  
 LEGAL First Name: \_\_\_\_\_ PREFERRED First Name: \_\_\_\_\_  
 LEGAL Middle Name: \_\_\_\_\_ PREFERRED Middle Name: \_\_\_\_\_  
 Gender:  Female  Male  Other    Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
mm/dd/yyyy  
 Indigenous Ancestry:  No  Yes, please specify: \_\_\_\_\_  
 Language Spoken at Home: \_\_\_\_\_ First Language: \_\_\_\_\_

**STUDENT ADDRESS**

Unit #: \_\_\_\_\_ House # and Street Name: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**CUSTODY INFORMATION**

Custody: Both Parents  Yes  No If no, please indicate custody: \_\_\_\_\_  
 Custody Order?  Yes  No (If yes, copy required) Student Living With: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES**

Priority #1 Relationship: \_\_\_\_\_ Priority #2 Relationship: \_\_\_\_\_  
First Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Work: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**

BC Service Card - Personal Health #: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies / Health Conditions	Mild	Moderate	Severe

Life Threatening Conditions: \_\_\_\_\_  
Has EPIPEN  Additional Health Information: \_\_\_\_\_

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 above and also provide documentation.

**RESIDENCY STATUS/CITIZENSHIP**

Student: Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
If applicable, Visa Status: \_\_\_\_\_ Visa Exp. Date: \_\_\_\_\_ B.C. Entry Date: \_\_\_\_\_

1st Parent/Guardian Full Name: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
 Canadian Citizen  Permanent Resident  Study Permit  Work Permit  Refugee  
If applicable, Visa Status: \_\_\_\_\_ Visa Exp. Date: \_\_\_\_\_ B.C. Entry Date: \_\_\_\_\_

2nd Parent/Guardian Full Name: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
 Canadian Citizen  Permanent Resident  Study Permit  Work Permit  Refugee  
If applicable, Visa Status: \_\_\_\_\_ Visa Exp. Date: \_\_\_\_\_ B.C. Entry Date: \_\_\_\_\_

**SIBLING(S) CURRENTLY ATTENDING SCHOOL**

Sibling #1 Current Grade: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

Sibling #2 Current Grade: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

Sibling #3 Current Grade: \_\_\_\_\_ Name: \_\_\_\_\_ School: \_\_\_\_\_

**EMERGENCY CONTACT (in priority order)**

Name	Relationship	Telephone Number	Pick up student (Y/N)
1.			
2.			
3.			
4.			

**SCHOOL FEES**

Annual School Fees	
New Student Registration	\$200
Annual Charges (Agenda, Textbook borrowing, Student workbook)	\$150
KG - Gr.7 Monthly Fees	\$198
Gr.8 - Gr.12 Monthly Fees	\$210

Monthly Bus Fees				
#	Local		Long Distance	
Child	1 Way	2 Way	1 Way	2 Way
1st	\$128	\$168	\$148	\$188
2nd	\$118	\$148	\$138	\$168
3rd	\$108	\$138	\$128	\$158

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

**Long Distance:** Abbotsford, Burnaby, Maple Ridge, Mission, Port Moody,

All fees are non-refundable. Monthly school fees must be paid by the 7th of each month. If the fee is not paid on time a 2% late fee will be charged.

**SCHOOL BUS (fill out if required)**

**PICK UP** Unit #: \_\_\_\_\_ House # and Street Name: \_\_\_\_\_

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

**DROP OFF** Unit #: \_\_\_\_\_ House # and Street Name: \_\_\_\_\_

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

**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.**

## CONSENT FORM AND WAIVER OF LIABILITY

1. 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.
2. 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.
3. I give permission for my child to participate in the following activities:
  - a. Play / participate in any school sports
  - b. Play gatka and participate in other material arts activities
  - c. Go on supervised walking trips

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 participated.

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.

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

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

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 of damaged/lost property. I accept that parents are responsible for supervising their own children before and after school.

**The information on this form is collected under the authority of the School Act, Sections 13 and 97. Information provided will be used for educational program purposes and, when required, may be provided to health services, social services, or other support services as outlined in Section 79(2) of the School Act. Information on this form will be protected under the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the principal of your school.**

**I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.**

_____	_____	_____
Parent/legal guardian's name	Signature of	dd/mm/yyyy
_____	_____	_____
Parent/legal guardian's name	Signature of	dd/mm/yyyy

## EMAIL COMMUNICATION

Canada's new anti-spam legislation requires us to obtain your consent in order to provide you with the electronic information about many of the happenings and events occurring at your child's school or within the classroom. As a result, Gobind Sarvar School would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions relevant to our students and families. Examples of such messages include information about field trips, fundraising, yearbooks, student pictures, reminders, hot lunches, Continuing Education programs, or similar events and offers. If you wish to receive the above communications from us, please identify your consent below. Each parent/guardian must complete and sign below.

**Guardian #1: Name** (First and Last): \_\_\_\_\_

I DO consent to receive commercial electronic messages from the Gobind Sarvar School & Staff

**(please ensure email address provided on page 2)**

I DO NOT consent to receive commercial electronic messages from Gobind Sarvar School & Staff

**Signature:** \_\_\_\_\_

**Guardian #2: Name** (First and Last): \_\_\_\_\_

I DO consent to receive commercial electronic messages from the Gobind Sarvar School & Staff

**(please ensure email address provided on page 1)**

I DO NOT consent to receive commercial electronic messages from Gobind Sarvar School & Staff

**Signature:** \_\_\_\_\_

You may change your consent at any time by informing the school in writing (either via email or printed note) that you choose to no longer receive email communication from the school or staff relating to messages that may contain advertising or promotions.

### VERIFICATION – LEGAL PARENT / GUARDIAN

I certify that the information I have provided on this form is correct.

\_\_\_\_\_  
**Parent / Guardian Name (Please print)**

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

**Parent/Guardian Signature**

The information on this form is collected under the authority of the School Act. Information is used by the school for Ministry of Education reporting; demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.  
Updated: June 13, 2024