



GOBIND SARVAR SCHOOL
STUDENT REGISTRATION FORM
 8820 168 Street, Surrey, BC, V4N 6G7
 Phone: 604-930-2122 | Fax: 604-497-1122
 Email: info@gobindsarvar.ca

OFFICE USE ONLY	
Registration Date:	_____
Enrollment Date:	_____
Grade:	YOG: _____
Std #:	PEN #: _____
Student Fee Amount Paid: _____	

STUDENT INFORMATION

Legal Name: _____
Last First Middle

Preferred Name: _____
Last First Middle

Gender: Male Female Birth Date: _____ Age: _____ Grade: _____
Mm-dd-yyyy

Street Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Home Phone: _____ Student's First Language: _____

Indigenous Ancestry: No Yes, please specify: _____

PREVIOUS SCHOOL INFORMATION

Name of School: _____ Phone Number _____

Address: _____ Last Grade Completed: _____

Does the student have an Individual Education Plan (I.E.P.)? If Yes, please Explain: _____

PARENT / GUARDIAN

Legal Name: _____
Title Last First Middle

Relationship to Child: Mother Father Other: _____

Parent/Guardian Email: _____ Cell Phone: _____

Home Phone: _____ Place of Employment : _____ Work Phone: _____

PARENT / GUARDIAN

Legal Name: _____
Title Last First Middle

Relationship to Child: Mother Father Other: _____

Parent/Guardian Email: _____ Cell Phone: _____

Home Phone: _____ Place of Employment : _____ Work Phone: _____

MEDICAL INFORMATION

Care Card Number: _____

Family Doctor: _____ Phone Number: _____

Allergies/Health Conditions	Mild	Moderate	Severe

Life Threatening Conditions: _____

Has EPIPen: Additional Health Conditions: _____

If a child has an EPIPEN please provide it to the school.

SIBLINGS

Legal Name	Gender	Date of Birth (mm-dd-yyyy)	Grade	School

EMERGENCY CONTACTS in priority order

Name	Relationship	Telephone Number	Pick up Students(Y/N)

CUSTODY legal document is required if there is a custody issue

Student lives with: Both parents Other: _____

Custody: Both parents Other: _____

RESIDENCY STATUS

Student residency: _____

Canadian Citizen
 Permanent Resident
 Study Permit
 Refugee

If not Canadian citizen - Country of Citizenship: _____ Expiry Date: _____

1st Parent/Guardian residency: _____

Canadian Citizen
 Permanent Resident
 Study Permit
 Refugee
 Work Permit

If not Canadian citizen - Country of Citizenship: _____ Expiry Date: _____

2nd Parent/Guardian residency: _____

Canadian Citizen
 Permanent Resident
 Study Permit
 Refugee
 Work Permit

If not Canadian citizen - Country of Citizenship: _____ Expiry Date: _____

FEES

Annual School Fees	
New Student Registration	\$175
Annual Charges (Agenda, Textbook borrowing, Student workbook)	\$110
KG- Gr. 7 Monthly Fees	\$180
Gr. 8 - Gr. 12 Monthly Fees	\$190

Monthly Bus Fee				
#	Local		Long Distance	
	1 Way	2 Way	1 Way	2 Way
1st	\$110	\$150	\$130	\$170
2nd	\$100	\$130	\$120	\$150
3rd	\$90	\$120	\$110	\$140

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 *Please fill out if a student requires a school bus.*

Pick up address: _____
Street Address Apartment/Unit #

City Province Postal Code

Drop off address: _____
Street Address Apartment/Unit #

City Province Postal Code

Requested Start Date: _____ Bus Schedule(Circle 1): 1-Way / 2-Way

NOTE: ALL CANCELLATIONS AND START OF BUS SERVICES MUST BE DONE 2-WEEKS IN ADVANCE.

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 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.

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



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DIRECT DEPOSIT AUTHORIZATION

Section A - Payee identification

STUDENT NAME:

Grade:

PAYEE NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE #:

EMAIL:

Section B - Banking information

FINANCIAL INSTITUTION NAME:

FINANCIAL INSTITUTION ADDRESS:

TRANSIT NUMBER:

ACCOUNT NUMBER:

ACCOUNT TYPE:

Section C - Authorization

I, _____(Payor), authorize Gobind Marg Charitable Trust Society to debit the bank account identified above for \$_____ each time that the value of the services you have purchased, including applicable taxes, reaches that amount.

These services are for (check one): Personal use (school fees)

You, the Payor, may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.payments.ca. By signing this letter, I am aware that the amount being debited from my account is ongoing until I request in writing to cancel otherwise. All information will be kept confidential.

PRINT NAME OF ACCOUNT HOLDER:

SIGNATURE OF ACCOUNT HOLDER:

START DATE:

Please attach void chq. with the form. Forms without Void Chq will not be accepted.