



GOBIND SARVAR SCHOOL
STUDENT REGISTRATION FORM
 Phone: 604-930-2122
 Email: info@gobindsarvar.ca

Gr. KG-5: 9115 160 St
 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 Legal Alert Medical Alert Special Education Program

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: _____
Home Phone: _____

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	\$228
Gr.8 - Gr.12 Monthly Fees	\$250

Monthly Bus Fees				
#	Local		Long Distance	
	1 Way	2 Way	1 Way	2 Way
Child				
1st	\$138	\$178	\$158	\$198
2nd	\$128	\$158	\$148	\$178
3rd	\$118	\$148	\$138	\$168

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: March 28, 2025