



**2010 / 2011 HOCKEY APPLICATION**  
**W.A. FRASER MIDDLE SCHOOL**

www.fmshockey.com

Date Received: \_\_\_\_\_

Before submitting this application, the following checklist **MUST be complete:**

- All Sections of hockey application completed.
- W.A. Fraser Middle School Registration Form completed.
- I / we have read the Sport Academy Policy Manual and agree with the policies put forth. (Sport Academy Policy Manual can be downloaded off our website at www.fmshockey.co)

**SECTION A: (PERSONAL INFORMATION TO BE COMPLETED BY PARENT)**

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Expects to be enrolling in Grade: 6      7      8

Parent's Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Copy of Latest Report Card Attached  (*applications with no report card will not be considered as complete*)

School Awards: \_\_\_\_\_

**SECTION B: (COMPLETED BY PRINCIPAL OR VICE – PRINCIPAL OF CURRENT SCHOOL)**

\_\_\_\_\_ has attended \_\_\_\_\_

for \_\_\_\_\_ years.

His / her record of positive behavior and good citizenship is:

Not meeting expectations

Meeting expectations

Exceeding expectations

Comments: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

**SECTION C: (COMPLETED BY THE STUDENT)**

Applicant's Hockey History:

Number of Years Playing: \_\_\_\_\_

Circle which level applies to your present level of hockey:

House                      A1                      A2                      A3

Student's Expression of Interest:

"I want to be in the Sport Academy because...."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**SECTION D (TO BE COMPLETED BY THE PARENTS)**

The W.A. Fraser Hockey Academy costs \$1,250 for the year (Sept – May). I / we understand that the monthly fee will be \$125 for 10 months and I / we are willing / able to provide this for our child and hereby endorse and approve this application.

Parent / Guardian's Name:

Parent / Guardian's Signature:

---

**SECTION E: (TO BE COMPLETED BY PROGRAM DIRECTOR)**

Accepted

Not Approved

Wait List

Academy Director Signature: \_\_\_\_\_



**School District No. 34 (Abbotsford)  
Registration Form - William A. Fraser Middle School**

In order for a child to be registered in school, your child's birth certificate & proof of address must be presented  
i.e. Mortgage Papers, Rental Agreement.

<b>For Office Use Only</b>
Placement Priority No. _____ Date/Time Stamp

**STUDENT INFORMATION**

Surname	First Name	Middle Name	Birthdate Y/M/D	Birthplace	M/F	Gr.	Div.

Legal name on birth certificate (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (604) \_\_\_\_\_ Parent email: \_\_\_\_\_

**PARENT(S)/GUARDIAN(S) CONTACTS**

Child(ren) live with: Mother \_\_\_\_ Father \_\_\_\_ Foster parent(s) \_\_\_\_ Other \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birthplace \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birthplace \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

**GENERAL INFORMATION**

Is there any Legal Alert the school should be aware of? \_\_\_\_ Yes \_\_\_\_ No Does the school have a copy? \_\_\_\_ Yes \_\_\_\_ No

First language spoken at home: \_\_\_\_\_ Second language spoken at home: \_\_\_\_\_

Previous School: \_\_\_\_\_ City & Province \_\_\_\_\_ Date Left \_\_\_\_\_

If coming from another district, has your child ever attended school in Abbotsford? \_\_\_\_ Yes \_\_\_\_ No

If yes, which school? \_\_\_\_\_ Dates or Grades: \_\_\_\_\_

Does your child have a Special Need that may require special services (ie. Learning Assistance, ESL, Counselling, IEP)? \_\_\_\_\_

If yes, please detail: \_\_\_\_\_

First Nations (Native) Ancestry: (please √ one) \_\_\_\_ Yes \_\_\_\_ No Non-Status \_\_\_\_\_ Status \_\_\_\_\_

Normally living on reserve? \_\_\_\_ Yes \_\_\_\_ No Band Name \_\_\_\_\_ Band No. \_\_\_\_\_

Status of Parent and Child in Canada: Cdn. Citizen \_\_\_\_ Landed Imm. \_\_\_\_ Refugee \_\_\_\_ Student visa \_\_\_\_ Emp. Auth. \_\_\_\_ Visitor \_\_\_\_

**EMERGENCY CONTACTS (Local contacts only please)**

(1) NAME: _____	(2) NAME: _____
Relationship to Child: _____	Relationship to Child: _____
Home phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____

**HEALTH INFORMATION**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Care Card \_\_\_\_\_

Please list any health problems or allergies relating to your child, and any medications taken regularly:

\_\_\_\_\_

By signing below I confirm that I have withdrawn my child from his/her previous school & have not registered my child elsewhere as he/she may not be registered at more than one school at a time.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	Address Confirmed? ____ Yes ____ No	Resides in Catchment area? ____ Yes ____ No
File _____	Birth Certificate ____ Yes ____ No	MacSchool # _____ PEN # _____



### Out of the Lower Mainland Contact

The Abbotsford School District would like to include an "Out of the Lower Mainland Contact" on each of our student records. The contact, preferably out of the lower mainland or out of BC, is to be used as a family liaison person in the event of a provincial disaster. A contact with a cell phone or answering machine is preferable. If you have any questions, please contact Mr. John Roberts, Principal.

The "Out of Lower Mainland" contact for our family is:

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(including area code & country where applicable)

Province/country: \_\_\_\_\_

### Registration Priorities

1. Continuing Students, Catchment
2. Continuing Students, Non-Catchment
3. Siblings of Continuing Students
4. Feeder School Students
5. New - Catchment
6. New - Non-Catchment (In District)
7. New - Out of district

### Computer and Internet Usage and Access User Agreement

I understand and will abide by the terms and conditions of the Computer and Internet Usage and Access Agreement (copy available upon request). I further understand that any violation of these terms and conditions will be subject to the disciplinary codes set out by the Board and will be handled in accordance with those codes. The appropriate legal authorities will be contacted if there is any suspicion of illegal activity.

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

### Parent/Guardian Agreement

As the parent or guardian of the user named above, I have read this agreement. I have also taken reasonable steps to ensure that the child named above understands the terms and conditions of this agreement. I understand that access to the System is designed for educational purposes and that there are limitations on the use of the System. I recognize that, although the Board has taken reasonable measures to limit access to objectionable and illegal materials, the Board cannot guarantee that 100% of the materials accessed via the Internet, either intentionally or unintentionally, will not include offensive or illegal contents. Further, I accept full responsibility for supervision if and when my child's use of computers is not in a school setting.

I hereby give permission for the child named above to access the System and certify that the information contained on this form is correct.

Parent/Guardian's full Name: (please print) \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Consent for Release of Confidential Information

I, \_\_\_\_\_ hereby give my written consent to have my child's previous school release all pertinent medical, psychological, or psychiatric (including social history, all hospital testing and assessments) information which pertains to my child \_\_\_\_\_ to William A. Fraser Middle School, Abbotsford, B.C.

I furthermore release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## The Board of Education of School District No. 34 (Abbotsford)

### 2010-2011 OUT-OF-DISTRICT REQUEST

This form is to be completed by any student who lives outside the Abbotsford District, who is seeking to enroll in any middle or secondary school in Abbotsford. Complete this request form fully and return it to the Abbotsford School District office.

Your request will be considered as per policy 9.150 School Catchment Areas. Seats will be allocated in schools where the projected enrolment does not exceed the school's nominal capacity.

Attach your most recent report card to this request. The school district will contact you by June 15<sup>th</sup> to advise you of your acceptance into a school in Abbotsford.

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of last School Attended: \_\_\_\_\_

City of Last School Attended: \_\_\_\_\_

Name of Counselor or Administrator at last school to be used as contact: \_\_\_\_\_

Phone Number of Contact: \_\_\_\_\_

Reason for applying: \_\_\_\_\_

Select your School(s) of Choice:

First School Choice: \_\_\_\_\_

Second School Choice: \_\_\_\_\_

Third School Choice: \_\_\_\_\_

Select your District Programs of Choice (if applicable): ('X' your choice below)

- |                          |                                                                    |
|--------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> | Abbotsford Collegiate International Baccalaureate Program          |
| <input type="checkbox"/> | Abbotsford Collegiate Integrated Studies Program                   |
| <input type="checkbox"/> | Abbotsford Collegiate Sport and Human Performance Academy – Soccer |
| <input type="checkbox"/> | Abbotsford Collegiate – CTC Career Programs                        |
| <input type="checkbox"/> | Rick Hansen Secondary Studioworks Program                          |
| <input type="checkbox"/> | Rick Hansen Secondary Aviation Works Program                       |
| <input type="checkbox"/> | Yale Secondary Baseball Academy                                    |
| <input type="checkbox"/> | Yale Secondary Hockey Academy                                      |
| <input type="checkbox"/> | Abbotsford Middle International Bacclaureate Middle Years Program  |
| <input type="checkbox"/> | Abbotsford Middle Soccer Academy                                   |
| <input type="checkbox"/> | W.A. Fraser Middle Hockey Academy                                  |