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Email completed form to info@bakerviewmusic.ca

## Please confirm the following information. Incomplete forms will not be accepted.

Student's name:					
Parent/guardian name: Home phone: Cell phone: Work phone: Email:		☐ Check th family. ☐ Check th	is box if you identify as a low-income family. is box if you identify as a single-parent is box for Junior Academy (grades 2 and 3) ns available immediately spring 2024		
Street address					
0.000 0.000	ВС				
City	Province		Postal Code		
Emergency contact information	for at least tw	o other adults y	ou approve to pick up your child for you:		
Contact Name		elationship to udent	Number(s)		
1.			Home: Cell: Work:		
2.			Home: Cell: Work:		
Student information:					
Date of birth (Day/Month/Year	·)·				
Public Health Number:	<i>j</i> ·				
Grade fall 2024:	School attending:				
Allergies:		<u> </u>			
Medical or other concerns (ie.,	behavioural):				
Current extracurricular activities	es (including a	ny music experie	ence):		
Language(s) spoken at home:					
If so, <u>we need to know</u> . We must ensure that teen/adult who can attend to support your chbackground check completed and on file with	t we have adequate hild 1:1 that would be h our administrator	e staffing to support al be one possible solution. Or we might be able	rt(s) to be successful at school?		



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## Please confirm the following information. Incomplete forms will not be accepted.

Student's name:					
Parent/guardian name: Home phone: Cell phone: Work phone: Email:		☐ Check the family.	his box if you identify as a low-income family. his box if you identify as a single-parent his box for Senior Academy (grades 4-12)		
Street address					
	ВС				
City	Province		Postal Code		
Emergency contact information		o other adults y	ou approve to pick up your child for you:  Number(s)		
		udent .			
1.			Home: Cell: Work:		
2.			Home: Cell: Work:		
Student information:	•				
- Cl. 1 (5 (5 )					
Date of birth (Day/Month/Yea	ir):				
Public Health Number: Grade fall 2025:	Cob ool ott	onding:			
	School attending:				
Allergies:					
Medical or other concerns (ie.	., behavioural):				
Current extracurricular activit	ies ( <i>including ar</i>	ny music experie	ence):		
Language(s) spoken at home:					
If so, <u>we need to know</u> . We must ensure the teen/adult who can attend to support your background check completed and on file w	nat we have adequate child 1:1 that would by it our administrator.	e staffing to support a e one possible solution Or we might be able	•		
Can you commit to your child attending 10	esuav & mursuav att	lei school everv weel	with BMA as the priority extracurricular?   Yes   No		