

## Student Information Sheet: Form D.1

*This form is to be completed for students applying for Grades 1 - 12. For Kindergarten applicants, please complete Form D.2*

CONFIDENTIAL - TO BE COMPLETED BY THE APPLICANT'S TEACHER OR ADMINISTRATOR FOR GRADE 1 - 12 (FORM D.1)				
Student's Name:	Teacher's Name:			
Current Grade:	School:			
	<i>Extending</i>	<i>Proficient</i>	<i>Developing</i>	<i>Emerging</i>
General Organizational/Self-Discipline Skills				
Ability to Work Independently				
Work Habits				
Reading Comprehension				
Writing Skills				
Mathematics Skills				
Artistic Ability				
Athletic Ability				
Religious Studies				
Homework Completion				
Interaction with Peers				
<b>Extra-Curricular:</b>				
<input type="checkbox"/> Badminton	<input type="checkbox"/> Basketball	<input type="checkbox"/> Chess Club	<input type="checkbox"/> Cross-Country	<input type="checkbox"/> Floor Hockey
<input type="checkbox"/> Odyssey of the Mind	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Student Council	<input type="checkbox"/> Track & Field
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Other _____		
<b>Service and Volunteering:</b>				
<input type="checkbox"/> Crossing Guard	<input type="checkbox"/> Peer Helper	<input type="checkbox"/> Play Day		
<input type="checkbox"/> Office Duty	<input type="checkbox"/> Morning Music	<input type="checkbox"/> Other _____		
<b>Does the student have an Individual Education Plan (IEP)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Special Placements/Recommendations:</b>				
<b>Other Important Information:</b>				
<b>Signature:</b>			<b>Date:</b>	



Please send directly to:  
**Vancouver College**  
**Attn: Registrar**  
 5401 Hudson Street, Vancouver BC V6M 0C5  
 Tel: 604-261-4285 Fax: 604-261-2284  
 Email: registrar@mail.vc.bc.ca