

# MEMBERSHIP TO CONSEIL SCOLAIRE FRANCOPHONE DE LA COLOMBIE-BRITANNIQUE

## AFFIRMATION

(Reference: Policy P-301)

Last name: _____	Given name: _____
Address: _____	Town: _____
Province: _____	Postal Code: _____
Telephone no.: _____	Email address: _____
I accept to share my email with School Board elections candidates	<input type="checkbox"/> Yes, I accept <span style="margin-left: 200px;"><input type="checkbox"/> No, I do not accept</span>
I accept to share my postal address with School Board elections candidates	<input type="checkbox"/> Yes, I accept <span style="margin-left: 200px;"><input type="checkbox"/> No, I do not accept</span>

*By submitting your email address, you consent to receiving from CSF consultations regarding its policies, surveys regarding its operations, information bulletins, including information about candidates during School Board elections. The CSF does not share email addresses and personal information with other organizations. After filling this form, please drop it at one of our schools or send it by email: [adhesion@csf.bc.ca](mailto:adhesion@csf.bc.ca)*

### Section for Canadian Citizen

### Section for NON-Canadian Citizen

**I, undersigned \_\_\_\_\_, affirm that**  
(check the appropriate box/es)

- a)  I am a Canadian citizen
- b) I reside in British Columbia since (date) \_\_\_\_\_  
(year/month/day)
- c)  I will be 18 years old by October 16, 2026

**d) The following provision or provisions apply (check):**

My first language learned and still understood is French

I received my primary school instruction in French in Canada or another country (excluding immersion):

Name of school \_\_\_\_\_

Name of town \_\_\_\_\_

Name of country \_\_\_\_\_

A child of mine has received or is receiving primary or secondary instruction in French in Canada or another country (excluding immersion):

Name of school \_\_\_\_\_

Name of town \_\_\_\_\_

Name of country \_\_\_\_\_

**I, undersigned \_\_\_\_\_, affirm that**  
(check the appropriate box/es)

- a)  I am a permanent resident
- b)  I have a work permit
- c)  I have a higher education student permit
- d)  I am a refugee
- e)  I reside in British Columbia since (date) \_\_\_\_\_  
(year/month/day)

**f) The following provision or provisions apply (check):**

My first language learned and still understood is French

I received my primary school instruction in French in Canada or another country (excluding immersion):

Name of school \_\_\_\_\_

Name of town \_\_\_\_\_

Name of country \_\_\_\_\_

A child of mine has received or is receiving primary or secondary instruction in French in Canada or another country (excluding immersion):

Name of school \_\_\_\_\_

Name of town \_\_\_\_\_

Name of country \_\_\_\_\_

Signed at (town): \_\_\_\_\_ Province: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness signature: \_\_\_\_\_

**\*\*Only fill in the section below if you have a child/ren\*\***

Child's given name	Child's last name	Date of birth	School of registration

**\*\*Reserved for administration\*\***

Signature of administrative assistant	Signature of principal or department director	Date
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