

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 <input type="checkbox"/> No, I do not accept
I accept to share my postal address with School Board elections candidates	<input type="checkbox"/> Yes, I accept <input type="checkbox"/> No, I do not accept

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

Section for Canadian Citizen	Section for NON-Canadian Citizen
<p>I, undersigned _____, affirm that (check the appropriate box/es)</p> <p>a) <input type="checkbox"/> I am a Canadian citizen</p> <p>b) I reside in British Columbia since (date) _____ <small>(year/month/day)</small></p> <p>c) The following provision or provisions apply (check):</p> <p><input type="checkbox"/> My first language learned and still understood is French</p> <p><input type="checkbox"/> I received my primary school instruction in French in Canada or another country (excluding immersion):</p> <p>Name of school _____</p> <p>Name of town _____</p> <p>Name of country _____</p> <p><input type="checkbox"/> A child of mine has received or is receiving primary or secondary instruction in French in Canada or another country (excluding immersion):</p> <p>Name of school _____</p> <p>Name of town _____</p> <p>Name of country _____</p>	<p>I, undersigned _____, affirm that (check the appropriate box/es)</p> <p>a) <input type="checkbox"/> I am a permanent resident</p> <p>b) <input type="checkbox"/> I have a work permit</p> <p>c) <input type="checkbox"/> I have a higher education student permit</p> <p>d) <input type="checkbox"/> I am a refugee</p> <p>e) <input type="checkbox"/> I reside in British Columbia since (date) _____ <small>(year/month/day)</small></p> <p>f) The following provision or provisions apply (check):</p> <p><input type="checkbox"/> My first language learned and still understood is French</p> <p><input type="checkbox"/> I received my primary school instruction in French in Canada or another country (excluding immersion):</p> <p>Name of school _____</p> <p>Name of town _____</p> <p>Name of country _____</p> <p><input type="checkbox"/> A child of mine has received or is receiving primary or secondary instruction in French in Canada or another country (excluding immersion):</p> <p>Name of school _____</p> <p>Name of town _____</p> <p>Name of country _____</p>

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 secretary	Signature of principal or department director	Date
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