

2025-2026 ORDINARILY RESIDENT FORM

Student Last Name:	Student First Name:
Student Last Name:	Student First Name:
Student Last Name:	Student First Name:
Student Last Name:	Student First Name:
Date of departure:	Expected date of Return:
BC Address:	Out of Province Address:
Mother/Guardian First & Last Name:	Father/Guardian First & Last Name:
Mother Email address: Mother Phone Number:	Father Email address: Father Phone Number:
To verify residency in BC, please answer	the following questions:
Do you own a residence, rent or have a long-ter	rm lease in the province of BC? □yes □no
Is one of the parents or siblings residing in the f	amily home in BC? □yes □no
Do you have a valid BC provincial driver's licens	e? □yes □no
Do you have an automobile registered in BC?	lyes □no
Do you have Canadian bank accounts and credit	t cards?□yes □no
Do you file income tax as a BC resident? ☐ yes ☐	Ino

Do you have BC Medical Services Plan healthcare	coverage?□yes □no	X=K	
Are you employed within a community of BC? yes no Do you have community, business or church membership? yes no			
Which of the following applies to your situation?	,		
Our family has another dwelling outside of BC who	ere the family regularly resid	des. □yes □no	
Parent or Guardian have foreign bank accounts or credit cards. ☐yes ☐no One or both parents are employed outside of BC. ☐yes ☐no			
			Parent or Guardian is filing income tax in another jurisdiction. ☐yes ☐no
Parent or Guardian has identification documents i	in another jurisdiction. □yes	s□no	
Parent/Guardian Signature	Date		
Office use:			
This family is deemed to Ordinarily Reside in therefore eligible for education funding throu			
Principal/Superintendent Signature:	Da	 ate	