

# Student Registration Form

Form 502-A

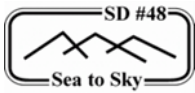
The information on this form is collected under the authority of the *School Act*. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.

<b>For Office Use Only</b>	Date of Registration (mm/dd/yyyy):		Time of Registration (am/pm):
	Catchment School:		Out of Catchment Form Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Current Grade:	Start date (mm/dd/yyyy):	PEN:
	<input type="checkbox"/> Requested School Records	<input type="checkbox"/> Copy of Proof of Birthdate On File	<input type="checkbox"/> Local ID# to Tech Dept. & Library
	<input type="checkbox"/> Demographics Printed/Added to Office Student Info Binder	<input type="checkbox"/> Printed Name Tag For Classroom Emergency Kit (Elementary)	<input type="checkbox"/> FIPPA Web 2.0 Tools
	<input type="checkbox"/> Program Assignments (for mid-year student entries)	<input type="checkbox"/> French Immersion	<input type="checkbox"/> Immunization Record

<p><b>Required Registration Documentation</b></p> <p><b>Before registering your child, the school <u>must</u> have all of the following documentation.</b></p> <p><input type="checkbox"/> Child's Birth Certificate or Passport      <input type="checkbox"/> Care Card      <input type="checkbox"/> Proof of street address*</p> <p><small>*Parent Driver's License, BC Identification, utility bill, or residential rental/lease agreement, with parent name <i>and street address</i></small></p>
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<p><b>Student Information</b></p> <p><b>Please ensure you fill this form out <u>completely</u> using N/A for areas that are not applicable.</b></p> <p>Grade: _____ Program Desired: <input type="checkbox"/> English    <input type="checkbox"/> French Immersion    <input type="checkbox"/> Cultural Journeys/Learning Expeditions</p> <p><b><u>Legal Names as shown on birth certificate</u></b></p> <p>Surname: _____ First Name: _____</p> <p>Birthdate: _____ / _____ / _____ Middle Name: _____ <small>Day      Month      Year</small></p> <p>Gender: _____</p> <p>Names of School Aged Siblings: _____</p> <p>Usual Names (<i>if different from legal names</i>)</p> <p>Usual Surname: _____ Usual First Name: _____</p> <p>Home Phone: _____ Street Address: _____ Apt#: _____ <small>House #      Street Name</small></p> <p>Box #: _____ City: _____ Postal Code: _____</p> <p>Previous School: _____ <small>School name      Grade      City      Province      Phone Number</small></p> <p><input type="checkbox"/> Attended English Program    <input type="checkbox"/> Attended French Immersion Program</p> <p>Primary Language(s) spoken at home: _____</p>
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<p><b>Medical Information</b></p> <p>Allergies: _____ Life Threatening? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Medical Condition: _____ Life Threatening? No <input type="checkbox"/> Yes <input type="checkbox"/></p>
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If you answered yes to either of the above questions please see the principal regarding an Individual Care Plan.

Does your child carry/require medication at school? No  Yes

If yes, medication name and additional information: \_\_\_\_\_  
\_\_\_\_\_

Disabilities: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Doctor.: \_\_\_\_\_ Phone: \_\_\_\_\_

### Citizenship

Canadian

Other Citizenship (provide details below)

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Landed Immigrant

Permanent Resident

International Student

Study/Work permit

### Aboriginal Ancestry

If any of the following applies to your child they have Aboriginal Ancestry and are eligible for our Aboriginal Education programs and services. Please check all that apply below.

First Nations

Metis

Inuit

Is your child:  Non-status  Status-Off Reserve  Status-On Reserve

DIA # \_\_\_\_\_

Name of Band: \_\_\_\_\_ Band number: \_\_\_\_\_

None of the above applies to my child.

### Family Information

Student lives with:  Both Parents  Other (describe) \_\_\_\_\_

Sole custody or  Joint Custody (*Court order documents required for student file*)

#### Parent/Guardian #1

**(circle one)** *Mother, Step-mother, Foster-mother, Grandmother, Guardian, Father, Step-father, Foster-father, Grandfather, Guardian*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

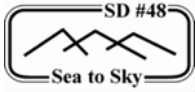
Work Phone: \_\_\_\_\_ Address/Home Phone No.  Same as child

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Box #: \_\_\_\_\_  
House # Street Name

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Work: \_\_\_\_\_



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## Parent/Guardian #2

**(circle one)** *Mother, Step-mother, Foster-mother, Grandmother, Guardian, Father, Step-father, Foster-father, Grandfather, Guardian*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Address/Home Phone No.  Same as child

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Box #: \_\_\_\_\_  
House # Street Name

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Work: \_\_\_\_\_

## Emergency Contacts

In the event your child is ill or there is an emergency, we will attempt to contact you prior to calling emergency contacts listed below. Please do not list yourself as an emergency contact, but rather provide us with the names of other friends or family who you authorize to pick up your child in the event of an emergency or illness.

1. Legal Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Legal Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### If possible, please make contact 4 out of district

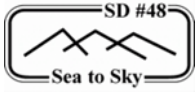
4. Legal Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I certify that the information I have provided on this form is correct.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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## Canadian Anti-Spam Legislation (CASL) - Consent to Receive Electronic Messages

Canada's Anti-Spam Legislation (CASL) came into effect July 1, 2014. As a result, our school must now obtain your specific consent to be able to send you school newsletters, announcements, and other electronic messages that may contain advertising or promotions for school related events including requests for field trips, fundraising, yearbooks, student pictures, dance tickets, or other similar events and offers. Occasionally schools may also include community information such as local Parks and Recreation programs, community health updates, and other items that the school principal deems may be of interest to parents.

**Parent/Guardian Name 1:** \_\_\_\_\_  
*(Please print first and last name)*

**Parent/Guardian Name 2 (optional):** \_\_\_\_\_  
*(Please print first and last name)*

**Student's Legal First & Last Name:** \_\_\_\_\_  
*(Please print first and last name)*

I give (insert school name) and School District No. 48 (Sea to Sky) permission to contact me using electronic messages which may include information as described above.

### Parent/Guardian 1

Yes \_\_\_\_\_  No \_\_\_\_\_  
 email address  
 \_\_\_\_\_  
 Signature Date

### Parent/Guardian 2 (optional)

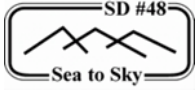
Yes \_\_\_\_\_  No \_\_\_\_\_  
 email address  
 \_\_\_\_\_  
 Signature Date

I also give the school Parent Advisory Council and the District Parent Advisory Council permission to contact me using electronic messages which may include commercial information as described above.

Parent/Guardian 1 <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Signature Date	Parent/Guardian 2 (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Signature Date
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*This consent must be completed separately by each parent/guardian contact wishing to receive communication via electronic messaging as described above.*

You may also subscribe or unsubscribe from this communication list by contacting your school directly via email.



School District No. 48 G Suite Consent Letter

Student account information (student first and last name and grade level), as well as any documents uploaded onto the Google Apps platform will be stored on secure Google servers located beyond Canada, and may be subject to the laws of foreign jurisdictions. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

The following Google Apps for Education services apply:

Table with 6 rows listing Google Apps for Education services: Students (Grade K – 12), Google Drive (unlimited storage, including Docs, Sheets, Slides, Forms and Drawing), Ability to share data is set to private by default, Google Drive is limited sharing to only School District No. 48 domains, Google Calendar, Google sites, and Google Classroom, and Additional Google Services: Google Maps, Google Books, YouTube (filters on), Chrome Web Store, Fusion Tables, Google Bookmarks, Gmail (Grades 10-12 only).

I have read this consent form and understand that my child’s personal information will be used for G-Suite (GAFE), which may include:

- First and last name, and grade level
• Classroom assignments, research notes, presentations, school-based projects
• Multimedia objects created by students (e.g. videos, pictures, audio files, animations, etc.)
• Summative and formative assessments (e.g. teacher comments, peer feedback, surveys, grades, etc.)
• Communication with teachers and other students related to educational purposes
• Any material related to the educational purposes

This consent will be considered valid from the date at which it is signed until the student’s transition to another school or when permission has been explicitly withdrawn.

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_