

SCHOOL DISTRICT NO. 22 (VERNON) SCHOOL REGISTRATION FORM

OFFICE USE: Date received: _____ Time: _____

School: _____ Grade: _____

Has the student ever attended a school in BC? Y N If so, name of the school: _____

Last School attended: _____ School city: _____

For Kindergarten registration only:

Has the student ever attended Strong Start Program? Y N Name of StrongStart School: _____

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____ Legal Middle Name: _____

Usual Last Name: _____ Usual First Name: _____ No Middle Name:

Gender: M F Preferred Gender: M F Date of Birth: (MM) _____ (DD) _____ (YYYY) _____

Proof of age: Birth Certificate Passport Citizenship paper

Home Phone: _____ Long Distance? Y N Unlisted? Y N

Student Cell Phone: _____ Student E-mail: _____

Street Address: _____ City: _____ Postal Code: _____

Mailing Address (if different than above): _____ City: _____ Postal Code: _____

Has your child received: Learning Assistance / ELL Support / Counselling / Behavioural Support / My child has an IEP

IMMIGRATION/CITIZENSHIP STATUS

Country of Birth: _____ Country of Citizenship: _____

Canadian Citizenship: Child Parent Intl student - Funding Not Eligible

Permanent Resident or Landed Immigrant Child Parent Refugee Child Parent

Study/Work Visa Expiry Date: (MM) _____ (DD) _____ (YYYY) _____ Exchange Student? Y N

Language Spoken at Home: _____ Language Most Used: _____ First Language: _____

Aboriginal Ancestry No Yes Inuit / Metis / Non-Status / Status Off Reserve / Status On Reserve

Do you want this student to have access to Aboriginal programs and services? Y N

LEGAL CUSTODY: Court Orders MUST be provided if school action is required. Legal Documents provided? Y N

Both Parents / Shared Custody (separate homes) / Sole Custody (court documents provided) / Legal Guardianship (court documents provided)

PARENTS / GUARDIANS

Contact Order #1 Lives With Student? YES Legal Guardian: Y N Relationship: _____

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Ext _____

Cell: _____ Email: _____

Contact Order #2 Lives With Student? Y N Legal Guardian: Y N Relationship: _____

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Ext _____

Cell: _____ Email: _____

Address if different from student: _____ Can pick up student? Y N

Contact Order #3 Lives With Student? Y N Legal Guardian: Y N Relationship: _____

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Ext _____

Cell: _____ Email: _____

Address if different from student: _____ Can pick up student? Y N

(enter emergency contacts on pg 2)

Contact Order #4 Lives With Student? Y N Legal Guardian: Y N Relationship: _____
 First Name: _____ Last Name: _____
 Home Phone: _____ Work Phone: _____ Ext _____
 Cell: _____ Email: _____
 Address if different from student: _____ Can pick up student? Y N

Contact Order #5 Emergency Contact

Name: (First/Last) _____
 Relationship: _____
 Daytime Phone: _____

Contact Order #6 Emergency Contact

Name: (First/Last) _____
 Relationship: _____
 Daytime Phone: _____

DAYCARE CONTACT INFORMATION

Daycare Name: _____ Contact: _____ Phone: _____
 Address: _____ Regarding Emergency, what order of contact? _____

MEDICAL INFORMATION

Life Threatening Allergies and Conditions Yes No Non Life-Threatening? Yes No
 If yes, Condition _____ Treatment: _____

SIBLINGS ATTENDING SCHOOL WITHIN SCHOOL DISTRICT #22

Name: _____ School: _____ Birthdate: _____
 Name: _____ School: _____ Birthdate: _____
 Name: _____ School: _____ Birthdate: _____
 Name: _____ School: _____ Birthdate: _____

ALTERNATE SCHOOL/GRAD UPGRADE INFORMATION

Student Maiden Name / Previous Names (s): _____
 Student Grad Plan 1950 1996 2004 Registered at a Secondary School this year
 Provide school name and phone number: _____

Office Use Only

Received and copied: Birth Certificate BC Services Card Court Order/Custody Agreement Proof of Residence
 Citizenship document

Received: Student and Parent/Guardian Release of Contact Information form

Received by: _____ PEN _____ MyEdBC # _____

Medical: **See Policy/Procedure 9.6.0 Students with Medical Needs** Appropriate form/safety plan completed? Yes No

Division: _____ Teacher: _____ Expected Start Date: _____

STUDENT AND PARENT/GUARDIAN RELEASE OF CONTACT INFORMATION/INTERNET ACCESS

In accordance with the Provincial Freedom of Information and Protection of Privacy Act, School District No. 22 (Vernon) requires consent to use personal information for purposes unrelated to education.

Student Name: _____ Parent/Guardian Name: _____

Media Release of Students' Information

It is the practice in our school district to allow district staff and the media to photograph (including the use of video) individuals and groups of students in order to celebrate achievements and to promote educational, sport and cultural events taking place in the district. Students' names, photographs and comments may be published in school district publications: newsletters, web sites, social media, the yearbook, and/or in the news media or other forms of communication.

- Yes, I give consent for the release of my child's name, photograph and comments as explained above.
 No, I do not permit the release of my child's name or photograph.

SD22 Internet Access Agreement

School District No. 22 (Vernon)(the "School District") requires that parents/guardians provide a signed Consent, Waiver and Indemnity form if they wish their child to have access to the internet at school. Please read the Consent, Waiver and Indemnity Terms and Conditions and the SD22 Acceptable Use Policy and fill in the applicable portions of this form. A copy of the policy 3.16.0 is available online at www.sd22.bc.ca or from your child's school.

- Yes, I give permission for my child to have access to the internet.
 No, I do not give permission for my child to have access to the internet.

By signing this form, the student and their parent/guardian, indicate that they agree to make no claim of any type in the future against School District No. 22 (Vernon)(the "School District") resulting from the use of the Internet, and agree to indemnify the School District for claims made against the School District as provided in the Consent, Waiver and Indemnity Terms and Conditions.

For the Parent/Guardian

I have read the Consent, Waiver and Indemnity Terms and Conditions and the School District's Acceptable Use Policy carefully. I understand the benefits and risks of student access to the Internet and give permission for my child to have access to the internet at school on the conditions outlined therein.

Name/Relationship to student: _____

Signature: _____ Date: _____

For the Student

I have read the Consent, Waiver and Indemnity Terms and Conditions and the School District's Internet Acceptable Use Policy carefully and agree to abide by the conditions outlined therein.

Student Signature: _____ Date: _____

School and District Email Communication

Canada's Anti-Spam Legislation ("CASL") came into effect on July 1, 2014. As a result, we would like to ensure that we have your consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

- Yes, I CONSENT to receiving the above communications to my email address which I have provided below.
 No, I DO NOT CONSENT to receiving the above communications to my email address.

Email address: _____

Parent Advisory Council (P.A.C.)

On occasion, our school would like to have contact with parents to consult with them directly about school issues or meetings, or to plan school related activities. The school will normally make your name, home address and phone number or email as well as the student's name and grade available to the Parent Advisory Council, PAC members or others responsible for organizing these types of activities. Your personal information will not be disclosed directly to anyone for business or commercial purposes.

- Yes, I give consent for the release of my home address, phone number or email for the purposes explained above.
 No, I do not give consent for the release of my home address, phone number or email address.

Grade 8-12 Students only

All students participating in secondary athletics in Vernon need to be registered with BC School Sports. I authorize disclosure of my child's name, birthdate, current grade, year my child entered grade 8 and previous school to BC School Sports for registration purposes.

- Yes, I give consent for the release of my child's information to BC School Sports
 No, I do not give consent for the release of my child's information to BC School Sports

Photo Vendor

I understand that the school will provide my contact information/email address to the school photo company regarding student picture proofs.

- NO, I do NOT want my contact information/email address shared with the photo vendor.

Parent/Guardian signature: _____ Date signed: _____

This Access Agreement and Consent, Waiver and Indemnity Form is effective for the period the student is attending school in the School District unless revoked in writing by the student or their parent/guardian.