

# School District No. 22 (Vernon) Student Registration Form



OFFICE USE: Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

## STUDENT INFORMATION:

Legal Last Name:	Legal First Name:	Legal Middle Name:
Usual Last Name:	Usual First Name:	No Middle Name?
Gender at Birth: M F X	Gender identity: M F Non-Binary	Other (please list): _____
Date of Birth (mm/dd/yyyy):	Proof of age used: Birth Certificate	Passport Citizenship Paper
Has the student previously attended a school in BC? Y N	If yes, please name school:	
Last school attended:	Parent approval to request student file from previous school? Y N	
Primary Phone Number:	Student Email:	
Street Address:	City:	Postal Code:
Mailing Address (if different than above):	City:	Postal Code:
Has your child ever received: Learning Assistance / ELL Support / Counselling / Behavioural Support / My child has an IEP		

## KINDERGARTEN REGISTRATION ONLY:

Has the student ever attended a Strong Start program? Y N	If yes, please list name of Strong Start School:
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## CITIZENSHIP/IMMIGRATION STATUS:

Country of Birth:	Country of Citizenship:
Canadian Citizenship: Child Parent International Student (Funding Not Eligible)	
Permanent Residency: Child Parent	Expiry(mm/dd/yyyy):
Refugee Status: Child Parent	
Study/Work Visa Expiry Date: Y N	If yes, please provide expiry date (mm/dd/yyyy):
Exchange Student?: Y N	
Language Spoken at Home:	Language Most Used:
	First Language:

## INDIGENOUS SELF-DECLARING:

Self-declaring Indigenous: Y N	If yes: Inuit / Metis / Non-Status / Status Off Reserve / Status On Reserve
Band of Origin:	
I would like this self-declaring Indigenous Student to access Indigenous programs and services? Y N	

## SIBLINGS ATTENDING SCHOOL DISTRICT NO 22:

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

## LEGAL CUSTODY:

Both Parents / Shared Custody (separate homes) / Sole Custody / Legal Guardianship
<b>*Court documents MUST be provided for Sole Custody or Legal Guardianship</b>

**PARENTS/GUARDIANS:**

<b>Parent/Guardian #1:</b>	First Name:	Last Name:
Home Phone:	Cell Phone:	
Work Phone:	Email:	

<b>Parent/Guardian #2:</b>	First Name:	Last Name:						
Primary Phone:	Work Phone:							
Work Phone:	Email:							
Lives with student?	Y	N	Legal Guardian?	Y	N	Relationship:		
Address if different from student:						Can pick up student?	Y	N

<b>Parent/Guardian #3:</b>	First Name:	Last Name:						
Primary Phone:	Work Phone:							
Work Phone:	Email:							
Lives with student?	Y	N	Legal Guardian?	Y	N	Relationship:		
Address if different from student:						Can pick up student?	Y	N

<b>Parent/Guardian #4:</b>	First Name:	Last Name:						
Primary Phone:	Work Phone:							
Work Phone:	Email:							
Lives with student?	Y	N	Legal Guardian?	Y	N	Relationship:		
Address if different from student:						Can pick up student?	Y	N

**EMERGENCY CONTACT:**

<b>#1:</b> First/Last Name:	<b>#2:</b> First/Last Name:				
Relationship:	Relationship:				
Phone Number:	Phone Number:				
Can pick up student?	Y	N	Can pick up student?	Y	N

**MEDICAL INFORMATION:**

Life threatening allergies?	Y	N	Non-life-threatening allergies?	Y	N
If yes, please list:	Treatment:				

**SIGNATURE FROM BOTH PARENTS/GUARDIANS (required):**

<b>#1:</b>	<b>#2:</b>
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**OFFICE USE:**

Birth Certificate	BC Services Card	Court Order/Custody Agreement	Proof of Residence	Parent Citizenship document
Received: Student and Parent/Guardian Release of Contact Information form				
Received by: _____		Start date: _____	Admin Signature: _____	
Medical: (See Policy/Procedure 9.6.0 Students with Medical Needs) Appropriate form/safety plan completed?				
Y				
N				

**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(s): \_\_\_\_\_

**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](http://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.

**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 of relationship to 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.

**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

*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: \_\_\_\_\_

**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 signatures: \_\_\_\_\_ 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.*