

K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?

YES NO



FOR OFFICE USE ONLY: (Please ensure Proof of Age and Residency are provided and initial in allocated area)

CATCHMENT SCHOOL: _____ **Date:** _____ **STAFF INITIALS**

Information Verified By (Staff Name): _____

Current Year: Enrollment Date: _____ Grade: _____

Next Year: Date of Registration: _____ Time of Registration: _____ Current/Next Grade: _____

Cross Boundary: YES NO **If YES, Name of Cross Boundary School Requested:** _____

REGISTRATION DOCUMENTATION:

Proof of Age:	Proof of Residency:	Proof of Physical Address (<i>catchment area schools only</i>):
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License (if over 19)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Parent's Care Card <input type="checkbox"/> Parent's BC Services Card	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas <input type="checkbox"/> Cable OR <input type="checkbox"/> Phone Bill <input type="checkbox"/> Mortgage Statement

TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):

STUDENT INFORMATION:

LEGAL Name: _____
(Last Name) (First Name) (Middle Name)

USUAL Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ **Age:** _____ **Legal Gender:** M F / **Preferred Gender:** M F Other
(DD-MM-YYYY)

Phone(s)/Email: _____
(Student Home) (Student Cell) (Student Work – if applicable) (Student Email)

Address: _____
(Apt. #, Street Name) (City) (Province, Postal Code)

Mailing Address (if different from above): _____

CITIZENSHIP:

Country of Birth: _____ **Citizen of:** _____ **Immigration Status:** _____

LANGUAGE:

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

INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:

Inuit Metis Non-Status Status-Off Reserve Status-On Reserve

Band of Origin: _____ **Band of Residence:** _____

FORMER SCHOOL / STRONGSTART:

Name of Former School: _____ **School District #:** _____ **City:** _____

Has student ever attended a Mission School or StrongStart Program? NO YES: **School Name:** _____

MEDICAL:

Care Card Number: _____ **Doctor's Name:** _____ **Phone:** _____

Student has potentially life-threatening condition. **Provide Details:** _____

SPECIAL NEEDS or LEARNING CONSIDERATIONS:

Identified Special Needs / Learning Needs NO YES **Specify:** _____

Student currently has an Individualized Education Plan (IEP) NO YES: **If YES, Current Designations(s):** _____

Other Information: _____

PARENTS/GUARDIANS:**Parent/Guardian #1.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

Parent/Guardian #2.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

CUSTODY:Are there any legal documents in force re: Custody / Guardianship / Access? YES NOIf YES, have you provided the school with a copy of these legal documents? YES NO**CUSTODY-Agency Representative: (e.g., MCFD)** Continuing Custody Order Temporary Custody OrderIf YES, have you provided the school with a copy of these legal documents? YES NO**EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)****Contact #3.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Can Pick-Up? YES NO / Speaks English? YES NO**Contact #4.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Can Pick-Up? YES NO / Speaks English? YES NO**Contact #5.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Can Pick-Up? YES NO / Speaks English? YES NO**SIBLING INFORMATION:****Sibling #1.**

Relationship: _____ Last Name: _____ First Name: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____ School: _____

Sibling #2.

Relationship: _____ Last Name: _____ First Name: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____ School: _____

Sibling #3.

Relationship: _____ Last Name: _____ First Name: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____ School: _____

Sibling #4.

Relationship: _____ Last Name: _____ First Name: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____ School: _____

I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature (if student is under 19): _____ Date: _____

Network, Internet and Wi-Fi Access User Agreement Form for Students K – 12



The personal information on this form is collected by School District No. 75 (Mission) under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 826-6286.

Student Section

Student Name: _____ Div: _____

School: _____ Grade: _____

I have read *Administrative Procedure #210b: Network, Internet, and Wi-Fi Procedure for Students K-12* and I agree to follow the rules and regulations in the policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature: _____ Date: _____

Parent or Guardian Section

Students under the age of 19 must also have the signature of a parent or guardian who has read this agreement.

As the parent or guardian of the above-named student, I have read *Administrative Procedure #210b: Network, Internet, and Wi-Fi Procedure for Students K-12* and agree to abide by the provisions therein. I understand that network services are intended for educational purposes.

In consideration of the privilege of using the MPSD.CA Network, I hereby release the district, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the MPSD.CA Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Student Acceptable Use Policy and Regulations. I will emphasize to my child the importance of following the rules for personal safety and understand that it is impossible for the School District No. 75 (Mission) to restrict access to all controversial materials, and I will not hold School District No. 75 (Mission) responsible for materials acquired via its networks.

I give permission for _____ (name of student) to access the SD75.MISSION Network and/or the Internet and/ or Wi-Fi and certify that the information contained in this form is correct.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Home Address: _____ Phone: _____

This form will be retained at the office of the enrolling school of the student.

Photograph, Video, and Media Consent Form



File No. 1025.15

School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

Please complete the information below and return this form to your school.

Student names or images may be shared for the following purposes:

1. School yearbooks

<input type="checkbox"/>	YES , I consent for the release of my child's personal information for the prescribed purpose outlined above.
<input type="checkbox"/>	NO , I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

2. School and / or school district website, newsletter, social media sites, or videotaping in the classroom and / or during special events for presentation purposes.

<input type="checkbox"/>	YES , I consent for the release of my child's personal information for the prescribed purpose outlined above.
<input type="checkbox"/>	NO , I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

Student Name:
School:
Parent/ Guardian Name:
Parent/ Guardian Signature:
Date:

NOTE: Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

The information described above is collected in accordance with **Section 26 (c) (d) and (g)** of the *Freedom of Information and Protection of Privacy Act*. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator.

This form was last revised: **September 24, 2021**

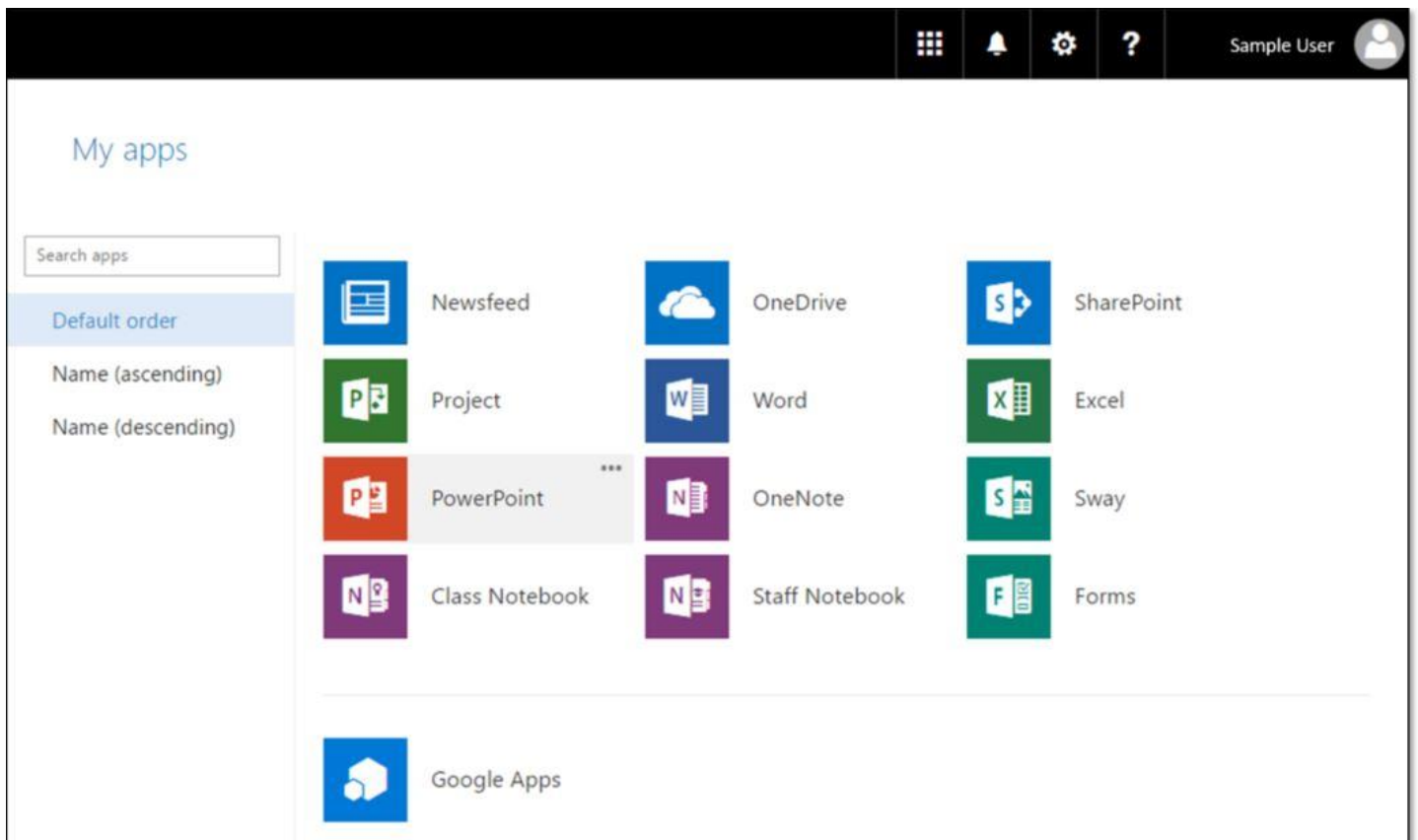
Mission Public Schools Privacy Officer: Angus Wilson and Corien Becker
Mission Public Schools Privacy Coordinator: Ilona Schmidt
Email: info.sd75@mpsd.ca

What is Office 365

Office 365 Education is a collection of services that allows you to collaborate and share your schoolwork. It's available for free to teachers who are currently working at an academic institution and to students* who are currently attending an academic institution. The service includes Office Online, and OneDrive online file storage. This service also allows teachers and students to install the full Office applications on up to **5 PCs or Macs for free**.

Students MUST have parent permission granted for Office 365

This form is initially completed at Kindergarten entry or by new students to Mission, and when a student is transitioning from Elementary to Middle, and Middle to Secondary School.



Dear Parent/Guardian:

Students will be provided with personal user accounts to create and manage their school assignments through Office 365.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

_____, School Principal

School Address and Contact Information:

Consent:

Office 365 - I have read the above information from _____ School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *Office 365* is to enable opportunities to create and manage school assignments. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided.

I consent to my child using *Office 365*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *Office 365* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed and must be completed another time when the student transitions to the next education level**. I also hereby acknowledge that I have read and understood the above information on *Office 365*.

Print Name of Student

Grade

Date

Signature of Parent or Guardian

Date

**For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

This form must be returned, signed and dated, to the student's school so that an *Office 365* account can be created.

Consent Form *All About Me*

Dear Parent/Guardian:

_____ School will be using All About Me which is a product of myBlueprint. Students in grades K-6 will be provided with personal user accounts to engage in the process of learning, reflection, and self-discovery with a digital portfolio. This form is initially completed at Kindergarten entry or by new students to Mission.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

_____ -School Principal
School Address and Contact Information:

Consent:

myBlueprint - I have read the above information from _____ School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of this service is to enable digital tools for students to explore education. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I also recognize that I may be invited to view my child's work in My Blueprint and as a guest I will be respectful of not sharing classroom photos that may be posted by my child.

I consent to my child using *myBlueprint*

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *myBlueprint* may be accessed by the student's teachers, school based administrator and you as the invited parent.

I also hereby acknowledge that I have read and understood the above information on the use of All About Me and myBlueprint. This consent will be considered valid **from the date at which it is signed.**

Print Name of Student

Grade

Date

Signature of Parent or Guardian

Date

**For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

This form must be returned, signed and dated, to the student's school so that *All About Me* portfolio can be activated for the student named above.

Consent Form *My Blueprint*

Dear Parent/Guardian:

_____ School is going to be using *My Blueprint* as a Career Education Resource. Students will be provided with personal user accounts for career education purposes. This form is initially completed at Kindergarten entry or by new students to Mission, and when a student is transitioning from Elementary to Middle, and Middle to Secondary School.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

_____ -School Principal
School Address and Contact Information:

Consent:

My Blueprint - I have read the above information from _____ School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *My Blueprint* is to enable opportunities to explore career education. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I also recognize that I may be invited to view my child's work in *My Blueprint* and as a guest I will be respectful of not sharing classroom photos that may be posted by my child.

I consent to my child using *My Blueprint*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *My Blueprint* may be accessed by the student's teachers, school based administrator and you as the invited parent.

I also hereby acknowledge that I have read and understood the above information on the Use of *My Blueprint*. This consent will be considered valid **from the date at which it is signed**.

Print Name of Student

Grade

Date

Signature of Parent or Guardian

Date

**For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

This form must be returned, signed and dated, to the student's school so that a *My Blueprint* account can be activated for the student named above.



E.S. RICHARDS ELEMENTARY
ARTS BASED CURRICULUM SCHOOL



Edwin S. Richards Elementary Walking Permission Form

Sometimes during the school year our students may participate in supervised field studies or activities that are within walking distance from the school (an example is the Terry Fox Run/Walk).

In order for your child to take part in any of these activities, we need to have your written permission on file.

Please complete the form below for this purpose.

Yes, I give permission for my child _____ to participate in
(Student's Name)
events that can be reached by a short walk from E. S. Richards Elementary,
as mentioned above.

Parent/Guardian Name

Date

Parent/Guardian Signature



Date: December 1, 2021



We are pleased to announce that our school has been accepted into the BC School Fruit and Vegetable Nutritional Program (Administered by the BC Agriculture in the Classroom Foundation and supported by Healthy Families BC).

Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh BC fruits and vegetables to our students *during class time*. Our students will receive these healthy treats 13 times over the school year at **no charge!**

For schools with K-2 grades, there is also the option to have milk delivered along with the fruit and veggies, again, at **no charge** (A percentage of +Milk delivery will be fortified soy beverage for people with lactose sensitivities).

To ensure every student's health and safety please return this reverse consent form **ONLY** if you do **NOT** wish your child to participate **AND/OR** if you need to alert us to certain **FOOD ALLERGIES**.

Student's Name: _____

Teacher's Name & Division No. : _____

Grade: _____

NO I do not wish my child to participate in the BC School Fruit and Vegetable Program +Milk (as applicable).

MEDICAL ALERT My child has food allergies you need to be aware of and therefore he/she may not be able to participate in every offering. To assist you, below is information on my child's "allergy profile".

Please list allergy(s) and define allergy profile(s):

For Example:

- It is airborne
- It is by ingestion only
- It can be contracted through touch – the skin

If you need further guidance in this area, please contact me at: _____

Parent/Guardian's Name: _____
(please print)

Signature: _____



Siwal Si'wes (Our forefathers' teachings)
Indigenous Education, School District 75 (Mission)

32444 7th, Avenue, Mission, B.C. V2V 2B5
(Tel) 604-826-3103 (Fax) 604-820-2850

Parent/Caregiver Consultation Form

DATE: _____ INITIALS: _____

To Parents/Caregivers of children with Indigenous Ancestry in Mission Public School District 75. This includes children of First Nations (Status/Non-Status), Métis and/or Inuit ancestry.

Siwal Si'wes offers academic and cultural support for students to participate in while attending Mission Public Schools. The programs are provided in accordance with the Ministry of Education Guidelines for Indigenous Education and in consultation with our Siwal Si'wes Indigenous Advisory Council.

The Siwal Si'wes Indigenous Department of SD75 provides the following types of supports for children and youth of Indigenous ancestry attending SD75 schools, and includes but is not limited to cultural, social-emotional, healthy living, attendance support and classroom (academic) supports.

These supports are provided through an Indigenous lens and can happen in the classroom, or in small groups or individually (one-on-one), depending on the needs of the child and vision of the school.

All schools are staffed with a Siwal Si'wes Indigenous Support Worker who is an active school team member. This person liaises and collaborates with school staff (including teachers, counselors, youth care workers and administrators), and parents and caregivers, all with the best interest of the child and/or youth at front and centre. With parent permissions, they liaise with local community service/outreach organizations many of whom who provide supports specifically for Indigenous children, youth and families.

Please complete this form and return it to your child's school. One completed form per family is necessary. Please list all children and their school on one form.

<u>Name of Child</u>	<u>School</u>	<u>Specific Ancestry/Band Affiliation</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

My child(ren), above, has/have Indigenous Ancestry and my signature indicates that I have been consulted regarding the Siwal Si'wes Indigenous Program of SD75.

1. Consultation by email: _____ (*email address*) Date: _____
 see attached email confirmation
2. Consultation by phone: _____ (*phone number*) Date: _____
 as per _____ (*name of parent/caregiver*)
3. Consultation In-Person: Parent/Caregiver Signature: _____ Date: _____
4. Refusal of program (*attach documentation*) Date: _____
 Notes: _____

Consultation Date:	Consultation Date:	Consultation Date: