



Student Registration Form

Success for ALL Learners ~ Today and Tomorrow

IMPORTANT INFORMATION: All information provided on this form is collected under the authority of the *School Act, Section 13 and 79*. The information provided will be used for educational programs and administration purposes, and when required, may be provided to health services, social services or support services as outlined in *Section 79(2) of the School Act*. The information collected on this form will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act* and the *School Act*. If you have any questions about the information recorded on this form, please contact your school Administrator.

SCHOOL:

STUDENT INFORMATION	PROPERTY PHYSICAL ADDRESS
Legal Last Name:	Street # & Name:
Legal First Name:	Apt #: Lot #:
Usual Last Name:	Municipality:
Preferred First Name:	Province: Postal Code:
Middle Name:	
Gender Identity (Please circle one): Male / Female	MAILING ADDRESS
Birthdate: Age:	Box #:
Proof of Age (eg; Birth Certificate)	Municipality:
Home Phone:	Province: Postal Code:

PREVIOUS SCHOOL INFORMATION

Name:	Grade:	IEP(Individualized Education Plan): Y / N
Address:	Phone:	
Municipality:	Teachers Name:	
Province:	Postal Code:	

IMMIGRATION STATUS

Country of Birth:	Date of Entry to Canada:
Citizenship:	Visa Expiry: Study Permit:
First Language:	Language Spoken at Home:

PARENT/GUARDIAN

1) Relationship to Student:	2) Relationship to Student:
Last Name:	Last Name:
First Name:	First Name:
Home Phone Number:	Home Phone Number:
Are you living with Student: Y / N (Please circle) If no above, please indicate your address:	Are you living with Student: Y / N (Please circle) If no above, please indicate your address:
Are you an Emergency Contact: Y / N (Please circle)	Are you an Emergency Contact: Y / N (Please circle)
Place of Employment:	Place of Employment:
Work Phone: Cell Phone:	Work Phone: Cell Phone:
Can we call you at work: Y / N (Please circle)	Can we call you at work: Y / N (Please circle)
Email Address:	Email Address:

LEGAL CUSTODY (Please indicate if there are any legal custody issues for this student) Y / N ****See note below**

Custody: (eg; Sole, Joint)	Custody: (eg; Sole, Joint)
Court Access to Child: Y / N (Please circle)	Court Access to Child: Y / N (Please circle)

****PLEASE NOTE:** In the case of custody issues please ensure that your school Principal is made aware of custody and access information relevant to your child and that legal documentation is provided (if applicable). These issues may be discussed with the Principal at any time and will be kept confidential within the school.



School District 58 (Nicola-Similkameen)

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ADDITIONAL EMERGENCY CONTACTS	
1) Last Name:	2) Last Name:
First Name:	First Name:
Relationship:	Relationship:
Address:	Address:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

MEDICAL INFORMATION - <i>Please find medical forms below</i>			
Doctors Name:	Phone:	Care Card #:	
a) Allergies to:		Life Threatening?	Y / N
b) Health Conditions:		Life Threatening?	Y / N
c) Medication Required:		Taken while at school?	Y / N
If you answered a,b,c above you are required to fill out <i>Medical Alert Planning Form</i>, and if applicable, <i>Request for Medication Administration in School Form</i>.			

SIBLINGS			
1) Last Name:		2) Last Name:	
First Name:		First Name:	
School:	Gender Identity: M / F	School:	Gender Identity: M / F
Age:	Grade:	Age:	Grade:
3) Last Name:		4) Last Name:	
First Name:		First Name:	
School:	Gender Identity: M / F	School:	Gender Identity: M / F
Age:	Grade:	Age:	Grade:

ANCESTRY INFORMATION (Please circle as applicable)				
First Nations Ancestry: Y / N	Status: Y / N	Non-Status: Y / N	Metis: Y / N	Inuit: Y / N
	Band Name:		Band Number:	
Living on Reserve: Y / N	Band of Residence:		DIA#:	
Permission for release information to Band of Residence? Y / N				
Permission to provide Aboriginal support services to Indigenous student? Y / N				

Canada's anti-spam legislation is in force effective July 1, 2014. As a result, the Nicola-Similkameen Board of Education would like to ensure we have your consent to send you newsletters, announcements and other messages which may contain advertising or promotions including field trips, fundraising, yearbooks, student pictures, or similar events. If you wish to continue to receive these communications from your school, please sign here _____ . You may withdraw your consent at any time by advising the school or district. If you have any questions, please contact the principal of the school your child attends.

I, (print name) _____, certify that the information on this form is correct.

Parent/Guardian Signature

Date



School District No. 58 (Nicola-Similkameen)

Parent/Guardian Consent Form

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IMPORTANT INFORMATION FOR PARENTS/GUARDIANS: Please review, authorize and return this form to your child’s teacher immediately. All information provided on this form is collected under the authority of the *School Act, Section 13 and 79 and/or Ministerial Order M152/89*. The information provided will be used for educational programs and administration purposes, and when required, may be provided to health services, social services, support services, or the Ministry of Education’s data services as outlined in *Section 79(2) of the School Act*. The authorizations collected on this form will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act* and the *School Act*. This authorization will be updated on an annual basis for a 12 month term commencing October 1 – September 30. If you have any questions or concerns regarding this form, please contact your school Principal.

STUDENT INFORMATION

Last Name:	
First Name:	
Grade:	School:
Teacher:	
Parent Email:	

(Detailed information regarding these agreements are provided on the following pages of this form.)

I GIVE MY CONSENT for my son/daughter’s school, in School District No.58 (Nicola-Similkameen), to publish photographs and/or personal information (name, age, grade), about my child for celebration of his/her successes and passages in school. This may include (but not limited to) newsletters, district and school websites, Facebook, Twitter, hallway displays, etc.

I GIVE MY CONSENT to receive email from school administration and teachers. Also other electronic communication such as newsletters, field trip information, and other school and community related information from the school or district.

I AGREE THAT I will explain the “Technology: Acceptable Use Agreement” policy to my child and encourage them to follow the requirements. I will assure that my child understands that if they violate this agreement, it may result in the loss of use of technology and/or access to the internet.

I GIVE PERMISSION for release of my home address, e-mail and phone number to the **Parent Advisory Committee** for contact purposes which represents the parents of the school engaging in educational programs and sometimes fundraising.

Parent/Guardian Signature

Date



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FREEDOM of INFORMATION and PROTECTION of PRIVACY ACT - FIPPA

The Freedom of Information and Protection of Privacy Act (FIPPA), proclaimed in October 1993, was extended to local public bodies such as schools in the Fall of 1994.

- The purpose of the Act is to promote the general principles that provincial government information should be available to the public, and that personal information respecting individuals being held by government (including educational bodies) should not be improperly disclosed.
- With this in mind, please read the following statement with respect to the information the school collects about yourself and your child.
- We require your permission to use information about your child from time to time in celebrating his/her successes in school. For example
 - displaying photograph(s) and/or information regarding your child;
 - on a bulletin board/newsletter/brochure, school year-book
 - in the local newspaper
 - posting birthday announcements in the school
 - posting on the School District website and/or social media sites
 - using video conferencing and/or creating/posting/displaying digital media projects all require that we have your permission to do so.

CANADA'S ANTI SPAM LEGISLATION - CONSENT

Canada's anti-spam legislation is in force effective July 1, 2014. As a result, the Nicola-Similkameen Board of Education would like to ensure we have your consent to send you newsletters, announcements and other messages which may contain advertising or promotions including field trips, fundraising, student pictures, or similar events electronically. Your signature indicates that you wish to receive these electronic communications from your school. You may withdraw your consent at any time by advising the school or district. Please call your school or the district office if you have questions.

TECHNOLOGY: ACCEPTABLE USE AGREEMENT

(Policy E-3 – Internet Access and Use)

The use of technology in School District No. 58 (Nicola-Similkameen) is a privilege. Access to technology and the internet requires personal responsibility, and therefore by signing the consent form, you are agreeing to:

- Responsible use of technology at all times
- Respect for other's personal information
- Abide by Copyright Laws (I will get permission from the original author to use graphics or any copyrighted works)
- Abide by Plagiarism Laws (I will not copy information and claim it as my own)
- Abide by the school Code of Conduct
- Abide by *Policy E-3- Internet Access and Use*
- Never use the school's technology for unethical, inappropriate or illegal activities

Please read *Policy E-3- Internet Access and Use* (on the district website) and the "*Technology: Acceptable Use Agreement*" for your child. Although School District No.58 (Nicola-Similkameen) has taken precautions to reduce access to controversial materials or information on the internet, restriction to all such materials or information cannot be guaranteed and you cannot hold School District No. 58 (Nicola-Similkameen) responsible for such access.

Technology and internet access in School District No. 58 (Nicola-Similkameen) is to be used for educational and/or research purposes. Any violation of this agreement may result in the loss of use of technology and/or access to the internet and that further disciplinary action may be taken.

If you have any questions, please contact the Principal of the school your child attends.

Parents/Guardians have the right to revoke the above permissions at any time by contacting the school and completing an updated form.



School District No. 58 (Nicola-Similkameen)

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Media and Website Consent for Storage and Access of Information

Dear Parent/Guardian,

An important part of our class work this year will involve using Internet-based tools and apps to create and share our learning. Many tools require your child to create a personal account, using their School District provisioned email account. Please note that your child will use Internet-based tools for both classroom activities and homework assignments, and may continue to hold accounts after our coursework is completed.

Your written consent to your child's use of Internet-based tools is required by British Columbia's Freedom of Information and Protection of Privacy Act (FIPPA). If you choose not to provide your consent for your child's use of Internet-based tools, your child will not be penalized in any way and alternate activities and forms of sharing their learning will be provided, as appropriate.

It is important to be aware that some of the Internet-based tools noted below are online services hosted outside of British Columbia and possibly Canada. While stored outside the country, information in your child's accounts may be subject to the laws of foreign jurisdictions, including, in the United States, the USA Patriot Act. Be assured that the school district analyzes all services to ensure they have the best possible security measures for the storage of our students' data.

To support their overall learning in literacy & numeracy, to explain and document their learning, and to store and manage assignments and other information, students may be using the following software/apps which function fully within Canada: Microsoft Office 365 (including OneDrive cloud storage, email, office, teams and Minecraft), FreshGrade, MyBlueprint, and Matific (while currently in the US, all Matific information will be stored in Canada only as of November 2017).

In addition, students may also have access to the following software/apps which could store data outside of Canada (including the US): Learning A-Z/Raz Kids, Reflex Math, IXL Math and Code.org.

I understand that the information my child's teacher and my child may create and store for Office 365, FreshGrade, MyBlueprint and Matific will be stored and accessed within Canada, and I hereby consent, on behalf of me and my child, to my child's use of this software for this school year.

I understand that the information my child's teacher and my child may create and store for Learning A-Z/Raz Kids, Reflex Math, IXL Math and Code.org could be stored in or accessed from a location outside of Canada, and I hereby consent, on behalf of me and my child, to my child's information identified above being stored in, or accessed from, a location outside of Canada.

Signature of Parent or Guardian

Signature of Student (if over 13)

Print Name

Print Student Name and Grade

Date

Date



School of Record Grade 10 to 12 Student Learning Plan (SLP)

All Grade 10-12 students are required to have a **signed learning plan** to participate in a distributed learning program. If you would like to discuss your course selection you can phone our office and speak with an advisor.

FOR A SUMMARY OF THE NEW GRADUATION PROGRAM REQUIREMENTS, [CLICK HERE](https://www2.gov.bc.ca/gov/content/education-training/k-12/support/graduation/certificate-of-graduation) (or check <https://www2.gov.bc.ca/gov/content/education-training/k-12/support/graduation/certificate-of-graduation>)

Please complete all fields.

Student Name:	<i>first name</i>	<i>last name</i>
Grade:		
Post-Secondary plans:		
Anything that affects your schoolwork (<i>job, sports, IEP, unique learning style, etc.</i>):		

Parent/Guardian name:	
Relationship to student:	
Parent/Guardian email:	
Best Phone #:	

Enrolling with SCIDES full time and taking most courses with us (SCIDES is school of record)

Program plans for this year (SLP):

Course Name:	Grade:	Planned Start Date: (or indicate semester 1 or 2)

Refer to the Course Outline for each course. This includes: 1. Big Ideas 2. Curricular Competencies and Content 3. Learning Resources 4. Assessment Strategies and Standards of Performance

Signature of student and/or parent or guardian: _____

Date: _____

(digital signature is okay - typing in your name constitutes a valid signature)