



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

SCIDES Responsibilities Agreement

**Note that the following are required expectations of enrollment with SCIDES.
Please sign below to signify you have read and understood these expectations.**

Student Full Name: _____

PARENT/HOME FACILITATOR:

- Collaboratively develop the Student Learning Plan in cooperation with SCIDES teachers
- Support student learning by participating in parent/teacher/student conferences
- Communicate regularly with your SCIDES teacher(s)
- Monitor student progress in relation to course goals, timelines, and course expectations
- Ensure evidence of work is submitted regularly for assessment to the SCIDES teacher(s)

STUDENT:

- Work closely with the Home Facilitator and SCIDES staff
- Collaboratively create your Student Learning Plan in cooperation with SCIDES teacher(s)
- Actively participate in coursework
 - review course materials regularly and submit assignments at least biweekly
 - Communicate regularly with your teacher(s)
 - execute goals, pacing schedules, and course expectations
- Complete assignments to the best of your ability and ask for help when needed
- Treat SCIDES course materials with respect

SCIDES TEACHER:

- Collaboratively develop the Student Learning Plan in accordance with BC Ministry of Education program requirements
- Communicate appropriate goals, pacing schedules, and course expectations
- Provide and/or pre-approve learning resources to meet the Student Learning Plan
- Deliver the curriculum through online platforms and personal interactions
- Engage students in ways which respect individual student needs including those with Special Education designations
- Assess student work and provide feedback and progress reports in a timely manner
- Provide support and guidance to the Home Facilitator
- Ensure ongoing communication with parents, counselors, school contacts and students,
 - May include home visits, video conferencing, email, telephone, and onsite visits

Parent or Guardian Signature

Grade 4 Student Learning Plan

2019-2020 School Year

SCIDES Elementary Program

Student Full Name: _____

Grade: 4

The program outlined here indicates the student's commitment for the current school year. SCIDES commits itself to collaborating with parents/guardians to develop a learning plan that supports the BC Ministry of Ed. curriculum, assessing and reporting on student progress, providing help and support, and supplying course materials.

Educational Plan

Integrated Language Arts/Science/Social Studies, PE&Heath/Career/Art/ADST:		
Sept - Nov	Dec - Mar	April - June
Module 1 -Say Hello!	Module 3 - Tales & Traditions	Module 5 - Canadian Adventures
Module 2 -Look Around	Module 4 - Whatever the Weather	Module 6 - Fractured Plights, Sound & Light
Math Units:		
Math Units 1, 2	Math Units 3, 4	Math Units 5, 6

Assessment: Teacher assessed Integrated Language Arts module work, face to face, or technology assisted teacher assessment throughout the year, as required by teacher.

Adaptations/supplements: Modules or assignments may be replaced by teacher approved Project Based Learning Activities. Please ask your teacher about this if you are interested.

Improving Student Success

To help ensure success, students are strongly encouraged to set and follow a daily school schedule, set short term goals, develop and follow timelines for assignment submissions, and keep their work and work area organized. Students should aim to submit work from the core subjects every two weeks, at the very least.

Agreement

I have discussed the courses that my child will be taking, and I understand the Educational Plan that has been set out above. It is my intention to support my child to complete this Educational Plan to the best of their ability. I understand this Educational Plan may be adjusted as circumstances may change throughout the year.

Signatures

Parent/Guardian

Date

SCIDES Teacher