REGISTRATION FORM – SECONDARY AND CONTINUING EDUCATION

FOR SCHOOLS IN SCHOOL DISTRICT NO. 91 (NECHAKO LAKES)

Related Policy: Policy No. 501.1 – School Attendance Area; Policy No. 501.4 – Ordinarily Resident

Registration Date: _____

Student Information:

Legal First Name: _____

Legal Middle Name: _____

Legal Last Name: _____

Usual First Name: _____

Usual Last Name: _____

What is your gender identity? ***

☐ Female ☐ Male ☐ Non-Binary ☐ Prefer not to answer

Does your gender identity align with your sex assigned at birth?

☐ Yes ☐ No ☐ Prefer not to answer

Date of Birth: _____ *(dd-mmm-yyyy)*

Home Phone No.: _____

Unlisted: ☐ Yes ☐ No

For EBUS or Continuing Education Students (adult):

Cell Phone No.: _____

e-mail: _____

Work Phone No.: _____

****We are asking for and collecting information about gender identity so we can better serve the richness and diversity of the student population, especially vulnerable parts of the community. The school district strives to improve our spaces, programs, and interaction informed by robust data. We ask for gender in a two-step process based on emerging best practices. We recognize that for some of our students, their gender identity does not align with their sex assigned at birth. Please feel free to ask our staff about questions you may have regarding this issue.*

Citizenship

Country **or** Province of Birth: _____

Country of Citizenship: _____

Physical Address

Street Name and No.: _____

Town/Prov.: _____

Postal Code: _____

Out of Catchment: ☐ Yes ☐ No

Regular Catchment School: _____

If Yes, complete a "Request for Attendance Outside Catchment Application" form

Bus Student: ☐ Yes ☐ No

If Yes, contact the Transportation Department

Mailing Address

☐ Same as Physical Address

P.O. Box No.: _____

Town/Prov.: _____

Postal Code: _____

Enrollment Information

Reason (for admission): _____

Grade: _____

Previous School: _____

Previous District: _____

Cross-Enrolled School: _____

Language and Culture

Home Language: _____

Language Most Used: _____

Aboriginal Ancestry: ☐ Yes ☐ No

☐ Inuit ☐ Metis ☐ Non-Status ☐ Status

Band of Origin: _____

Living on Reserve: ☐ Yes ☐ No

Band of Residence: _____

Legal Alerts

Do you have a specific custody arrangement we should know about? ☐ Yes ☐ No

If yes, please provide a copy of the Court Order.

Comments: _____

Life-Threatening Medical Alerts

Life-Threatening Medical Alert Condition: ☐ Yes ☐ No ***If yes, complete a 'Student Medical Alert' form***

Life-Threatening Anaphylaxis Condition: ☐ Yes ☐ No ***If yes, complete a 'Student Emergency Anaphylaxis Plan' form***

Other Alerts

Health Concerns (non-life threatening): _____

_____

Medication Required: ☐ Yes ☐ No ***If yes, refer to 'Policy 504.5 – Administration of Medication' for requirements***

Comments: _____

Other Family Information: _____

Other Information: _____

_____

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
Legal First Name: _____	Legal First Name: _____
Legal Last Name: _____	Legal Last Name: _____
Usual First Name: _____	Usual First Name: _____
Usual Last Name: _____	Usual Last Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone No.: _____	Home Phone No.: _____
Unlisted: ☐ Yes ☐ No	Unlisted: ☐ Yes ☐ No
Cell Phone No.: _____	Cell Phone No.: _____
e-mail address: _____	e-mail address: _____
Place of Employment: _____	Place of Employment: _____
Work Phone No.: _____	Work Phone No.: _____
Available at work: ☐ Yes ☐ No	Available at work: ☐ Yes ☐ No
Living with Student: ☐ Yes ☐ No	Living with Student: ☐ Yes ☐ No
Same as Student's Address: ☐ Yes ☐ No	Same as Student's Address: ☐ Yes ☐ No
Physical Address:	**Physical Address:**
Street Name and No.: _____	Street Name and No.: _____
Town: _____	Town: _____
Postal Code: _____	Postal Code: _____
Mailing Address:	**Mailing Address:**
Same as Physical Address: ☐ Yes	Same as Physical Address: ☐ Yes
P.O. Box No.: _____	P.O. Box No.: _____
Town/Prov.: _____	Town/Prov.: _____
Postal Code: _____	Postal Code: _____
☐ Receive mailing	☐ Receive mailing
☐ Receive email	☐ Receive email
☐ Can pick up student	☐ Can pick up student
☐ Would like to Volunteer _____	☐ Would like to Volunteer _____
If yes, refer to 'Policy 1002.3 – School Volunteers/Coaches'	***If yes, refer to 'Policy 1002.3 – School Volunteers/Coaches'***

Siblings
(in school – K-12)

	Sibling 1	***Sibling 2***	***Sibling 3***	***Sibling 4***
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____

Emergency Contact Information
(minimum of 1 required)

First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone No.: _____	Home Phone No.: _____
Unlisted: ☐ Yes ☐ No	Unlisted: ☐ Yes ☐ No
Cell Phone No.: _____	Cell Phone No.: _____
Email: _____	Email: _____
Place of Employment: _____	Place of Employment: _____
Work Phone No.: _____	Work Phone No.: _____

STUDENT PHOTOGRAPH/VIDEO/AUDIO AND MEDIA CONSENT FORM

Related Policy: Policy No. 604.2 – Student Photograph/Video/Audio and Media Consent

To Be Completed by Parents/Guardians and Students (13 years and older)

Please complete and return to your school

In accordance with the *BC Freedom of Information and Protection of Privacy Act*, School District No. 91 (Nechako Lakes) is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the schools' and/or School District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

For example, student names and/or images may be used in:

- School and School District communications such as newsletters, brochures and reports;
- School yearbooks;
- School and School District websites, social media sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to school-related events);***
- Videos, CDs and DVDs designed primarily for educational use.

****Please note that school and district staff cannot control news media access and photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.*

☐ **I DO GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above. I understand that images posted on the internet may be stored and accessed outside of Canada.

☐ **I DO NOT GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above.

School: _____

Student's Full Name: _____

Student's Signature *(students 13 years and older)*: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Student Photograph/Video/Audio and Media Consent Form – Revised: January 30, 2017

If required:

LOCKER AGREEMENT

Related Policy: Policy No. 502.3 – Student Rights and Responsibilities for Locker Use

To Be Completed by Parents/Guardians AND Students

I hereby agree that my child _____ will use his/her locker only for accepted school-related activities and that it may be inspected by the Principal/Vice Principal or other person in authority with the Principal/Vice Principal at any time without notice. My child and I have discussed both this agreement, and his/her obligation to use the locker only for accepted school-related activities.

_____ Signature of Parent

_____ Signature of Student

Permissions

I Permit:

- the School to send email and auto-dialer calls;
- my child to access the Internet to support their education as per '*Policy 604.1 – Digital Technology*';
- my child to participate in local field trips;
- the School to disclose contact information to the Parent Advisory Council for the purpose of school-related communications;
- my child to be transported in a medical emergency;

and acknowledge:

- that schools have the obligation and right to share demographic information with Provincial Health and Social Services agencies; and,
- that schools have the responsibility to investigate all threat making behaviour.

☐ **I have signed the 'Student Photograph/Video/Audio and Media Consent' form** *(page three of the registration form)*

If required,
☐ **I have signed the 'Locker Agreement' form** *(page three of the registration form)*

_____ _____
Parent/Guardian Signature *Date*

If required as per custody arrangement:

_____ _____
Parent/Guardian Signature *Date*

Note: If you take exception to any of the above, please discuss your objections with the Principal/Vice Principal.

****** For School Bus Registration parents/guardians must contact the Transportation Department directly ******

School District No. 91 (Nechako Lakes) adheres to provincial Freedom of Information and Protection of Privacy Legislation.

To be Completed by the School Administrative Assistant

ID provided for Proof of Age: _____ ☐ Copy attached
(i.e. birth certificate, passport, status card)

If required,
Proof of Residency: _____ ☐ Copy attached
(See 'Policy 501.4 – Ordinarily Resident' for a list of allowable documents)

☐ Copy of Student's Care Card attached

☐ Registration form signed by parent/guardian *(page 4)*

☐ Student Photograph/Video/Audio and Media Consent form signed by parent/guardian *(page 3)*

Provided Parent/Guardian with: ☐ directions to access the Codes of Conduct on-line **OR**
☐ a paper copy of the District Code of Conduct for Students and School Code of Conduct

English Language Learner (ELL)? ☐ Yes ☐ No

Is the student from outside the district? ☐ Yes ☐ No
If yes, complete and send a 'Out-of-District File Request' form to previous school
☐ Have parents/guardians sign the 'Out-of-District File Request' form in case there are confidential files

Is the student from another school within our district? ☐ Yes ☐ No
If yes, complete and send a 'In-District File Request' form to previous school *(parental signature not required)*

School Administrative Assistant: _____ _____
Name *Date*