

SCHOOL DISTRICT NO. 22 (VERNON) REGISTRATION FORM

School:	Grade:	Date Start (MMDDYYYY):
Has student ever attended Strong Start Program?	<input type="radio"/> Yes <input type="radio"/> No	Where?
Last school attended		School Name:
School City:	School Phone:	School Fax:

STUDENT INFORMATION

Birth Certificate:		<input type="checkbox"/> Copied	Care Card:		<input type="checkbox"/> Copied
Usual Last Name:		Usual First Name:		Usual Middle Name:	
Legal Last Name:		Legal First Name:		Legal Middle Name:	
Gender:	<input type="radio"/> Female <input type="radio"/> Male	Birth Date (MMDDYYYY):		Birth Place:	
Student E-mail:		Phone #:	<input type="checkbox"/> Is this long distance?	Phone Unlisted?	<input type="radio"/> Yes <input type="radio"/> No
House Address:			City:		Postal Code:
Mailing Address:			City:		Postal Code:
Aboriginal Ancestry:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you want your child to have access to Aboriginal programs and services?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Status <input type="radio"/> Non-Status
<input type="radio"/> Inuit <input type="radio"/> Metis	Living on Reserve:		<input type="radio"/> Yes <input type="radio"/> No	Band #:	Band Name:
Language Spoken:	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Student VISA	<input type="checkbox"/> Exchange Student	Other:
Has your child received?	<input type="checkbox"/> Yes: Learning Assistance	<input type="checkbox"/> Yes: ESL support	<input type="checkbox"/> Yes: Counselling	<input type="checkbox"/> Yes: Behavioural Support	<input type="checkbox"/> Yes: Gifted/Enrichment

PARENT(S)/GUARDIAN(S) INFORMATION - LIVING WITH STUDENT

Legal Parent:		<input type="radio"/> Yes <input type="radio"/> No	Legal Parent:		<input type="radio"/> Yes <input type="radio"/> No
Relationship:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Relationship:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
Last Name:		First Name:		Last Name:	
Home Phone:		Cell Phone:		Home Phone:	
Employment:			Employment:		
Work Phone:		Extension:		Work Phone:	
E-mail:			E-mail:		
1st Emergency Contact:	<input type="radio"/> Yes <input type="radio"/> No	If no, what order of contact?	2nd Emergency Contact:	<input type="radio"/> Yes <input type="radio"/> No	In no, what order of contact?

CUSTODY (For Separated/Divorced Parents) Non-custodial parents are entitled to access students, records, and school personnel unless legal documents are provided

Custody: <input type="radio"/> Joint <input type="radio"/> Sole		Whom?	Guardianship: <input type="radio"/> Joint <input type="radio"/> Sole		Whom?
Legal restrictions regarding access: <input type="radio"/> Yes <input type="radio"/> No			If Yes , copy of legal documents must be provided		

PARENT(S)/GUARDIAN(S) INFORMATION - NOT LIVING WITH STUDENT

Legal Parent:		<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Joint Guardianship	Legal Parent:		<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Joint Guardianship
Relationship:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			Relationship:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		
Last Name:		First Name:			Last Name:		First Name:		
Home Phone:		Cell Phone:			Home Phone:		Cell Phone:		
Employment:					Employment:				
Work Phone:			Extension:		Work Phone:			Extension:	
E-mail:					E-mail:				
House Address:					House Address:				
City/Postal Code:					City/Postal Code:				
3rd Emergency Contact:	<input type="radio"/> Yes <input type="radio"/> No	If no, what order of contact?			4th Emergency Contact:	<input type="radio"/> Yes <input type="radio"/> No	If no, what order of contact?		

ALTERNATE / EMERGENCY CONTACTS (Not a parent or guardian)		
Last Name:	First Name:	Relationship
Phone Number:	Alternate Phone:	Emergency, what order of contact?
Last Name:	First Name:	Relationship:
Phone Number:	Alternate Phone:	Emergency, what order of contact?

MEDICAL INFORMATION		
Doctor:	Phone:	<input type="checkbox"/> Immediate Attention:
Medical Concerns:		<input type="checkbox"/> EPI Pen Required

DAYCARE CONTACT INFORMATION		
Daycare Name:	Contact:	Phone:
Address:	Regarding Emergency, what order of contact?	

SIBLINGS ATTENDING SCHOOL WITHIN SCHOOL DISTRICT #22		
Name:	School:	Birth Date
Name:	School:	Birth Date:
Name:	School:	Birth Date:

ALTERNATE SCHOOL/GRAD UPGRADE INFORMATION	
Maiden Name / Previous Names (s):	
Student Grad Plan <input type="radio"/> 1950 <input type="radio"/> 1996 <input type="radio"/> 2004	<input type="checkbox"/> Registered at a Secondary School this year
Provide school name and phone number:	

PHOTO VENDOR (Contact information to photo vendors to contact you directly regarding photo proofs)	
<input type="checkbox"/> E-mail:	
<input type="checkbox"/> Mailing Address:	

Signature _____ Date _____

Parent Signature for Aboriginal support: _____

For Office Use Only	
<input type="checkbox"/> Attached PAC Release	<input type="checkbox"/> Attached Media Release <input type="checkbox"/> Attached Travel Release <input type="checkbox"/> Attached Internet Access Release
<input type="checkbox"/> Legal Documents *	
* <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Care Card <input type="checkbox"/> Certificate Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Immigration Documents <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Proof of Residency	
Date Received: _____ Time: _____	

Div/Teacher	Date (MMDDYYYY) Start:
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Releases for Child regarding PAC Address/Phone, Media, Travel, and Internet Access

Student Name: _____ Parent/Guardian Name: _____

PAC Address/Phone Release

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 educational programs.

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 home phone number as well as the child's name and grade available, to Parent Advisory Councils (PAC), 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 my consent for release of my home address and phone number of purposes explained above.
 No I do not permit the release of my home address and phone number.

Media Release of Students Information

It is a practice in our school district to allow school district staff and the media to photograph individuals (including the use of video and digital cameras) and groups of students to celebrate achievements and to promote various educational, sports and cultural events taking place in the District. Students' names, photographs and comments may be published in school district publications such as newsletters, web sites, the yearbook, or in the news media.

- Yes I give my consent for release of my child's name, photograph and comments as explained above.
 No I do not permit the release of my child's name, photograph and comments.

Travel

Student travel is involved in many school activities such as field trips, sporting events and fine arts performances. These activities, which are approved by the school, will be under the supervision of the school staff or person(s) designated by the Principal. Students will be required to adhere to the rules and regulations as determined by the school. Transportation will be provided by either public or private vehicles.

- Yes I give my consent for my son/daughter or student under my care, to travel on authorized school activities.
 No I do not give my consent for my son/daughter or student under my care, to travel on authorized school activities.

Parent/Guardian Signature: _____ Date: _____

SD22 INTERNET ACCESS AGREEMENT

School District No. 22 (Vernon)(the "School District") requires that parents 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. Copy of this policy 3.16.0 is available online at www.sd22.bc.ca or from your child's school.

Name of Student: _____ School Name: _____

- Yes **I give my permission** for my child to have access to the internet
 No **I do not** wish my child to have access to the internet.

By signing this Form, the student and his/her parents indicate that they agree to make no claim of any type in the future against School District No. 22 (Vernon) (the "School District") resulting from the use of the Internet, and agree to indemnify the School District for claims made against the School District as provided in the Consent, Waiver and Indemnity Terms and Conditions.

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 my permission for my child to have access to the School District's internet at school on the conditions outlined therein.

Print Name/Relationship to student; _____

Signature of Parent/Guardian: _____ Date: _____

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's Signature: _____ Date: _____

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 his/her parents.

School District No.22 (Vernon)
STUDENT RECORD RELEASE/REQUEST FORM

Date: _____

Previous School Name: _____

School Address: _____

Fax Number: _____ Phone Number: _____

Name: _____ Grade: _____ Birth Date: _____

Name: _____ Grade: _____ Birth Date: _____

Name: _____ Grade: _____ Birth Date: _____

Name: _____ Grade: _____ Birth Date: _____

Name: _____ Grade: _____ Birth Date: _____

I hereby authorize the release of permanent school records and ask that they be forwarded to:

School Name: _____

School Address: _____

School Fax Line: _____ School Phone Number: _____

Date Request: _____ Parents Signature: _____

Office Use Only

Per/ _____

Student Records

Date Faxed: _____ Initials _____

