

School District No. 22 (Vernon) Student Registration Form



OFFICE USE: Date Received: _____ Time: _____

School: _____ Grade: _____

STUDENT INFORMATION:

Legal Last Name:	Legal First Name:	Legal Middle Name:
Usual Last Name:	Usual First Name:	No Middle Name? ☐
Gender at Birth: ☐ M ☐ F ☐ X	Gender identity: ☐ M ☐ F ☐ non-Binary ☐ Other (please list): _____	
Date of Birth (mm/dd/yyyy):	Proof of age used: ☐ Birth Certificate ☐ Passport ☐ Citizenship Paper	Grade:
Student Cell Phone:	Student Email:	
Street Address:	City:	Postal Code:
Mailing Address (if different than above):	City:	Postal Code:
Has the student ever received: ☐ Learning Assistance / ☐ ELL Support / ☐ Counselling / ☐ Behavioural Support / ☐ My child has an IEP		
Has the student previously attended a school in BC? ☐ Y ☐ N If yes, please name school: _____		
Last school attended:	Parent approval to request student file from previous school? ☐ Y ☐ N	

KINDERGARTEN REGISTRATION ONLY:

Has the student ever attended a Strong Start program? ☐ Y ☐ N	If yes, please list name of Strong Start School: _____
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CITIZENSHIP/IMMIGRATION STATUS:

Country of Birth:	Country of Citizenship:
Canadian Citizenship: ☐ Child ☐ Parent	International Student (Funding Not Eligible)
Permanent Residency: ☐ Child ☐ Parent	Expiry(mm/dd/yyyy):
Refugee Status: ☐ Child ☐ Parent	
Study/Work Visa Expiry Date: ☐ Y ☐ N If yes, please provide expiry date (mm/dd/yyyy):	Exchange Student?: ☐ Y ☐ N
Language Spoken at Home:	Language Most Used:
First Language:	

INDIGENOUS SELF-DECLARING:

Self-declaring Indigenous: ☐ Y ☐ N	If yes: ☐ Inuit / ☐ Metis / ☐ Non-Status / ☐ Status Off Reserve / ☐ Status On Reserve
Band of Origin:	
I would like this self-declaring Indigenous Student to access Indigenous programs and services? ☐ Y ☐ N	

SIBLINGS ATTENDING SCHOOL DISTRICT NO 22:

Name:	School:	Birthdate:
Name:	School:	Birthdate:
Name:	School:	Birthdate:

LEGAL CUSTODY:

☐ Both Parents / ☐ Joint Custody (separate homes) / ☐ Sole Custody / ☐ Legal Guardianship

*Court documents MUST be provided for Sole Custody or Legal Guardianship

MEDICAL INFORMATION:

Student Care Card Number:		
Medical Conditions? ☐ Y ☐ N	If yes, please list:	Treatment, if available:
Life threatening allergies? ☐ Y ☐ N	If yes, please list:	Treatment, if available:
Non-life-threatening allergies? ☐ Y ☐ N	If yes, please list:	Treatment, if available:

PARENTS/GUARDIANS:

Parent/Guardian #1:		First Name:	Last Name:
Primary Phone:		Work Phone:	
Work Phone:		Email:	
Lives with student?	☐ Y ☐ N	Legal Guardian?	☐ Y ☐ N Relationship:
Address if different from student:		Can pick up student? ☐ Y ☐ N	
Parent/Guardian #2:		First Name:	Last Name:
Primary Phone:		Work Phone:	
Work Phone:		Email:	
Lives with student?	☐ Y ☐ N	Legal Guardian?	☐ Y ☐ N Relationship:
Address if different from student:		Can pick up student? ☐ Y ☐ N	
Parent/Guardian #3:		First Name:	Last Name:
Primary Phone:		Work Phone:	
Work Phone:		Email:	
Lives with student?	☐ Y ☐ N	Legal Guardian?	☐ Y ☐ N Relationship:
Address if different from student:		Can pick up student? ☐ Y ☐ N	
Parent/Guardian #4:		First Name:	Last Name:
Primary Phone:		Work Phone:	
Work Phone:		Email:	
Lives with student?	☐ Y ☐ N	Legal Guardian?	☐ Y ☐ N Relationship:
Address if different from student:		Can pick up student? ☐ Y ☐ N	

EMERGENCY CONTACT:

#1: First/Last Name:	#2: First/Last Name:
Relationship:	Relationship:
Phone Number:	Phone Number:
Can pick up student? ☐ Y ☐ N	Can pick up student? ☐ Y ☐ N

SIGNATURE FROM BOTH PARENTS/GUARDIANS (required):

#1:	#2:
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OFFICE USE:

☐ Birth Certificate ☐ BC Services Card ☐ Court Order/Custody Agreement ☐ Proof of Residence ☐ Parent Citizenship document
Received: ☐ Student and Parent/Guardian Release of Contact Information form
Received by: _____
Medical: (See Policy/Procedure 9.6.0 Students with Medical Needs) Appropriate form/safety plan completed? ☐ Y ☐ N

STUDENT AND PARENT/GUARDIAN RELEASE OF CONTACT INFORMATION/INTERNET ACCESS:

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 education.

Student Name: _____ Parent/Guardian Name(s): _____

Media Release of Students' Information:

It is the practice in our school district to allow district staff and the media to photograph (including the use of video) individuals and groups of students in order to celebrate achievements and to promote educational, sport and cultural events taking place in the district. Students' names, photographs and comments may be published in school district publications: newsletters, web sites, social media, the yearbook, and/or in the news media or other forms of communication.

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

SD22 Internet Access Agreement:

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

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

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

Name of relationship to student: _____

Signature: _____ Date: _____

School and District Email Communication:

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, we would like to ensure that we have your consent to receive electronic newsletters, school, and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

- ☐ Yes, I CONSENT to receiving the above communications to my email address which I have provided below.
☐ No, I DO NOT CONSENT to receiving the above communications to my email address.

Parent Advisory Council (P.A.C.)

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 phone number or email as well as the student's name and grade available to the Parent Advisory Council, 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 consent for the release of my home address, phone number or email for the purposes explained above.
☐ No, I do not give consent for the release of my home address, phone number or email address.

Grade 8-12 Students only

All students participating in secondary athletics in Vernon need to be registered with BC School Sports. I authorize disclosure of my child's name, birthdate, current grade, year my child entered grade 8 and previous school to BC School Sports for registration purposes.

- ☐ Yes, I give consent for the release of my child's information to BC School Sports
☐ No, I do not give consent for the release of my child's information to BC School Sports

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 Signature: _____ Date: _____

Photo Vendor

I understand that the school will provide my contact information/email address to the school photo company regarding student picture proofs.

- ☐ NO, I do NOT want my contact information/email address shared with the photo vendor.

Parent/Guardian signatures: _____ Date signed: _____

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 their parent/guardian.



DIGITAL TOOLS/SOFTWARE ANNUAL REVIEW

Throughout the school year we will be looking to use various software (including web tools, apps (Windows, iOS, or Chrome), extensions, or add-ons) to support student learning. School District #22 is required to follow British Columbia's [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#) to assess the suitability of all software used. We value privacy and where possible have selected software that:

- Provides a secure, private, and ad-free environment
- Permits no scanning or data mining of student information
- Permits no sharing or selling of information to third parties
- Permits ownership of data by the school district
- Allows the ability for a school district to control, monitor, and filter student use for safety and security
- Provides ease of use with any technology platform

There is however software that is designed to enhance educational outcomes and is created for educational purposes that requires personal information to be shared. This personal information will be collected by your child's school under the authority of the [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#). Our classrooms, schools, and district may use such software to upload, share, and store some personally identifiable information for the purpose of promoting district and school-based initiatives, celebrating student success, and engaging in public discussion.

Some software involves the storing and accessing of the following information:

- Student name, display username, grade level and school name
- Progress using the software to help personalize experience
- School email address
- Login time/IP address/technical data to provide technical support
- Age (not birthdate) – US privacy regulations differ for children < 13 years of age
- Content created in and/or uploaded to the software by the student. Content will typically take the form of assigned projects, presentations, documents, multimedia, and calendar entries created by students (e.g. students working together on a group project). This content may contain personal student information reasonable for education purposes (for example, student names on written assignments).

It is important to be aware that many of the software services are online services hosted outside of British Columbia, and possibly Canada. When stored outside the country, information in your child's accounts may be subject to the laws of foreign jurisdictions.

Consent and access can be revoked at anytime by a mature student or parent/guardian request and will result in the deletion of student information, data, and content in accordance with the Office of the Chief Information Officer procedures. Please note, the use of software applications is not an educational requirement for students. Students will not be required to use digital tools. All school activities and learning standards that rely on the use of digital tools will allow for and accept alternate and equivalent means of student participation. At no time will a student be denied participation in a teacher directed activity as the result of a student or parent/guardian declining consent to use of a software application.

As a general safe practice, when interacting with any online service, students should take care and avoid posting personal information or personal location that could be used to identify them or other persons. Students are further expected to follow [Policy 9.14.0 Code of Conduct](#) guidelines when creating and sharing online. Training for staff and students will provide instruction on how to use software in ways that protect confidential and sensitive personal student information. These training materials include [Policy 3.21.0 Social Media Use](#) and professional learning training which outlines what types of information should and should not be shared online.

Examples of software used in classrooms across the district are:

- | | |
|--|--|
| ☐ Google Apps for Education (Slides, Docs, Sheets, Classroom, etc.) | ☐ IXL Math and English |
| ☐ Digital Portfolio Platforms (Spaces/Seesaw) | ☐ Padlet |
| ☐ Kahoot! | ☐ Hour of Code |
| ☐ Desmos | ☐ Minecraft for Education |
| | ☐ Grammarly |

Note this list is not exhaustive but is meant to give families a better idea of what software/digital tools their child's teacher might be using.

To see the list of approved software used in School District #22, please visit <https://tinyurl.com/y67ra3ub>. Note the list on the website is updated in September of each school year. You may also contact Joshua Vance (SD#22 Assistant Director of Innovation and Technology) with specific questions about data collection at jvance@sd22.bc.ca.

Parent/Guardian Permission

If you do not consent on behalf of your child, to your child's information being stored in, or accessed from, a location inside or outside of Canada, please inform your child's school administration in writing. If you opt-out, your consent will be recorded and considered valid indefinitely from the date on which it is indicated. If you choose to change your consent, you must inform your child's school administration in writing.



School District No. 22 (Vernon)

STUDENT RECORD RELEASE REQUEST FORM

*****Please return to SD22 (catchment school)**

TO:

Previous School Name: _____

School Address: _____

Email: _____ Phone Number: _____

Student Name: _____ Grade: _____ D.O.B.: _____

Student Name: _____ Grade: _____ D.O.B.: _____

Student Name: _____ Grade: _____ D.O.B.: _____

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

School:

Address:

City/Postal Code:

Email:

Parents Signature: _____ Date Request: _____

Office Use Only

Student Records: _____
(Secretary)

Date Request Sent: _____ Start Date: _____

CUSTODIANSHIP DECLARATION

CUSTODIAN/PARENTS/GUARDIANS FOR MINORS



STUDENT INFORMATION

Students full name	Citizenship	Date of birth (yyyy-mm-dd)
Name and address of school Student attends in Vernon, British Columbia		
Address where student will reside in Vernon, British Columbia		

PARENTS/GUARDIANS INFORMATION (Preferably from both parents/guardians)

	Parent/Guardian 1	Parent/Guardian 2
Full name		
Date of birth (yyyy-mm-dd)		
Home address In British Columbia		
Phone number		

CUSTODIAN INFORMATION

Full name	Status in Canada Canadian Citizen or Permanent resident	Date of birth (yyyy-mm-dd)
Home address		Phone number

CUSTODIAN SIGNATURE

I, _____ (name of custodian), hereby solemnly declare that I will undertake full custodianship for the said student _____ (name of student), during their stay in Vernon, British Columbia, while under the age of majority in the province in which they reside. I have made the necessary arrangements for the care and support of the said student in place of the parents, as appropriate. By signing this, I certify that I have read the **"Custodian Responsibilities"** and that I reside within a reasonable distance of the student's intended school and will be able to fulfill my obligations as a custodian in the event of an emergency.

Signature of Custodian

Date (yyyy-mm-dd)

PARENTS/GUARDIANS SIGNATURES

I/We _____ and _____ (names of parents/guardians), the parents/guardians of the said student, _____ (name of student), hereby grant full custodianship to _____ (name of custodian) during the students stay in Vernon, British Columbia, while they are under the age of majority in the province in which they reside. I have made the necessary arrangements for the care and support of the student, such that the custodian should act in the place of me/us, the parents. By signing this custodian agreement, I/we affirm that I/we are satisfied the above appointed custodian resides within a reasonable distance of my/our child's intended school and will be able to fulfill their obligation as a custodian in the event of an emergency.

Signature of Parent/Guardian 1

Signature of Parent/Guardian 2

Date (yyyy-mm-dd)

CUSTODIAN RESPONSIBILITIES



I accept the following responsibilities as custodian of this child:

- a) Handle all communication with the school including report cards, parent-teacher interviews and any disciplinary action.
- b) *If custodian to a "high school student"*, understand the BC graduation requirements, the graduation goals of the student and the graduation expectations of the legal parent(s) to ensure the goals and expectations are communicated to the school and are reasonably achievable by the student.
- c) Will respond to the student (after discussion with Legal Parent/Guardian) relating to medical emergencies.
- d) Monitor the student's health and medical care.
- e) Monitor the student's attendance, punctuality and academic performance.
- f) Encourage the student to take full advantage of the educational system and ensure that they attend regularly and complete all of their assignments.
- g) Ensure that the student is at all times supervised by a responsible adult over the age of 19, in a home environment, which is safe and supportive of learning.
- h) Take an interest in the student's activities and friends.
- i) Inform the school, student's parents, and the District of any concerns regarding the student.
- j) Notify The School immediately in the event this custodianship is terminated.
- k) Reside continually within the boundaries of the Vernon School District.

Any changes to the declared custodian agreement must be communicated to the school within 48 hours.



Indigenous Education Department

School District No.22

1401-15th Street, Vernon BC V1T 8S8 250-549-9291 www.sd22.bc.ca

Parent/Guardian Yearly Consultation Form

As required by the Ministry of Education, we require **yearly confirmation** that you have been consulted regarding enhanced supports from the Indigenous Education Department. Please complete the Indigenous Education Parent/Guardian Consultation form and return to the school.

Student name		Grade	
School		Date	

Indigenous ancestry is determined on a voluntary basis through self-identification. No documentation is required.

Please check off the boxes below to indicate Indigenous Ancestry for your child (if known):

☐ **First Nations – Status**

- Band name: _____
- ☐ On Reserve ☐ Off Reserve

☐ **First Nations – Non-Status**

- Name of nation (if known): _____

☐ **Metis**

☐ **Inuit**

As a part of the enhanced services in the Indigenous Education program, what programs and supports would you like to see at your child's school?

My child is of Indigenous ancestry, and my signature acknowledges I have been consulted by the Indigenous Education Department regarding enhanced services and supports for Indigenous students.

Parent or Guardian Signature

Date

To be filled in by SD22 staff member only if verbal or email consultation about enhanced Indigenous Education supports was provided.

Date: _____



Parent/Guardian name: _____

☐ Consultation via email

☐ Consultation via phone

SD22 Staff member: _____