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? ☐
Sex at Birth: ☐ M ☐ F	Gender Identity: ☐ M ☐ F ☐ Non-Binary ☐ Prefer Not to Say 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 form 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:

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-BC Services Card #:		
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:		Cell 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:		Cell 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:		Cell 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:		Cell 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:**

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: (Appropriate medical 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 351 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.

Annual Digital Tools Review

Privacy Impact Assessments

Throughout the school year, School District 22 (SD22) teachers may create learning experiences for their students that utilize digital tools. SD22 is required by British Columbia's Freedom of Information and Protection of Privacy Act (FIPPA) to assess the suitability of all software used in these learning experiences by completing a Privacy Impact Assessment (PIA).

The PIA process used to approve these digital tools aims to:

- Support student learning
- Provide an ad-free environment
- Prevent the sharing or selling of information to third parties
- Ensure the ownership of data by the school district
- Retain the ability to control and monitor student use

Personal Information

Some software designed to enhance educational outcomes requires the storage of user personal information on servers not owned by SD22 to function. These servers can be located outside of British Columbia, and possibly Canada. When stored outside of the country, information in your child's accounts may be subject to the laws of foreign jurisdictions. The PIA process described above includes a review of personal information collection and storage practices and evaluates the risks associated.

Personal information includes, but is not limited to:

- Student name
- Grade level
- School name
- Student SD22 email address
- Login time
- IP address
- Age
- Content created by the student

Approved Tools

A current list of digital tools approved for student use via the PIA process in SD22 can be found on the Approved Software page of www.sd22.bc.ca or by scanning the provided QR code.

Acceptable Use

SD22 students are encouraged to avoid sharing personal information online and are expected to follow SD22 Code of Conduct as well as the Acceptable Use of Technology procedure when using approved digital tools.

Digital Tool Consent

Use of software applications is not required, and equivalent alternatives will be provided when necessary. If you do not consent to your child using the approved digital tools outlined above, please inform your child's school administration in writing. Your choice will be recorded and considered valid indefinitely from the date it is submitted.

School District No. 22 (Vernon)

STUDENT RECORD RELEASE REQUEST FORM

****Return completed form to SD22 school registering at**

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:

Parent/Guardian Signatures: _____/_____ Date Request: _____

Office Use Only

Student Records: _____
(Secretary)

Date Request Sent: _____ Start Date: _____

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: _____

SD22 Staff member: _____

☐ Consultation via email

☐ Consultation via phone