STUDENT REGISTRATION FORM

The information on this form is collected under the authority of the *School Act*. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.

For Office Use Only		
Date of Registration (mm/dd/yyyy):	Time of Registration (am/pm):	
Catchment School:		Out of Catchment Form Completed: ☐ Yes ☐ No
Current Grade:	Start date (mm/dd/yyyy):	PEN:
☐ Requested School Records	☐ Copy of Proof of Birthdate On File	☐ Local ID# to Tech Dept. & Library
☐ Demographics Printed/Added to Office Student Info Binder	☐ Printed Name Tag For Classroom Emergency Kit (Elementary)	☐ FIPPA Web 2.0 Tools
☐ Program Assignments (for mid- year student entries)	☐ French Immersion	☐ Immunization Record

Required Registration Documentation

Before registering your child, the school must have all of the following documentation.

☐ Child's Birth Certificate or Passport ☐ Health Care Card ☐ Proof of street address*

*Parent Driver's License, BC Identification, utility bill, or residential rental/lease agreement, with parent name *and street address*

Student Information

Please ensure you fill this form out completely using N/A for areas that are not applicable.

Grade:	Program Desired: ☐ English ☐ French Immersion ☐ Cultural Journeys/Learning Expeditions

Legal Names as shown on birth certificate

Surname	First Name:
Birthdate (DD/MM/YYYY):	Middle Name:
Gender:	Primary Language(s) spoken at home:

Usual Names *(if different from legal names)*			
Usual Surname:		Usual First Name:	
Home Phone:		Street Address: (House #, Street Name)	
Apt#:	Box #:	City:	Postal Code:
Names of School Aged Siblings:			

Previous School Information		
School name:	Grade:	☐ Attended English Program ☐ Attended French Immersion Program
City	Province:	Phone Number:

Citizenship			
☐ Canadian	☐ Other Citizenship (provide details below)		
☐ Landed Immigrant	☐ Permanent Resident	☐ International Student	☐ Study/Work Permit
Country of Birth:	Country of Citizenship:		

Medical Information
Allergies:
Medical Condition:
If you answered yes to either of the above questions please see the principal regarding an Individual Care Plan.
Does your child carry/require medication at school? ☐ No ☐ Yes If yes, medication name and additional information:

Care Card Number:	
Doctor:	Phone:

Family Information

Student lives with: ☐ Both Parents ☐ Joint Custody *(Court order documents required for student file)*
☐ Sole custody ☐ Other (describe)

Parent/Guardian #1
(circle one) *Mother, Step-mother, Foster-mother, Grandmother, Guardian, Father, Step-father, Foster-father, Grandfather, Guardian*

First Name:	Last Name:	
Home Phone:	Cell phone:	
Work Phone:	Email Address:	
Address/Home Phone No. ☐ Same as child ☐ Different (Fill Below)	Place of Work:	
Street Address: (House #, Street Name)	Apt #:	Box #:
City:	Postal Code:	

Parent/Guardian #2
(circle one) *Mother, Step-mother, Foster-mother, Grandmother, Guardian, Father, Step-father, Foster-father, Grandfather, Guardian*

First Name:	Last Name:	
Home Phone:	Cell phone:	
Work Phone:	Email Address:	
Address/Home Phone No. ☐ Same as child ☐ Different (Fill Below)	Place of Work:	
Street Address: (House #, Street Name)	Apt #:	Box #:
City:	Postal Code:	

Indigenous Ancestry	
If any of the following applies to your child they have Indigenous Ancestry and are eligible for our Indigenous Education programs and services. Please check all that apply below. ☐ First Nations ☐ Metis ☐ Inuit	
Is your child: ☐ Non-status ☐ Status-Off Reserve ☐ Status-On Reserve	
DIA #:	
Name of Band:	Band number:
☐ None of the above applies to my child.	

Emergency Contacts	
In the event your child is ill or there is an emergency, we will attempt to contact you prior to calling emergency contacts listed below. Please do not list yourself as an emergency contact, but rather provide us with the names of other friends or family who you authorize to pick up your child in the event of an emergency or illness.	
1. Legal Name:	Relationship to student:
Home Phone:	Cell Phone:
2. Legal Name:	Relationship to student:
Home Phone:	Cell Phone:
3. Legal Name:	Relationship to student:
Home Phone:	Cell Phone:
If possible, please make contact 4 out of district	
4. Legal Name:	Relationship to student:
Home Phone:	Cell Phone:

I certify that the information I have provided on this form is correct.

Parent/Guardian Signature

Date

STUDENT PERSONAL INFORMATION, MEDIA and CANADIAN ANTI-SPAM LEGISLATION (CASL) CONSENT FORM

The School District is authorized under the *Freedom of Information and Protection of Privacy Act* (FIPPA) (s. 26 (c) and (e)) and the *School Act* to collect, use, disclose and maintain personal information for purposes that are directly related to and necessary to carry out, plan for and evaluate its authorized programs and activities, including the provision of educational and related services to students. In some cases, the School District may also be authorized or required to share information for/with outside agencies to facilitate the delivery of health services, social services and other support services. For more information about how we collect, use and disclose personal information, please review the School District's privacy policy or contact our School District Privacy Officer at privacy@sd48.bc.ca.

This consent form explains how the School District collects, uses, and shares student personal information in compliance with FIPPA, the School Act and Canada's Anti-Spam Legislation (CASL) consent. It will be effective from the date signed and will be valid until the student leaves the school district.

PERSONAL INFORMATION & MEDIA CONSENT

By signing this consent, you agree that the School District may collect, use, share, and distribute student images, information, video, or audio recordings, including in newsletters, print publications, online or through social media for optional purposes such as:

- Recognizing student achievements
- Informing the community about matters related to the School District
- Promoting school district programs, events and activities.

PLEASE CHECK AND RETURN THIS FORM EVEN IF YOU DO NOT CONSENT:

☐ I **CONSENT** to the disclosure of my (or my child's) personal information as described above.
☐ I **DO NOT CONSENT** to the disclosure of my (or my child's) personal information as described above.

This consent is optional. If at any time you wish to withdraw consent for media release, please contact your child's school office.

CASL CONSENT

Canada's Anti-Spam Legislation (CASL) came into effect July 1, 2014 and requires organizations to obtain consent to send commercial electronic messages. By signing this consent, you agree that the school district may send you newsletters, announcements, and other electronic messages which may contain advertising or promotions including in connection with school events yearbooks, student pictures, dance tickets, or school merchandise, events and offers.

This consent form will be valid until withdrawn. If you have any questions about the information requested below, please contact the School District Privacy Officer at privacy@sd48.bc.ca.

PLEASE CHECK AND RETURN THIS CONSENT FORM

☐ I **CONSENT** to the School District contacting me using electronic messages.
☐ I **DO NOT CONSENT** to the School District contacting me using electronic messages.

If at any time you wish to withdraw consent for CASL, please contact your child's school office or the school district o 37866 2 Ave, Squamish, BC V8B 0A1 or privacy@sd48.bc.ca.

STUDENT INFORMATION	SCHOOL INFORMATION
Last Name:	School:
First Name:	Grade:

PARENT/GUARDIAN INFORMATION	
Last Name:	First Name:
Parent/Guardian Signature:	Date (DD-MM-YYYY):

FIPPA CONSENT FOR WEB 2.0 TOOLS

STUDENT INFORMATION	SCHOOL INFORMATION
Last Name:	**School:**
First Name:	**Grade:**

An important part of learning this year will involve using Internet-based tools. Students use these tools to create, share, archive, present, and communicate. Many tools may require your child to create a personal account, using their email account. Your child will use Internet-based tools for both classroom activities and homework assignments, and will continue to hold accounts after our coursework is completed.

Your written consent to your child's use of Internet-based tools is as per British Columbia's ***Freedom of Information and Protection of Privacy Act (FIPPA)***. If you choose not to provide your consent, your child will not be penalized in any way and alternate activities will be provided, as appropriate.

This consent form will be effective from the date signed and will be valid until your child transfers to another school. If you have any questions or concerns, please feel free to contact the school's Principal via email or by phone. If you have questions about this notice or about the collection of student personal information, please contact the Sea to Sky School District Privacy Officer at privacy@sd48.bc.ca.

The majority of the Internet-based tools noted below are online services hosted outside of British Columbia and possibly Canada. If stored outside the country, information in your child's accounts may be subject to the laws of foreign jurisdictions.

- To explain and document their learning, students may be using educational websites (i.e. Google/G Suite for Education, Seesaw etc.).
- To communicate with other learners, students may be using digital communication tools (i.e. Zoom, Google Meet etc.).
- To store and manage assignments and other information, students may be using online storage platforms (i.e. Google/G Suite for Education, MyBluePrint etc.).

Please note new Web 2.0 tools are vetted for privacy and security purposes when they are adopted.

I understand that my child will use Internet-based tools. I also understand that the information my child may create and store could be stored in, or accessed from, a location outside of Canada.

- ◯ I **CONSENT**
- ◯ I **DO NOT CONSENT**

PARENT/CAREGIVER NAME: _____ _____
(Last) (First)

PARENT/CAREGIVER SIGNATURE: _____ **DATE**: _____

You may withdraw this consent at any time by contacting the school.