

AP 336-1 School Registration Form for Secondary School

A child may only be registered in one school in the Abbotsford School District. In the case of a family registering with multiple children please use one form per child.

Catchment School _____

Requested Out-of-Catchment or District Program (French Immersion, Integrated Arts and Traditional) _____

STUDENT INFORMATION

Gender Identity ☐ Male, ☐ Female, ☐ Nonbinary _____

Legal Last Name _____ Legal First Name _____

Legal Middle Name _____ ☐ No Middle Name

Usual Last Name _____ Preferred First Name _____

Date of Birth (DD/Month/YYYY e.g. 24 May 2005) _____)

Last Grade Completed _____ Proof of Age ☐ Birth Certificate ☐ Passport ☐ Citizenship Paper

ADDRESS INFORMATION

Home Phone _____

Street Address _____

City _____ Prov. _____ Postal Code _____

Proof of Residence Provided ☐ Yes ☐ No (*see below)

Mailing Address (if different from above) _____

City _____ Prov. _____ Postal Code _____

* In order for a child to be registered in an Abbotsford school, evidence of guardianship and proof of residency must be provided. These documents include photo identification of the parent/legal guardian, evidence of guardianship as shown on the child's long-form birth certificate or another legal document, and the child's birth certificate. Evidence of residency is required by providing one primary source and one secondary source reflecting the parent/legal guardian's name and address as per Administrative Procedure, Section 2. Primary sources must be current-dated documents that include utility/electricity bills, Canada Revenue Agency documents, and BC Medical Services Plan invoice/statement. Secondary sources must be current-dated documents that include: internet service for the address, Subject-Free Home Purchase contract, Insurance statements/policies, Health documents (medical reports or letters), Employment pay slips

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offense of perjury, contrary to Section 131 of the Canadian Criminal Code and will result in the school principal repealing the student's placement.

ADMISSION INFORMATION

Previous School _____

City & Province _____

Date left previous school _____ Expected start date _____

BUSSING (does not apply for District Programs)Is bussing needed ☐ Yes ☐ NoIf Yes, please register online at: <https://www.awinfosys.com/das/sd34/public/BussingRegistrationNew.asp>**INDIGENOUS ANCESTRY INFORMATION** ☐ Yes ☐ No If yes,☐ First Nation Status on Reserve ☐ First Nation Status off Reserve ☐ First Nation Non-Status ☐ Inuit ☐ Metis

Band/Nation Name (if known): _____

SUPPORT NEEDS ☐ English Language Learners (ELL) Inclusive Education Designation My child has an: ☐ Ministry of Education Designation, Category _____☐ IEP ☐ Behaviour Support Plan ☐ Safety Plan☐ Attended an Alternate Program (title) _____Does this student require additional supports for social and emotional needs? ☐ Yes ☐ NoDoes this student require other additional supports? ☐ Yes ☐ No

If you checked yes for either, please explain:

**This information will only be used to initiate a dialogue between the family and the school with the aim of better supporting the student and the family with a goal of successful transition to the school district.*

IMMIGRATION/CITIZENSHIP STATUS

Country of Birth _____ Language at Home _____

Canadian Citizen ☐ Child ☐ ParentInternational Student (funding not eligible) ☐ Child ☐ ParentPermanent Resident/Landed Immigrant ☐ Child ☐ Parent Student Visa ☐ Child ☐ ParentRefugee ☐ Child ☐ ParentEmployment Authorization ☐ Child ☐ Parent**PARENTS/GUARDIANS**

1. Last Name _____ First Name _____

Relationship to Student _____

Living with Student ☐ Yes ☐ No Same Address as Student ☐ Yes ☐ No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

2. Last Name _____ First Name _____

Relationship to Student _____

Living with Student ☐ Yes ☐ No Same Address as Student ☐ Yes ☐ No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

Are there any legal documents in place re: custody/guardianship/access? ☐ Yes ☐ No

Have you provided a copy of these legal documents to the school? ☐ Yes ☐ No

Comments/details re submitted documents _____

*Please note that court orders cannot be followed or acted upon by the school unless a copy has been formally submitted to the school.

SIBLING INFORMATION (brothers/sisters including preschoolers in the same or a different school within the Abbotsford School District)

	Sibling 1	Sibling 2	Sibling 3
Last Name			
First Name			
Relationship			
School			
Date of Birth			
Gender(Male/Female/Nonbinary)			

CONTACT INFORMATION (other than parent/guardian)

1. Last Name _____ First Name _____
Relationship _____ Cell _____
Home _____ Work _____ Ext. _____

2. Last Name _____ First Name _____
Relationship _____ Cell _____
Home _____ Work _____ Ext. _____

OUT OF PROVINCE CONTACT INFORMATION (In case of Provincial disaster)

Last Name _____ First Name _____
Relationship _____ Cell _____
Home _____ Work _____ Ext. _____

MEDICAL INFORMATION

Doctor Name _____ Phone _____
Care Card Number _____
Allergies/ Conditions/Medical Diagnosis _____
Are any of these conditions life threatening? ☐ Yes ☐ No If yes, Medication or
Treatment Required: _____

Condition _____ Treatment _____

(AP 323 – Support for Students with Type One Diabetes, AP 327 – Medical Alert Conditions, AP 328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website.

Name (printed) _____ Signature (parent/guardian) _____

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

1. GRADE 8-12 STUDENTS ONLY

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

Signature _____

2. COMPUTER AND INTERNET USAGE AND ACCESS

Access to and participation in the global network (Internet) carries with it a responsibility for adherence to established guidelines for acceptable use, as per AP 334 – Online Communications and Digital Learning. Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. I will review this policy and expectations with my child

Signature _____

3. CANADA ANTI-SPAM LEGISLATION (CASL) COMPLIANCE FORM

To ensure that you consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district, please complete the accompanying Canada Anti-Spam Legislation (CASL) Compliance Form. (AP 336-2 Request for Email Address Consent)

4. PHOTOGRAPH/VIDEO AND MEDIA CONSENT FORM

To give your consent to the Abbotsford School District to collect, use, and publicly disclose your child's name, voice and/or image for purposes consistent with AP 324, please complete form AP 324-1 Photograph/Video and Media Consent Form.

Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashionline.com> (it takes less than five minutes)

Office Use Only

Date Rec'd _____ Time Rec'd _____

Received By _____ Computer User Agreement Rec'd ☐ Yes ☐ No

School Entry Date _____ PEN _____ MyBCed# _____

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the Freedom of Information Coordinator, District Administration Office, 604-859-4891

Student Reunification Release Form - Secondary

 School: Year:

For the safety and well-being of students, the school may implement a "controlled release" in the event of an emergency or disaster. The school administrator may release the student if the situation is deemed to be safe and the student is considered not to be at risk. Upon release, a record shall be kept of the temporary guardian's name, or the fact the student was released into their own care, along with the date and time of their release, a contact phone number, and their expected destination(s). In light of this statement, you are asked to choose one of the following responses:

- ☐ If we are unable to reach the school, we authorize the release of our child(ren) into their own care, provided the situation is deemed safe and our child is not considered to be at risk.
- ☐ If we are unable to reach the school, we do not want our child to be released unless one of the adults authorized below is able to claim our child (with the exception of medical/response personnel).

Release Information:

List of your children at this school (oldest to youngest)

First Name	Last Name	Grade

Parent(s)/Legal Guardian(s)

Name (First, Last)	Home Phone	Cell Phone	Email

Additional people authorized to pick up student(s)

Name (First, Last)	Home Phone	Cell Phone	Email

Out of Region Contact Person (within Canada)

Name: Email:

Home Phone: Cell Phone: Province:

Office Use Only - Release Confirmation

 Picture ID: ☐ Confirmed ☐ Not Available ☐ Identification confirmed by staff ☐

 Destination: Time: Staff Initial:

 Parent/Guardian/Designate Signature:

OFFICE USE ONLY

Last Name of Oldest Student

Released to:

☐	Yes
☐	Yes

☐	Yes
☐	Yes
☐	Yes

Released to own care:

☐	Yes
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Please complete unshaded areas. Do not tear or remove this section.

Student Release List:

First Name	Last Name	Grade

- 1) Proceed to gate/table:
- 2) Show this form to the staff member at the gate/table
- 3) The staff member will locate the student(s) and bring them to you
- 4) Once you have the student(s), please exit the school grounds

 Release Teacher Initials:

Released

☐	Yes
☐	Yes
☐	Yes
☐	Yes

Instructions to Complete this Form

1. ONLY custodial parent(s) or guardian(s) may complete and submit this form.
 - In the event of a serious emergency, via this form you are authorizing school staff to release your child(ren) to the custody of the individual(s) listed on the other side of this form
 - The school may in the event of a serious emergency release your child to medical/response personnel as necessary.
2. Please complete all sections of this form except the shaded areas (including the bottom section).
 - **Important: Please leave the shaded areas blank**
3. Complete 1 form for each SCHOOL that your children attend.
 - For example: If you have children in elementary school and secondary school, you will complete 2 forms.
4. Please **DO NOT** tear or remove the bottom of this form.
5. Fill in the names of parent(s)/guardian(s) or authorized others as they appear on their identification.
6. Return the completed form to the school.
7. Inform EVERY authorized person you have listed that they are to pick-up your child(ren) at the school in the event of a significant emergency, such as a damaging earthquake. Share with them the school's processes and your family's emergency plan in the event of a major disaster.

**This email contains important information.
Please have it translated.**

ਇਸ ਈਮੇਲ ਵਿੱਚ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੈ।
ਕਿਰਪਾ ਕਰਕੇ ਇਸਦਾ ਅਨੁਵਾਦ ਕਰੋ।

يحتوي هذا المستند على معلومات مهمة حول مدرسة طفلك. يرجى ترجمته.

매우 중요한 공지문이니, 반드시 번역하여 내용을 숙지하십시오.

Hãy dịch nó sang tiếng Việt. Đây là một thông báo quan trọng.

Este documento contiene información importante sobre la escuela de su hijo/hija. Háganlo traducir por favor.

Additional Information

Emergency Reunification Background

In the rare event of a significant emergency or disaster, the school may use its emergency student reunification process. Examples of disasters where emergency student reunification may be used include but are not limited to:

- A major locally damaging earthquake,
- Overland flooding, or
- Other life-threatening regional or school emergencies.

Additional People Authorized to Pick-Up Students

While we don't like to contemplate it, during major emergencies some parent(s)/guardian(s) may not be able to get to the school to pick-up their child(ren), either because they are unable, or roads/bridges are blocked. Therefore, all parent(s)/guardian(s) are encouraged to authorize 3 additional adults to pick-up their child(ren) in the event of a major emergency, such as a damaging earthquake. When considering authorizing these people, they ideally should be:

- An adult (over 19 years of age).
- A trusted individual, such as a close friend, family member, or neighbour.
- Physically able to travel to the school despite some obstacles in the community.
- Located near the school during much of the school day (on average).
- Able to speak English (Optional: An asset post-disaster as translators will likely be limited).

****Those authorized to pick up students will require a piece of identification upon arrival at the school. ****

Out of Region Contact

This is a trusted adult who resides outside of the area impacted by the disaster; typically, someone who lives outside of Metro Vancouver. They can be important as a central contact for all members of your family following a major disaster, such as an earthquake. It is an asset for this person to be competent using computers and technology and to be live within Canada.