#### School District No. 22 (Vernon) Student Registration Form

OFFICE USE: Date Received:					<b>SD22</b>	
School:						
STUDENT INFORMATION:						
Legal Last Name:	Legal First Name:		Legal Middle	Legal Middle Name:		
Usual Last Name:	Usual First Name:		No Middle Na	No Middle Name? □		
Gender at Birth: ☐ M ☐ F ☐ X	M □ F □ Non-Binary:	☐ Other (please	list):			
Date of Birth (mm/dd/yyyy):	Proof of age used:	☐ Birth Certificate ☐ Pass	port 🗆 Citizer	nship 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 As	sistance /   ELL Support /	☐ Counselling / ☐ Be	havioural Suppor	t/	ild has an IEP	
Has the student previously attended a school in B	C? □ Y □ N If yes, pl	ease name school:				
Last school attended:		Parent approval to reques	t student file form	previous scho	ol? 🗆 Y 🗆 N	
KINDERGARTEN REGISTRATION ONLY:						
Has the student ever attended a Strong Start prog	ram? 🗆 Y 🗆 N	If yes, please list name of St	rong 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 Statu	s: 🗆 Child	☐ Parent	
Study/Work Visa Expiry Date: 🔲 Y 🔲 N If	yes, please provide expiry date	(mm/dd/yyyy):	Exchange Stude	ent?: 🗆 Y	□N	
Language Spoken at Home:	Language Most Used:		First Language:			
INDIGENOUS SELF-DECLARING:						
Self-declaring Indigenous: ☐ Y ☐ N If ye	s: 🗆 Inuit / 🗆 Metis /	□ Non-Status / □ Status	s Off Reserve /	☐ Status On R	eserve	
Band of Origin:						
I would like this self-declaring Indigenous Student	to access Indigenous programs	and services?	N			
SIBLINGS ATTENDING SCHOOL DISTRICT NO 2	2:					
Name:	School:		Birthdate:		:	
Name:	School:		Birthdate:			
Name:	School:		Birthdate:			
LEGAL CUSTODY:			1			
☐ Both Parents / ☐ Joint Custody (separate h	omes) /   Sole Custody /	☐ Legal Guardianship				
*Court documents MUST be provided for Sole Custo	dy or Legal Guardianship					
MEDICAL INFORMATION:						
Student-BC Services Card #:						
Medical Conditions?	If yes, please list:		Treatment, if			
Life threatening allergies? ☐ Y ☐ N	If yes, please list:		Treatment, if	available:		

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Treatment, if available:

If yes, please list:

Non-life-threatening allergies?  $\qed$  Y  $\qed$  N

~, , ,	N 1		
Student	Name:		

#### PARENTS/GUARDIANS:

Parent/Guardian #1:	First	Name:			La	st Name:			
Primary Phone:						Cell Phone:			
Work Phone:						Email:			
Lives with student?	□ Ү	□N	Legal Guardian?	□ Ү	□N	Relationship:			
Address if different fro	om stude	ent:					Can pick up student?	□ Y	□N
Parent/Guardian #2:	First	Name:			La	st Name:			
Primary Phone:						Cell Phone:			
Work Phone:						Email:			
Lives with student?	□ Ү	□N	Legal Guardian?	□ Ү	□N	Relationship:			
Address if different fro	om stude	ent:					Can pick up student?	□ Y	□N
Parent/Guardian #3:	First	Name:			La	st Name:			
Primary Phone:						Cell Phone:			
Work Phone:						Email:			
Lives with student?	□ Ү	□N	Legal Guardian?	□ Ү	□N	Relationship:			
Address if different fro	om stude	ent:					Can pick up student?	□ Ү	□N
Parent/Guardian #4: First Name: Last Name:									
Primary Phone:						Cell Phone:			
Work Phone:						Email:			
Lives with student?	□ Ү	$\square$ N	Legal Guardian?	□ Ү	□N	Relationship:			
Address if different fro	om stude	ent:					Can pick up student?	□ Y	□N
EMERGENCY CONTAC	T:								
#1: First/Last Name:						#2: First/Last Name:			
Relationship:						Relationship:			
Phone Number:						Phone Number:			
Can pick up student?		/ 🗆 N				Can pick up student?	□ Y □ N		
SIGNATURE FROM BOTH PARENTS/GUARDIANS (required):									
#1:						#2:			
OFFICE USE:									
☐ Birth Certificate		BC Services Ca	ard 🗆 Court Ord	der/Cust	ody Agreen	nent	dence 🗆 Parent Citiz	zenship c	document
Received:   Stud	ent and	Parent/Guard	ian Release of Contac	ct Inform	ation form				
Received by:			<u></u>						
Medical: (See Policy/F	Medical: (See Policy/Procedure 9.6.0 Students with Medical Needs) Appropriate form/safety plan completed? $\Box$ Y $\Box$ N								

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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.
<ul><li>Yes, I give consent for the release of my child's name, photograph and comments as explained above.</li><li>No, I do not permit the release of my child's name or photograph.</li></ul>
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.
<ul><li>☐ Yes, I give permission for my child to have access to the internet.</li><li>☐ No, I do not give permission for my child to have access to the internet.</li></ul>
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.
<ul> <li>☐ Yes, I CONSENT to receiving the above communications to my email address which I have provided below.</li> <li>☐ No, I DO NOT CONSENT to receiving the above communications to my email address.</li> </ul>
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.
<ul> <li>☐ Yes, I give consent for the release of my home address, phone number or email for the purposes explained above.</li> <li>☐ No, I do not give consent for the release of my home address, phone number or email address.</li> </ul>
<b>Grade 8-12 Students only</b> 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.
<ul><li>☐ Yes, I give consent for the release of my child's information to BC School Sports</li><li>☐ No, I do not give consent for the release of my child's information to BC School Sports</li></ul>
<ul> <li>For the Student:</li> <li>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.</li> </ul>
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.

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#### **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 addons) 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 <a href="Freedom of Information and Protection of Privacy Act">Freedom of Information and Information and Information and Information of Privacy Act</a> (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</li>
- 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 220 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.

	Google Apps for Education (Slides, Docs, Sheets,	IXL Math and English
	Classroom, etc.)	Padlet
	Digital Portfolio Platforms (Spaces/Seesaw)	Hour of Code
	Kahoot!	Minecraft for Education
	Desmos	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 <a href="https://tinyurl.com/y67ra3ub">https://tinyurl.com/y67ra3ub</a>. 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 <a href="mailto:jvance@sd22.bc.ca">jvance@sd22.bc.ca</a>.

#### 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**

TO:

Previous School Name:						
School Address:						
Email:	Phone N	umber:	<del></del>			
Student Name:		_ Grade:	D.O.B.:			
Student Name:		_ Grade:	D.O.B.:			
Student Name:		_ Grade:	D.O.B.:			
I hereby authorize the release of perm	anent school reco	rds and ask	that they be forwarded to:			
School:						
Address:						
City/Postal Code:						
Email:						
Parent/Guardian Signatures:		Date Rec	quest:			
Office Use Only						
Student Records:						
	(Secretary)					
Date Request Sent:		Start Dat	e:			

# CUSTODIANSHIP DECLARATION CUSTODIAN/PARENTS/GUARDIANS FOR MINORS



		ΔΤΙΩΝ

Students full name		Citizenship	Dat	ite of birth (yyyy-mm-dd)	
Name and address of school	Student attends in Verr	non, British Columbia			
Address where student will re	eside in Vernon, British	Columbia			
PARENTS/GUARDIANS INF	ORMATION (Prefera	bly from both parents/guardi	ians)		
		Parent/Guardian 1		Par	ent/Guardian 2
Full name					
Date of birth (yyyy-mm-dd)					
Home address					
In British Columbia					
Phone number					
CUSTODIAN INFORMATION	N				
Full name			Status in	Canada Canadian Citizen or Permanent resident	Date of birth (yyyy-mm-dd)
Home address					Phone number
CUSTODIAN SIGNATURE					
l,		(name of custodian), he	ereby soler	mnly declare that I will under	rtake full custodianship for the said
student		(name of studer	nt), during 1	their stay in Vernon, British C	Columbia, while under the age of
majority in the province in	n which they reside. I h	nave made the necessary arrang	ements for	r the care and support of the	e said student in place of the
		·			ithin a reasonable distance of the
student's intended school	l and will be able to ful	lfill my obligations as a custodia	n in the ev	rent of an emergency.	
Signature	of Custodian	Date (yyyy-mr	m-dd)		
PARENTS/GUARDIANS SIG	NATURES				
I/We		and		(na	ames of parents/guardians), the
				-	umbia, while they are under the age
					dent, such that the custodian should
		is custodian agreement, I/we affir			
reasonable distance of my/o	ur child's intended scric	ool and will be able to fulfill their	Obligation	i as a custodian in the event c	of an emergency.
Signature of Pare	ent/Guardian 1	Signature of	Parent/Gu	 lardian 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		
Ind	ligenous ancestry is determined on a identification. <u>No documen</u>			gh self-
Please check off t	the boxes below to indicate Indigenous	Ancestry	for your child (i	f known):
	lations – Status			
- <u>B</u>	and name: On Reserve Off Reserve			
l				
<u> </u>	lations – Non-Status lame of nation (if known):			
Metis				
∐ Inuit				
	enous ancestry, and my signature acknent regarding enhanced services and s			
Parent or Guardian	Signature	Date		
supports was prov	SD22 staff member only if verbal or ema			 nanced Indigenous Education
- Da				
Parent/G	uardian name:			Consultation via email
SD22 Sta	iff member:			Consultation via phone