

Student Registration Form

Form 502-A

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: _____

Disabilities: _____

Care Card Number: _____

Doctor.: _____ Phone: _____

Citizenship

Canadian

Other Citizenship (provide details below)

Country of Birth: _____

Country of Citizenship: _____

Landed Immigrant

Permanent Resident

International Student

Study/Work permit

Aboriginal Ancestry

If any of the following applies to your child they have Aboriginal Ancestry and are eligible for our Aboriginal 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.

Family Information

Student lives with: Both Parents Other (describe) _____

Sole custody or Joint Custody (*Court order documents required for student file*)

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: _____

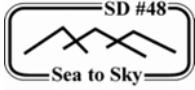
Work Phone: _____ Address/Home Phone No. Same as child

Email Address: _____

Street Address: _____ Apt#: _____ Box #: _____
House # Street Name

City: _____ Postal Code: _____

Place of Work: _____



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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: _____ Address/Home Phone No. Same as child

Email Address: _____

Street Address: _____ Apt#: _____ Box #: _____
House # Street Name

City: _____ Postal Code: _____

Place of Work: _____

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: _____

Daytime Phone: _____ Cell Phone: _____

2. Legal Name: _____ Relationship to student: _____

Daytime Phone: _____ Cell Phone: _____

3. Legal Name: _____ Relationship to student: _____

Daytime Phone: _____ Cell Phone: _____

If possible, please make contact 4 out of district

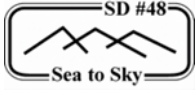
4. Legal Name: _____ Relationship to student: _____

Daytime Phone: _____ Cell Phone: _____

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

Parent/Guardian Signature

Date



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Canadian Anti-Spam Legislation (CASL) - Consent to Receive Electronic Messages

Canada's Anti-Spam Legislation (CASL) came into effect July 1, 2014. As a result, our school must now obtain your specific consent to be able to send you school newsletters, announcements, and other electronic messages that may contain advertising or promotions for school related events including requests for field trips, fundraising, yearbooks, student pictures, dance tickets, or other similar events and offers. Occasionally schools may also include community information such as local Parks and Recreation programs, community health updates, and other items that the school principal deems may be of interest to parents.

Parent/Guardian Name 1: _____
(Please print first and last name)

Parent/Guardian Name 2 (optional): _____
(Please print first and last name)

Student's Legal First & Last Name: _____
(Please print first and last name)

I give (insert school name) and School District No. 48 (Sea to Sky) permission to contact me using electronic messages which may include information as described above.

Parent/Guardian 1

Yes _____ No _____
email address
Signature _____ Date _____

Parent/Guardian 2 (optional)

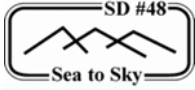
Yes _____ No _____
email address
Signature _____ Date _____

I also give the school Parent Advisory Council and the District Parent Advisory Council permission to contact me using electronic messages which may include commercial information as described above.

Parent/Guardian 1 <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian 2 (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature _____ Date _____	Signature _____ Date _____

This consent must be completed separately by each parent/guardian contact wishing to receive communication via electronic messaging as described above.

You may also subscribe or unsubscribe from this communication list by contacting your school directly via email.



School District No. 48 G Suite Consent Letter

Student account information (student first and last name and grade level), as well as any documents uploaded onto the Google Apps platform will be stored on secure Google servers located beyond Canada, and may be subject to the laws of foreign jurisdictions. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

The following Google Apps for Education services apply:

Students (Grade K – 12)
Google Drive (unlimited storage, including Docs, Sheets, Slides, Forms and Drawing)
Ability to share data is set to private by default
Google Drive is limited sharing to only School District No. 48 domains
Google Calendar, Google sites, and Google Classroom
Additional Google Services: Google Maps, Google Books, YouTube (filters on), Chrome Web Store, Fusion Tables, Google Bookmarks, Gmail (Grades 10-12 only)

I have read this consent form and understand that my child’s personal information will be used for G-Suite (GAFE), which may include:

- First and last name, and grade level
- Classroom assignments, research notes, presentations, school-based projects
- Multimedia objects created by students (e.g. videos, pictures, audio files, animations, etc.)
- Summative and formative assessments (e.g. teacher comments, peer feedback, surveys, grades, etc.)
- Communication with teachers and other students related to educational purposes
- Any material related to the educational purposes

This consent will be considered valid from the date at which it is signed until the student’s transition to another school or when permission has been explicitly withdrawn.

Student First Name: _____ Student Last Name: _____

Student Grade: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____