

## AP 336-1 School Registration Form for Elementary & Middle 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/Placed School \_\_\_\_\_

### STUDENT INFORMATION

Gender Identity M=male, F=female, X=nonbinary \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Usual Last Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_ ☐ No Middle Name

Birth Date \_\_\_\_\_ (DD/Month/YYYY e.g. 24 May 2005)

Grade \_\_\_\_\_ Proof of Age ☐ Birth Certificate ☐ Passport ☐ Citizenship Paper

Home Phone \_\_\_\_\_

### ADDRESS INFORMATION

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 \_\_\_\_\_

**FOR KINDERGARTEN REGISTRATION ONLY**
 Attended Preschool ☐ Yes ☐ No      Attended Daycare ☐ Yes ☐ No      Attended StrongStart ☐ Yes ☐ No

Previous School \_\_\_\_\_ City/Prov. \_\_\_\_\_

**BUSSING (does not apply for District Programs)**
 Is bussing needed ☐ Yes ☐ No

 If Yes, please register online at: <https://www.awinfosys.com/das/sd34/public/BussingRegistrationNew.asp>
**INDIGENOUS ANCESTRY INFORMATION** ☐ Yes ☐ No **If yes,**
☐ Inuit ☐ Metis ☐ First Nation Non-Status ☐ First Nation Status on Reserve ☐ First Nation Status off Reserve

Band Name \_\_\_\_\_

**PROGRAM**
☐ French Immersion ☐ ELL ☐ Special Education ☐ \*Designation ☐ \*My child has an IEP

☐ \*Was in an Alternate Program (title) \_\_\_\_\_
**SUPPORT NEEDS**
 Does this student require additional supports for social and emotional needs? ☐ Yes ☐ No

 Does this student require additional supports? ☐ Yes ☐ No

 If yes, ☐ Behaviour intervention plan ☐ Safety plan

*\*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 ☐ Parent • Permanent Resident/Landed Immigrant ☐ Child ☐ Parent

 Refugee ☐ Child ☐ Parent • International Student (funding not eligible) ☐ Child ☐ Parent

 Student Visa ☐ Child ☐ Parent • Employment 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 force re: custody/guardianship/access? ☐ Yes ☐ No

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

Comments/details re submitted court order \_\_\_\_\_

\*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			
DOB			
Sex (Male/Female)			

**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 and Conditions \_\_\_\_\_  
 Are any of these conditions life threatening? ☐ Yes ☐ No If so, which? \_\_\_\_\_  
 Life Threatening Conditions/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, 604-859-489



Please read instructions on reverse side.

## Student Reunification Release Form - Elementary/Middle

School:

Year:

### Release Information:

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

First Name	Last Name	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent(s)/Legal Guardian(s)

Name (First, Last)	Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional people authorized to pick up student(s)

Name (First, Last)	Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: X

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

### Student Release List:

First Name	Last Name	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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:

### OFFICE USE ONLY

Last Name of Oldest Student

### Released to:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

### Released

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	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.