

2019/2020

### AP 336-1 School Registration Form

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/Placed School \_\_\_\_\_

#### STUDENT INFORMATION

Sex  Male  Female

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, proof of address must be shown by presenting one of the following legal documents: Mortgage Document, Rental or Lease Agreement, Property Sale Agreement, Property Tax Notice, Home Insurance, Utility Bill. In addition, one or more of the following documents containing the name and address of the parent/guardian is required: Government Document ie. MSP bill, Child Tax Credit, Income Tax Assessment, Vehicle Insurance, most recent T4.

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.

#### ADMISSION INFORMATION

Previous School \_\_\_\_\_

City & Province \_\_\_\_\_

Date left previous school \_\_\_\_\_ Expected start date \_\_\_\_\_

Need:  
Passport  
Recent report card  
Proof of Residency



**FOR KINDERGARTEN REGISTRATION ONLY**

Attended Preschool  Yes  No    Attended Daycare  Yes  No    Attended StrongStart  Yes  No

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

**BUSSING**

Is bussing needed  Yes  No    If Yes, please request a school district transportation form.

**ABORIGINAL ANCESTRY INFORMATION**     Yes  No    If yes,

Inuit     Metis     First Nation Non-Status     First Nation Status on Reserve     First Nation Status off Reserve

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

Status Card Number (if applicable) \_\_\_\_\_

**PROGRAM**

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

\*Was in an Alternate Program (title) \_\_\_\_\_

**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 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, 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 417 – Information & Communication Services and AP 334 - Social Media. Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. The procedure and parental consent form are available at the school office or on the District website. I will review this policy prior to signing my child's user agreement.

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.

**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.

## AP 336-2 Request for Email Address Consent

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, Abbotsford School District 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.

- Yes, I CONSENT to receiving the above communications to my email address which I have provided below, and understand that I can withdraw this consent at any time.

Email Address: \_\_\_\_\_

- No, I DO NOT CONSENT to receiving the above communications to my email address.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your Child(ren)'s name(s): \_\_\_\_\_

This information will be kept on file at the school your child is attending in Abbotsford School District.

If you have any questions please contact us at:

[info@abbyschools.ca](mailto:info@abbyschools.ca)

Abbotsford School District,  
2790 Tims St,  
Abbotsford, BC, V2T 4M7  
[www.abbyschools.ca](http://www.abbyschools.ca)

## AP 324-1 –Photograph/Video and Media Consent Form

In accordance with the BC *Freedom of Information and Protection of Privacy Act*, the Abbotsford School District is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the School District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

For example, student names and/or images may be used in:

- School and School District communications, such as newsletters, brochures and reports;
- School yearbooks
- School and School District websites, social media sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to school-related events);\*\*
- Videos, CDs and DVDs designed primarily for educational use.

\*\* Please note that school and district staff cannot control news media access and photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.

**Please complete and return to your school:**

\_\_\_\_\_ I **DO GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year. I understand that images posted on the internet may be stored and accessed outside of Canada.

\_\_\_\_\_ I **DO NOT GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year.

Student's Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
(please print)

Student signature (for Secondary school students only) \_\_\_\_\_

Parent/Guardian Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
(please print)

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Phone #s \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

District Freedom of Information and Protection of Privacy Officer:  
Ms. Tracy Orobko,  
Abbotsford School District,  
[tracy.orobko@abbyschools.ca](mailto:tracy.orobko@abbyschools.ca)



**AP 112-1 Release of Confidential Information**

Glen Hildebrand  
Abbotsford Traditional Secondary School  
2272 Windsor Street  
Abbotsford, BC V2T 6M1

As parent(s)/guardians(s) of:

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*year month day*

I (We) hereby authorize School District No. 34 (Abbotsford) to receive the following confidential records concerning my above named child:

Student folder, permanent record card and all pertinent medical, psychological or psychiatric (including social history, all hospital testing and assessments) information which pertains to my child.

forward file to:

\_\_\_\_\_  
Abbotsford Traditional Secondary School  
\_\_\_\_\_  
2272 Windsor Street, Abbotsford, BC V2T 6M1

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

