



## SCHOOL DISTRICT #51 (Boundary) Student Registration Form

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

### **STUDENT INFORMATION**

Grade: \_\_\_\_\_

Gender: Male Female

Birthdate: (dd/mm/yyyy) \_\_\_\_\_

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

Legal Middle \_\_\_\_\_

If Usual name is different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
(unlisted? yes or no )

Home Language: \_\_\_\_\_ First Language \_\_\_\_\_ Year of Graduation (office to fill out) \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing address: (if different): \_\_\_\_\_

Birth Certificate copied Care Card copied Other : \_\_\_\_\_

Country, Prov & City of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Aboriginal Ancestry (yes or no ) Status: \_\_\_\_\_ ESL (yes or no )

Internet access (yes or no ) (see supplemental form for more information)

Release of Information:

To PAC ( yes or no ) To Media ( yes or no ) To Aboriginal Association ( yes or no ) For Grad ( yes or no )

### **MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Care Card# \_\_\_\_\_

Health Factors (eg Allergies) \_\_\_\_\_

If health issues are they life threatening? (yes or no ) Other \_\_\_\_\_

### **OTHER**

Require Learning Assistance (yes or no )

Require Special Needs Assistance (yes or no )

NOTES: \_\_\_\_\_

**Previous School Attended** (name/address/ph #) attended: \_\_\_\_\_

## **PARENT/GUARDIAN INFO**

**1. Relationship:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Living with Student? (yes or no ) Same as Student's Address: (yes or no )

Address If different from students: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home: \_\_\_\_\_ (unlisted? (yes or no )

Place of Employment: \_\_\_\_\_ Ph #: \_\_\_\_\_ Email address: \_\_\_\_\_

**2. Relationship:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Living with Student? (yes or no ) Same as Student's Address: (yes or no )

Address If different from students: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home: \_\_\_\_\_ (unlisted? (yes or no )

Place of Employment: \_\_\_\_\_ Ph #: \_\_\_\_\_ Email address: \_\_\_\_\_

## **FAMILY INFO**

What is your family circumstance? (Check any/all that apply)

Biological family Blended family Single parent Other \_\_\_\_\_

Custody concerns? \_\_\_\_\_ If you have court custody papers please provide the school office with a copy

### **Siblings:**

First Name	Last Name	Relationship	Birthdate (dd/mm/yyyy)	Gender

Please list anyone else living in the home: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

(two people other than parents. ie. grandparent, aunt, uncle, neighbour...)

**1. Relationship** \_\_\_\_\_

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

Home Ph # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
(unlisted(yes or no )

**2. Relationship** \_\_\_\_\_

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

Home Ph # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
(unlisted? (yes or no )



**I confirm that I am the Legal Parent or Guardian**

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



**School District No. 51 (Boundary)**  
**Personal Information Consent**  
**Effective from date of enrolment to date of withdrawal**

*For parents\* and high school students: Please complete, sign, and return to your school.*

**Student's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

**School:** \_\_\_\_\_

Collection, use, and sharing of student personal information

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required.

The Board of Education of School District No. 51 (Boundary) is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education related purposes, such as celebrating, recognizing and encouraging student accomplishments, building the school community, and informing others about our school and District programs and activities.

**I GIVE MY CONSENT** for the school or District to collect, use, and share my child's name and/or image consistent with the above purposes for each form of communication listed below. I also understand that images and information posted on the internet may be stored and accessed outside of Canada. Please check your consent or non-consent for each of the following types of communication.

YES    NO

school and District communications, such as newsletters, brochures, and reports in limited or public circulation (local newspapers, etc)

school and District websites

social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access

school yearbooks

videos, CDs, and DVDs designed for educational or instructional use only

This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until my child is withdrawn from the school he/she is currently attending.

**PERMISSION FOR INTERNET PUBLISHING OF STUDENT PHOTOS/WORK**

Your child's photos, artwork or writing may be considered for publication on the Internet as part of our school's webpage. Such photos/work will contain no student names, addresses or phone numbers.

Please initial beside each section, indicating your permission, to authorize permission for WBES to publish photos/work on the school's website.

\_\_\_\_\_ Digital Photos

\_\_\_\_\_ Artwork

\_\_\_\_\_ Writings

**Release of Information Forms**

Yes / No

To PAC

To Media/Internet\*

For Grad

To Local Aboriginal Association

**\*Yearbook/Boundary Times taking image @ school functions**

**MEMO**

\_\_\_\_\_  
\_\_\_\_\_

**X** \_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**SCHOOL DISTRICT NO. 51 (BOUNDARY)  
WEST BOUNDARY ELEMENTARY SCHOOL  
PERMISSION SLIP  
2017 - 2018**

The personal information on this form is collected by School District #51 under the authority of the 'School Act', sections 13 & 97. The information will be used for educational program purposes and when required, may be provided to health services or other support services as outlined in section 97(2) of the "School Act". The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your local school or to the Information and Privacy Coordinator, School District #51, (Boundary), Box 640, Grand Forks, B. C. V0H 1H0.

a) From time to time Parent Advisory Committees and Parent Phoning Committees are provided parent telephone numbers to update parents regarding school or district events. Your personal information will not be disclosed to anyone for business or commercial purposes.

\_\_\_\_\_ **YES** - I give consent for the release of my home address and phone number for purposes consistent with the above.

\_\_\_\_\_ **NO** - I do not permit the release of my home address and phone number for purposes consistent with the above.

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

b) It has become common practice in our district to allow staff, parents and media to photograph individual students and student groups to commemorate events and to promote various educational, sport and cultural events taking place throughout the district. While photographs add to the community life of our school, they are not required. As such, consent for the release of your child's name, photograph and comments is required. Students' names, photographs and comments may be published in the school yearbook, newsletter or school/classroom website, in the district annual report or in the media. As well, some of your child's work may be published in the schools' newsletters or put on the school/classroom website.

\_\_\_\_\_ **YES** - I give my consent for the publication of my child's name, photograph and comments consistent with the above.

\_\_\_\_\_ **NO** - I do not permit the publication of my child's name, photograph and comments for the purposes consistent with the above.

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

Should your decision be reversed in the future please contact the school office and changes will be made. Thank you for your cooperation in this matter.

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

Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

Parent/Guardian\* Signature: \_\_\_\_\_

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### For Students in Grades 8 to 12:

**I GIVE MY CONSENT** for the school or District to collect, use, and share my name and/or image consistent with the above purposes for each form of communication listed below. I also understand that images and information posted on the internet may be stored and accessed outside of Canada. Please circle your consent or non-consent for each of the following types of communication.

YES NO

school and District communications, such as newsletters, brochures, and reports in limited or public circulation (local newspapers, etc.)

school and District websites

social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access

school yearbooks

videos, CDs, and DVDs designed for educational or instructional use only

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

*\*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

If you have questions about this consent or about the collection of student personal information, you may contact:

**The School Principal or the Superintendent of Schools**

**Business Address: 1021 Central Avenue, Grand Forks BC V0H 1H0**

**Telephone No.: 250-442-8258**



## School District No. 51 (Boundary)

### Notice to Parents and Students: Outside Media in Schools

### Effective from date of enrolment to date of withdrawal

*For parents\* and high school students: Please complete, sign, and return to your school.*

**Student's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

**School:** \_\_\_\_\_

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

**If you do not want your child to be involved in such activities**, you need to:

- Tell your child to avoid these situations,
- Tell your child's teacher of your wishes,
- Complete and return the form on the back of this page to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image, or personal information by outside media.

Note that school and district staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public, such as sports events, student performances, Board of Education meetings, etc.

**For Parents:** I acknowledge receipt of this Notice. If I have questions I will contact the School District Information and Privacy Officer.

\_\_\_\_\_  
Parent's signature

**For Students:** I acknowledge that I am primarily responsible for protection of my personal privacy while at school and at school activities and will take appropriate steps to do so.

\_\_\_\_\_  
Student's signature

*\*For parents who have court orders describing their parental rights, this form should be signed by the parent who has the right to exercise the student's privacy protection rights.*

**Notice to School District re: Outside Media**  
**Effective from date of enrolment to date of withdrawal**

**NOTE:** *To be completed only if you wish to register an objection to publication of your child's personal information by outside media at school events.*

**I do not want** my child's image or name being published by outside media. I have told my child's teacher of my wishes. **I REQUEST** that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. **I CONSENT** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. **I MAY** choose to override this Notice by giving my consent in a specific circumstance. This request applies while my child is enrolled in the school unless I expressly revoke it.

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

**Parent's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

**Parent/Guardian\* Signature:** \_\_\_\_\_

**Parent/Guardian Contact Information** (for contacts related to this notice)

**Telephone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**For Students:**

I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

**Student Signature:** \_\_\_\_\_

*\*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

If you have questions about this notice or about the collection of student personal information, you may contact:

**The School Principal or the Superintendent of Schools**

**Business Address:** 1021 Central Avenue, Grand Forks BC V0H 1H0

**Telephone No.:** 250-442-8258