



# \*All Student's must provide Identification\*

Do you require assistance completing the registration package? Call 2508776820

## ***STUDENT INFORMATION***

Legal First Name:		Legal Last Name:		Legal Middle Name:	
Usual First Name:		Usual Last Name:		Usual Middle Name:	
Grade:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:		Care Card #:	
Home Language:			Language most used:		
<b>PHYSICAL ADDRESS</b>			<b>MAILING ADDRESS</b> <input type="checkbox"/> Same as Physical address		
Street # & Name:			Street # & Name:		PO Box #:
Apt#:	City:	Postal Code:	Apt #:	City:	Postal Code:
Home Phone: Unlisted <input type="checkbox"/>			Students Email Address:		Students Cell Phone:

**UPLOAD Student Identification**

## PARENT/GUARDIAN INFORMATION

Last Name:						
First Name:						
Relationship to student:						
Custody:	Sole <input type="checkbox"/> Shared <input type="checkbox"/>	Sole <input type="checkbox"/> Shared <input type="checkbox"/>	Sole <input type="checkbox"/> Shared <input type="checkbox"/>			
Court order in effect?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b><i>*If there are any custody arrangements, legal documentation must be filed with the school*</i></b>						
Contact Authorizations:	Lives with Student	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>
	Student Pick Up	<input type="checkbox"/>	Student Pick Up	<input type="checkbox"/>	Student Pick Up	<input type="checkbox"/>
	Receives Mailings	<input type="checkbox"/>	Receives Mailings	<input type="checkbox"/>	Receives Mailings	<input type="checkbox"/>
	Family Portal Access	<input type="checkbox"/>	Family Portal Access	<input type="checkbox"/>	Family Portal Access	<input type="checkbox"/>
	Receives Email	<input type="checkbox"/>	Receives Email	<input type="checkbox"/>	Receives Email	<input type="checkbox"/>
	Receives Auto Dial Calls	<input type="checkbox"/>	Receives Auto Dial Calls	<input type="checkbox"/>	Receives Auto Dial Calls	<input type="checkbox"/>
Home Phone:						
Cell Phone:						
Work Phone:						
Place of Employment:						
Email address:						
<b>PHYSICAL ADDRESS:</b>	<b>Same as Students <input type="checkbox"/></b>	<b>Same as Students <input type="checkbox"/></b>	<b>Same as Students <input type="checkbox"/></b>			
Street # & Name:						
City:						
Province:						
Postal Code:						
<b>MAILING ADDRESS:</b>						
Street # & Name:						
PO Box:						
City:						
Province:						
Postal Code:						

**EMERGENCY CONTACT INFORMATION:**

Last Name:			
First Name:			
Relationship:			
Home Phone:			
Work Phone:			
Cell Phone:			
Email Address:			
	Student Pick up <input type="checkbox"/>	Student Pick up <input type="checkbox"/>	Student Pick up <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Lives with student <input type="checkbox"/>	Lives with student <input type="checkbox"/>

**MEDICAL INFORMATION – Life-threatening Conditions**

Description of Condition:	Medications:
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**HEALTH ALERTS – Non-Life-threatening Conditions**

Description of Condition:	Medications:
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**STUDENT LEGAL ALERTS**

Description of Court Order:	Copy of Order provided to School Yes <input type="checkbox"/> No <input type="checkbox"/>
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**CITIZENSHIP**

Country of Birth:	Citizenship:	Refugee <input type="checkbox"/>	Entry date to Canada:
Visa Status:	Work Permit <input type="checkbox"/>	Study Permit <input type="checkbox"/>	
Visa Expiry:	Work Permit Expiry:	Study Permit Expiry Date:	

## ABORIGINAL ANCESTRY

Is your child of Aboriginal Ancestry? Yes <input type="checkbox"/> No <input type="checkbox"/>		Band of Membership:	
Inuit <input type="checkbox"/>	Metis <input type="checkbox"/>	Non-Status <input type="checkbox"/>	Band of Residence:
Status on Reserve <input type="checkbox"/>	Status off Reserve <input type="checkbox"/>	Status #	
I give consent for Aboriginal support programming/services: Yes <input type="checkbox"/> No <input type="checkbox"/>			

## BUS INFORMATION

School Bus Transportation required? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> AM Pick-up <input type="checkbox"/> PM Drop-off	<input type="checkbox"/> Regular Use <input checked="" type="checkbox"/> Occasional Use
Alternate AM Address:		
Alternate PM Address:		
Additional Information:		

## OTHER INFORMATION

Past Assistance:	Learning Assistance <input type="checkbox"/>	Educational Assessment <input type="checkbox"/>	Adaptations <input type="checkbox"/>
	Counsellor <input type="checkbox"/>	Modifications <input type="checkbox"/>	Hearing <input type="checkbox"/>
	IEP <input type="checkbox"/>	Speech/Language <input type="checkbox"/>	Physical Accommodations <input type="checkbox"/>

**\*\*\*\*\* A textbook deposit of \$75.00 is required for all Gr. 8-12 students. Payment is due upon registration \*\*\*\*\***

## PERMISSIONS

I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Advisory Council, safe arrival program, and classroom phoning / email committee etc.

I give my consent for the publication of my child's name, photograph and comments to be published for school purposes including but not limited to newsletters, yearbooks, brochures, news media, magazines, reports, school websites, videos and other forms of social media.

I give my consent for my child to participate in neighborhood, curriculum-based off school ground activities.

The information contained on this form is collected under the authority of the School Act, Section 13 and 79. This information will be used for education programming and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act (FIOPPA). If you have any questions about the information recorded on this form, please contact your school administration.

<b>Date:</b>	<b>Signature of Parent/Guardian:</b>
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**PREVIOUS SCHOOL INFORMATION** \*\*\*\*\*If applicable\*\*\*\*\*

Select School

**Student Withdrawal - Consent for release of Information**

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

**Previous School Name:** \_\_\_\_\_

**City/Province:** \_\_\_\_\_

*I authorize the above-named school to release all documents, including my child's file and his/her confidential file containing assessments or Individual Education Plans which would assist School District # 54 in developing an appropriate educational program. All information provided will be considered confidential and treated accordingly.*

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

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

## **Student Conduct**

The Board has a responsibility to establish, in agreement with the School Act and Regulations, the standard of conduct expected of the students of the district. In an effort to provide all students with a safe, positive learning environment, the District Code of Conduct formalizes expectations for student behavior, and individual school codes of conduct are developed within the framework of the district code. It is important for students and parents to be aware of district and school-wide expectations pertaining to student behavior. In the first days of the school year teachers work to make sure students understand expectations. In addition to this, we would like to make you aware of the following Board policies:

### **Student Involvement with Illegal Drugs and Alcohol (9.120)**

The Board opposes any involvement with illegal drugs or alcohol on school property or at school functions both within the district and on school travel or off school property. Any cases of pupil involvement with drugs or alcohol shall result in a suspension to the Board. The Board may impose a suspension of twenty (20) days, more or less, to reflect the nature and seriousness of the circumstances.

### **Bullying/Intimidation (9.235)**

The Board considers any act of bullying or intimidation to be a serious threat to the school environment and to the safety of students and staff. Administrators and staff shall make all reasonable attempts to minimize the risk of injury to any member of the school community and to take appropriate disciplinary and/or remedial action in accordance with the circumstances and seriousness of the offence.

### **Weapons at School (9.700)**

The Board considers the possession or use of any weapon by people on school property to be a serious threat to the school environment and to the safety of both students and staff. The definition of a weapon shall be at the discretion of the school staff. The Board shall take appropriate action and/or lay charges against any individual so involved.

**Please indicate you have read the above policies by signing below:**

**Date:**

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**Student Name:**

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**Parent/Guardian  
Signature:**

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# TECHNOLOGY – STUDENT ACCEPTABLE USE

## (Policy 6.335)

### ADMINISTRATIVE REGULATIONS

1. Students are responsible for good behaviour on school technology structures just as they are in a classroom or a school hallway. Communications on the network are often public in nature. School Codes of Conduct apply to student behaviour and communications.
2. Students may not access the Internet without permission from a Teacher.
3. Students are responsible for their network accounts and all activity taking place in their allotted storage space and under their password. Passwords must not be shared.
4. All technology structures, including computers, internet, email, hand-held devices, etc. must be used responsibly and in particular, when students use any of these structures, their conduct must reflect a respect for the rights of others and must not include offensive or illegal behaviour.
5. The use of all telecommunication and audio or video recording devices, including cellular phones, pagers/beepers, and cameras at schools and school sponsored or school related activities on or off school property, is prohibited during the school day except where expressly authorized.
6. These regulations apply to Student use of District technology structures within school/district facilities and outside of school/district facilities.
7. The connection of personal computing devices (laptops, etc.) to the district network is governed by Regulation 6.335.3.
8. A progressive system of discipline will be applied by teachers and/or Principals to students contravening these regulations.
9. Non-Acceptable usage includes, but is not limited activities that:
  - a. May lead to personal financial gain
  - b. Could be interpreted as gambling
  - c. Are used to conduct private business
  - d. Obscure the origin of any message under an assumed computer network address
  - e. Access illegal or offensive computer networks
  - f. 'hacking' into systems or deleting files to which the student does not have access privileges, introducing viruses or downloading or copying copyrighted material
  - g. Access, download or distribute unlicensed software or documentation
  - h. Initiate or distribute chain letters, advertising or unauthorized solicitations
  - i. Have not been approved during school hours by the student's teacher
  - j. Access electronic systems or information inappropriately or without authorization
  - k. Vandalize the system or system accounts
  - l. Produce product and/or service advertisement or political lobbying
  - m. Utilize network-intensive resources such as network games

- n. Violate or attempt to violate the security of the system or attempt to subvert other systems
- o. Deliberately or recklessly expose systems to computer infections
- p. Contravene any relevant federal, provincial or municipal statute

10. Students are required to sign a statement indicating that they have read, understood, and will comply with these regulations.

By signing below, I attest that I have read and understand Regulation 6.335.2 Student Acceptable Use. I further and explicitly agree to comply with all provisions.

**Select School** \_\_\_\_\_

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

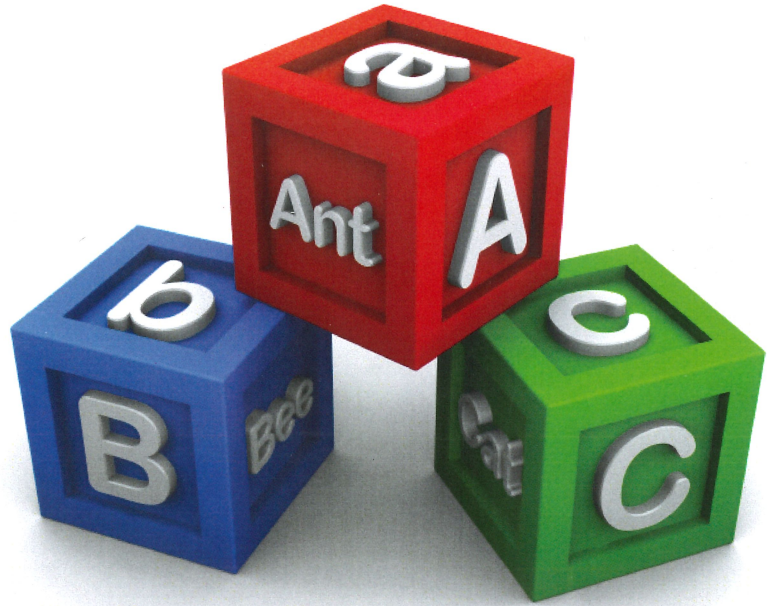
**Student Signature:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

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

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





## JANUARY

Dear Parents/Guardians:

It is time to get your child ready for kindergarten!

Children entering Kindergarten in September are eligible for school entry immunizations at the Smithers Public Health Unit. We also offer injury prevention information and nutritional resources.

At this time, we are unable to provide vision screening, hearing screening and dental screening services for pre-school children at these appointments.

Fortunately, vision checks are offered for free at optometrists for children under 12 years of age and families are encouraged to make an appointment at our local optometry office. If you have concerns about your child's hearing, please consult your physician.

Keeping your child on track for immunizations will protect them. It is recommended that all children in kindergarten receive vaccinations for:

- Tetanus, Diphtheria, Pertussis (Whooping Cough), Polio
- Measles, Mumps, Rubella and Varicella (Chickenpox)

Please call the Health Unit 250.847.6400 to make an appointment for your child's school entry immunizations as soon as possible as appointment availability may be limited.

**Please bring your child's immunization record with you to your appointment.**

If you are new to the community, please phone 250.847.6400 in advance to request a transfer of your child's records to the Smithers Health Unit.

**Smithers Community Health Unit at 250-847-6400.**

Located in the Courthouse building  
2nd Floor - 3793 Alfred Avenue  
Smithers, BC

