



Central Coast School District Student Registration Form

For School Use – School Registering: _____	Date: _____	<input type="checkbox"/> SPED	<input type="checkbox"/> ESD
Personal Education #: _____	Entry Date: _____	Grade: _____	

Student Information			
Full Legal Name: _____			
	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____		If the student has siblings in the school, please list them: _____
	<small>Year</small>	<small>Month</small>	<small>Day</small>

Previous School Information	
Name of Previous School: _____	Last date attended: _____
Reason for Transfer: _____	Grade at previous school: _____

Parent/Legal Guardian Information	
If there are two parents or guardians, it is important to fill in all sections below, whether or not the parents or guardians are living together.	

Parent/Legal Guardian	<small>Relationship to Student (select one)</small>		
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____		
	Last Name _____		
	First Name _____		
	Street Address _____		Has Access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No
			Check all applicable boxes <input type="checkbox"/> Receives mail regarding student <input type="checkbox"/> Lives with student <input type="checkbox"/> Has Access to Records <input type="checkbox"/> Has Custody
	PO Box _____	City _____	Province _____ Postal Code _____
Home Phone () _____		Work Phone () _____	
Cell Phone () _____		Email _____	

Parent/Legal Guardian	<small>Relationship to Student (select one)</small>		
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____		
	Last Name _____		
	First Name _____		
	Street Address _____		Has Access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No
			Check all applicable boxes <input type="checkbox"/> Receives mail regarding student <input type="checkbox"/> Lives with student <input type="checkbox"/> Has Access to Records <input type="checkbox"/> Has Custody
	PO Box _____	City _____	Province _____ Postal Code _____
Home Phone () _____		Work Phone () _____	
Cell Phone () _____		Email _____	

Parent/Legal Guardian	<small>Relationship to Student (select one)</small>		
	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____		
	Last Name _____		
	First Name _____		
	Street Address _____		Has Access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No
			Check all applicable boxes <input type="checkbox"/> Receives mail regarding student <input type="checkbox"/> Lives with student <input type="checkbox"/> Has Access to Records <input type="checkbox"/> Has Custody
	PO Box _____	City _____	Province _____ Postal Code _____
Home Phone () _____		Work Phone () _____	
Cell Phone () _____		Email _____	

Emergency Contact 1	Relationship to Student (select one) <input type="checkbox"/> Adult Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____			
	Last Name _____			
	First Name _____			
	Address _____ City _____ Province _____ Postal Code _____			
	Home Phone ()		Work Phone ()	
	Cell Phone ()		Email _____	

Emergency Contact 2	Relationship to Student (select one) <input type="checkbox"/> Adult Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____			
	Last Name _____			
	First Name _____			
	Address _____ City _____ Province _____ Postal Code _____			
	Home Phone ()		Work Phone ()	
	Cell Phone ()		Email _____	

Student Legal Alerts (optional)	Are there any family circumstances about which you wish the school to be aware? (court order, custody ect.)
<hr/> <hr/>	

Student Medical Alerts/ Info
<p>You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student.</p> <p>Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:</p> <p> <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies (please specify below) <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other: (please specify below) </p> <p>Notes: _____</p> <p>BC Health Care Number: _____</p>

Aboriginal Eligibility/Aboriginal Program Participation (REQUIRED INFORMATION FOR ALL STUDENTS IDENTIFYING AS FIRST NATIONS)
<p>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.</p> <p> <input type="checkbox"/> Status-On reserve <input type="checkbox"/> Status-off reserve <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status </p> <p>Dcpf "qh"Qtki lp< _____ Dcpf "qh"Tkulfgpeg'P co g-aaaaaa _____</p> <p>Status No.(10 digits) _____ Band No. (3 digits) _____</p> <p>As a parent/guardian of the above named student, I give permission for my child to receive additional support while attending school in School District 49 (Central Coast).</p> <p>I have identified my child as having Aboriginal ancestry and give informed consent for my child to access Aboriginal programs in the school where he/she attends. I understand this form will follow my child through to graduation, when moving to any Central Coast and area school. I am also aware that I can change my declaration of Aboriginal Ancestry upon my request.</p> <p>I am aware that these over and above services are available to students who self-identify as having Aboriginal ancestry and are funded by the B.C. Ministry of Education – Aboriginal Branch.</p> <p>Parent name (please print): _____ Parent Signature: _____ Date: _____</p>

Additional Student Information

Country of Birth: _____ Country of Citizenship: _____
If Applicable, Visa Status: _____ Visa Exp. Date: _____ B.C. Entry Date: _____
Home Language: _____ Language Most Used: _____ First Language: _____

Programs

English Language Learner (ELL) Eligibility: Students are eligible for ELL support when the Primary Language spoken at home is a language other than English and the student meets eligibility requirements after assessment. **IS YOUR CHILD IN THIS CATEGORY? Yes No**

Special Learning Needs: Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child? **Yes No** If Yes, please describe: _____

Declaration/Acknowledgement

This information will be used for registration, administrative, communication, educational, and reporting purposes. The information may be shared with other educational support workers employed by the Central Coast School District or with other employees to carry out their job duties or with providers of student transportation. In addition, the information will be used for matters of health and safety or discipline. Medical information will be shared with those transporting students in order to ensure their health and safety.

I acknowledge the information provided is true, correct, and complete. I have identified all parents and/or legal guardians for this student. The individuals identified in the parent/legal guardian section have the right to view student information and to make educational decisions for this child unless I have provided legal documentation to the school stating otherwise.

Further, I recognize that it is my responsibility to notify my child's school should any of the above information change as soon as possible.

Date: _____ Signature: _____

Date: _____ Administrator's Signature: _____



School District Use of Personal Information

The Central Coast School District is authorized and required under the provisions of the school act, in accordance with the ***Freedom of Information and Privacy Act (FOIP)***, to collect, use and disclose personal information necessary to provide an educational program and ensure a safe and secure school environment for students. Consent is not required for these purposes.

In addition, as part of digital citizenship, students will be taught to limit, and consider the privacy implications, of sharing their personal information online.

The following are some ***examples*** of how personal information may be used by the Central Coast School District and its schools. This list is not intended to be all-inclusive.

- Student records, report cards, attendance
- Photographs or videos (e.g. individual, class, team, club) that feature students and are used within the school
- School newsletters, school websites
- Classroom or program assignments and activities
- Assignment of a school district email account and use of educational tools such as Google for Education, Moodle, and others which may require student information to log-in
- Parent/guardian information for absenteeism, emergencies, etc.
- Transportation services (bussing)
- School-sponsored activities such as fine arts productions, presentations, fairs, celebrations, clubs, school activities, field trips
- To determine eligibility or suitability for an award, scholarship, athletic program, etc.
- Law enforcement and or matters relating to safety and security.

Parent/guardian consent is required for student information to be used for purposes beyond educational programming and student safety.

Parents are under no obligation to provide consent by signing these forms. Consent may be withdrawn at any time by notifying the principal in writing.

Please Note: *Photos, videos, or images of students attending or participating in school activities (e.g. sporting events, concerts, cultural programs, field trips, graduation or other ceremonies), which are open to the public, may be taken by anyone in attendance without prior consent. The Central Coast School District cannot control or prevent the further distribution of these photos, videos, or images.*



Central Coast School District Technology Acceptable Use Policy

TECHNOLOGY ACCEPTABLE USE POLICY (AUP)

The Central Coast School District recognizes the value of technology in enhancing student learning and in enhancing the administration and operation of its schools. To this end and in order to support its mission and goals, the Central Coast School District encourages the responsible use of technology and the Internet to include the guiding principles of: respect, privacy, sharing and safety.

Access to information, collaboration and creativity are vital to intellectual enhancement and productivity. However, since the Internet is ever-changing and unregulated, information available is impossible to control or filter. As with other methods of communication, there are opportunities for students or staff to create and distribute inappropriate materials and to conduct themselves in ways that are unacceptable. Therefore, the Board is obliged to inform all students and parents of potential risks and benefits, and impose governance on the use of technology.

GUIDELINES FOR ACCEPTABLE USE

User Responsibility

- To use computer networks for educational purposes
- To respect copyright laws
- To respect the privacy of others
- To follow established guidelines for computer use and etiquette
- To report violations to supervisors, teachers, or school administration
- To use the internet safely and responsibly and to immediately leave any site that contains inappropriate content.

Unacceptable Uses

- Using the network for non-educational purposes
- Deliberately damaging equipment or disrupting network performance and services
- Wasting resources such as paper or ink
- Accessing, damaging or destroying the files of another user
- Bullying or harassment of others
- Using language that may be offensive to others
- Using language that may be offensive to others
- Using networks to access or distribute inappropriate material that is obscene, pornographic, threatening or racially offensive
- Using authorized copies of information or software
- Failing to immediately leave an inappropriate internet site
- Plagiarism or unauthorized use of someone else's work.

Possible Consequences of Unacceptable Student Use

- Loss of network privileges
- Disciplinary action through the school or district code of conduct
- Financial liability for damaged equipment

TECHNOLOGY TOOLS ACCESS:

An important part of learning involves using Internet-based tools to create and to share learning--to continue building a lifelong digital portfolio. Some tools may require the school to create a personal account; using his/her school provisioned email account. Please note that your child will use Internet-based tools for both classroom activities and home-based assignments, and will continue to hold accounts after our coursework is completed. Accounts will be monitored closely by teachers and administration at the school.

Your written consent to your child's use of Internet-based tools is required by British Columbia's Freedom of Information and Protection of Privacy Act (FIPPA).

If you choose not to provide your consent to your child's use of Internet-based tools, your child will not be penalized in any way and alternate activities will be provided, as appropriate.

It is important to be aware that the majority of the Internet-based tools noted below are online services hosted outside of British Columbia and possibly Canada. While stored outside the country, information in your child's accounts may be subject to the laws of foreign jurisdictions, including, in the United States, the USA Patriot Act.

As a general safe practice, when interacting with any online service, students will be taught to and should care and avoid posting personal information or personal location that could be used to identify themselves or other persons.

To explain and document their learning, students may be using sites like Google Sites, Prezi, Showme, Kidblog, Edublog, Voicethread, Wordpress, Flickr, or similarly related sites/apps.

To communicate with other learners, students may be using Twitter(teacher/class account –not personal accounts), Wordpress, Kidblogs, Google Sites, Skype, or wikispaces.

To store and manage assignments and other information, students may be using our school server, Dropbox, YouTube, Evernote, or Google Drive.

Declaration/Acknowledgement

I acknowledge I understand and have read the information above and give my consent for my child to make use of technology within an educational setting.

Further, I recognize that it is my responsibility to notify my child's school should I wish to change this permission.

Date: _____

Signature: _____



Social Media / Field Trips / Intramural Sports

Social Media

In accordance with the Freedom of Information and Protection Privacy Act, the Central Coast School District requires specific consent to use a students' first name, photograph/video on school or district websites, or social media sites such as Twitter, Instagram, Facebook, and YouTube, accessible to the general public.

Declaration/Acknowledgement

I acknowledge I understand and have read the information above and give my consent for my child and their image to be captured in the course of school events and for recognition purposes.

Further, I recognize that it is my responsibility to notify my child's school should I wish to change this permission.

Date: _____ Signature: _____

Intramural Program

During the year there are a number of occasions in which students participate in lunch hour athletic / fun activities and events. Participation in these events is optional. However, the school requires parental permission from parents for child to participate in these events. By signing below, parents understand that although the risk is small, any athletic / fun activity comes with a risk of injury to a student.

Declaration/Acknowledgement

I acknowledge I understand and have read the information above and give my consent for my child to participate in intramural and extra-curricular sports.

Further, I recognize that it is my responsibility to notify my child's school should I wish to change this permission.

Date: _____ Signature: _____

Field Trips

During the year there are a number of occasions in which we take the students on field trips involving the bussing of students within the area. You will be informed of the dates and times for your child to go on these events, please sign the following. This does not mean that you cannot deny permission for a particular event, by informing the school before the event.

Declaration/Acknowledgement

I acknowledge I understand and have read the information above and give my consent for my child to participate in field trips / day trips within the Bella Coola Valley.

Further, I recognize that it is my responsibility to notify my child's school should I wish to change this permission.

Date: _____ Signature: _____