



# Student Registration Form

School District No. 27 Cariboo – Chilcotin

Peter Skene Ogden Secondary  
100 Mile House, BC V0K  
Phone (250) 395-2461  
Email psinfo@sd27.bc.ca

## STUDENT INFORMATION

Registration Date \_\_\_\_\_

School of Registration \_\_\_\_\_

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

Usual Last Name \_\_\_\_\_

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

Usual First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Male / Female (Circle One)

Preferred Gender (If Applicable) \_\_\_\_\_

Birthdate (DD-MMM-YYYY) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

**PROOF OF AGE (Please attach copy of Government issued proof)**

Grade \_\_\_\_\_

Last School District \_\_\_\_\_

Last Strong Start or School \_\_\_\_\_

## **PHYSICAL ADDRESS – TWO PIECES OF PROOF OF ADDRESS REQUIRED**

Street Name & Number \_\_\_\_\_

RR Number / PO Box \_\_\_\_\_

Town / City \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Unlisted Phone Number (if applicable) ( ) \_\_\_\_\_

## **MAILING ADDRESS (If Different Than Physical)**

Street Name & Number \_\_\_\_\_

RR Number / PO Box \_\_\_\_\_

Town / City \_\_\_\_\_

Postal Code \_\_\_\_\_



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Peter Skene Ogden Secondary  
100 Mile House, BC V0K 2E0

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## CITIZENSHIP INFORMATION (Insert Where Applicable)

Province or Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

Language Most Used \_\_\_\_\_

First Language \_\_\_\_\_

OUT OF PROVINCE STUDENTS		
Student is from out of province and NOT living with parents	Yes	No
INTERNATIONAL STUDENTS		
Is the student a Canadian citizen?	Yes	No
Is the student a Refugee?	Yes	No

## ABORIGINAL ANCESTRY (If Applicable)

Choose all that Apply		
First Nations Ancestry	Yes	No
Status First Nations	Yes	No
Status Card Number-optional:		
Non - Status First Nations	Yes	No
Metis	Yes	No
Inuit	Yes	No
Living on Reserve	Yes	No
If Yes Living on Reserve - Band of Residence		
If Yes Living on Reserve - Band of Origin		

## FRENCH IMMERSION (If Applicable)

Circle Yes or No		
Early French Immersion (Circle Yes or No)	Yes	No

SPECIAL EDUCATION		
Has your child ever had the following?		
English Language Learning (ELL or ESD)	Yes	No
Learning Assistance	Yes	No

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian

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

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

Relationship to Student \_\_\_\_\_

Living with Student – Yes / No (Circle One)

Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Can Pick-Up Student? – Yes / No (Circle One)

Do you have a specific custody arrangement that we should know about? – Yes / No (Circle One)

If YES, please provide a copy of the court order.

Parent/Guardian

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

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

Relationship to Student \_\_\_\_\_

Living With Student - Yes / No (Circle One)

Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Can Pick-Up Student? – Yes / No (Circle One)

**EMERGENCY CONTACT INFORMATION**

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

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

Relationship \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

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

Relationship \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**SCHOOL AGED SIBLING**

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

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

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

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

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

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

**MEDICAL INFORMATION**

Care Card No. \_\_\_\_\_

Diabetes

Allergies

Other \_\_\_\_\_

Life Threatening illness – Yes / No (Circle One)

If YES, please complete the SCHOOL DISTRICT #27 MEDICAL ALERT INFORMATION FORM

**KINDERGARTEN REGISTRATION**

Please Share with us any suggestions and/or concerns that would help your child's transition to Kindergarten

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**RELEASE OF INFORMATION**

I PERMIT:

- The school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council and/or to activities connected to School Graduation Functions for the purpose of school related communications.

AND ACKNOWLEDGE:

- That my child will use his / her locker / desk only for accepted school related activities and that it may be inspected by the Principal or other person in authority with the Principal at any time without notice.
- That schools have the obligation and right to share demographic information with Provincial Health and Social Services agencies.

NOTE: If you take exception to any of the above, please discuss your objections with the Principal.

Parent / Guardian Approval: \_\_\_\_\_  
(Signature)

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

Checked by: \_\_\_\_\_

Attachments:

Outside Media and Personal Consent

Computer Usage / Privacy Consent



# Media Consent Form

School District No. 27 Cariboo - Chilcotin

350 North Second Avenue  
Williams Lake, BC V2G 1Z9

Phone: (250) 399-3800  
Fax: (250) 392-3600

## Notice to Parents and Students Outside Media in Schools and Personal Information Consent

*Please complete, sign, and return to your school.*

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

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

The purpose of this document is to make you aware of the following:

1. Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to school activities and allowed to take photos, video, or conduct interviews with students for the purpose of promoting the public understanding of school programs.
2. School and district staff cannot control news media access, photos, or videos taken by the media or others in public locations (such as on field trips or off school grounds) or for school events open to the public such as sporting events, student performances, school board meetings, etc.
3. Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions.
4. The Board of Education of School District No. 27 is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications (school newsletters etc.) and on the school or District's website for education related purposes (such as recognizing and encouraging student achievement, building the school community, and informing others about the school and District programs and activities).

Parents and Students, please complete the four areas below and return to your school.

### Please check A OR B (not both)

- A.  I DO CONSENT to the use and disclosure of my child's name and/or image by outside media (newspaper, radio, television etc.) for this school year.
- B.  I DO NOT CONSENT to my child's image or name being published by outside media (newspaper, radio, television etc.). 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 MAY choose to override this Notice by giving my consent in a specific circumstance. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.



# Media Consent Form

School District No 27 Cariboo - Chilcotin

350 North Second Avenue  
Williams Lake, BC V2G 1Z9  
Phone: (250) 398-3800  
Fax: (250) 392-3600

## Please check A OR B (not both)

A. \_\_\_\_\_ I DO CONSENT for the school or District to collect, use, and share my child's name and/or image for purposes of School and District Communications such as school newsletters, websites, videos etc. I understand that images and information posted on the internet may be stored and accessed outside of Canada.

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 September 30 of the next school year.

B. \_\_\_\_\_ I DO NOT CONSENT to the use and disclosure of my child's name and/or image for the above purposes for this school year.

## For Parents/Guardians:

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

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

Parents, please check mark the following:

- I acknowledge receiving this notice.  
 I have completed the above two sections.

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

Parents/Guardians, if you have questions about this form, please contact your child's school.

*\*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.*

## For Students:

Students, please check mark the following:

- I acknowledge receiving this notice.  
 I am aware of my parent's wishes as expressed above.

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

*\*\* Student signature required only if they are aware and capable of protecting themselves and in Grades 4 to 12.*



# Computer / Privacy Consent

School District No 27 Cariboo - Chilcotin

350 North Second Avenue  
Williams Lake, BC V2G 1Z9

Phone: (250) 398-3800  
Fax: (250) 392-3600

## Notice to Parents and Students Computer Usage and Privacy Information Consent

*Please complete, sign, and return to your school.*

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

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

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

The purpose of this document is to make you aware of two issues – Computer Use and Privacy:

### Computer User Responsibilities:

- a. As a student of School District No. 27, all student users will keep confidential their password to on-line learning resources, and will change their password on a regular basis (or as required by the online learning program). Students will not disclose their password to anyone other than their teacher.
- b. When accessing on-line teacher-approved learning resources, all student users will maintain the same standards of good taste as it exists in their classroom. Users will refrain from the use of profanity, making comments that would offend others, bullying or other harassing behavior.
- c. Student users agree not to sell, publish or commercially exploit information obtained from online information services unless written permission is obtained from their school Principal or designate.
- d. Student users agree not to upload/download copyrighted software, divulge security codes, damage data, or engage in any other illegal activities.
- e. Student users will not use their access privileges for sales promotion, or broadcasting information, without the approval of their school Principal or designate.
- f. Users will not attempt unauthorized access to online information services.
- g. Students must have a signed parent consent form (as per this document) to access online learning resources.

### Please check A or B (not both)

- A.  I DO CONSENT to the review of the Computer User Responsibilities with my child for this school year.
- B.  I DO NOT CONSENT to my child using computer resources for this school year.

I REQUEST that the school district and its staff take all reasonable steps to avoid having my child access computer resources while at school. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

NOTE: If you DO NOT CONSENT, please discuss your objections with the Principal.



# Computer / Privacy Consent

School District No. 27 Cariboo - Chilcotin

350 North Second Avenue  
Williams Lake, BC V2G 1Z9

Phone: (250) 398-3800  
Fax: (250) 392-3600

## Privacy Information:

- School District No. 27 uses online learning applications (examples of cloud computing include web-based email, social networking sites, online video, online educational sites where students are registered, and document collaboration tools).
- The online learning applications may involve personal information which will be collected by the School District for educational purposes and shared to the online service. This notice is provided to you because of s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA).
- All attempts will be made to ensure that student data is stored in Canada.
- Some educational applications are available only with storage of student data on secure servers located outside of Canada. While stored outside of the country, the information may be subject to the laws of the foreign jurisdiction, including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this fact and obtain your consent to this arrangement.

### Please check A or B (not both)

- A. \_\_\_\_\_ I DO CONSENT for the school to share my child's personal information with online learning services (the Internet).
- B. \_\_\_\_\_ I DO NOT CONSENT to the use and disclosure of my child's name and/or personal information to online learning services for this school year. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

### For Parents/Guardians:

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

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

Parents, please check mark the following:

- I acknowledge receiving this notice.
- I have completed the above two sections (On pages One and Two of this Form).

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

Parents/Guardians, if you have questions about this form, please contact your child's school.

*\*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.*

### For Students:

Students, please check mark the following:

- I acknowledge receiving this notice.
- I am aware of my parent's wishes as expressed above.

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

*\*\* Student signature required only if they are aware and capable of protecting themselves and in Grades 4 to 12.*





**SCHOOL DISTRICT #27 (CARIBOO-CHILCOTIN)  
STUDENT RECORDS REQUEST  
CONSENT FOR RELEASE OF EDUCATIONAL INFORMATION**

**Peter Skene Ogden Secondary School  
200 7<sup>th</sup> Street Box 910  
100 Mile House, BC  
V0K 2E0  
250-395-2461 [psinfo@sd27.bc.ca](mailto:psinfo@sd27.bc.ca)**

<b>To</b>		<b>From</b>	
<b>Fax /Email</b>		<b>Date</b>	
<b>Student</b>		<b>Birthdate</b>	

The above student(s) has registered at the above noted school as of \_\_\_\_\_.

**OFFICE USE ONLY:**  WITHDRAW  SEND RECORDS  CROSS-ENROLL  PRE-TRANSITION

Please forward:

- **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).|
- **Permanent Student Record Card**
- **Individual Education Plans (IEP):** if there is one for the student.
- **Support Services File(Confidential Files):** if there is one for the student including any confidential or other documents pertaining to the above student from Psychologists, Social Workers, Speech/Language Pathologists, Counsellors, etc.

I confirm that I am the parent/guardian of the above named student. I hereby authorize you to release/share the above noted information about my child with School District #27 and to discuss information relevant to the planning of their school program with school district personnel.

**\*\*This consent will expire 90 days after the date below.\*\***

\_\_\_\_\_  
Parent/Guardian Name  
Please print

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

\_\_\_\_\_  
Date

The information on this form is collect under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 97 (2) of the School Act. If you have any questions about the collection and use of this information, please contact: **Cathy van der Mark, Director of Inclusive Education– Support Se1165B Blair Street, Williams Lake, BC V2G 1X3 Phone(250)398-3851 Email: [cathy.vandermark@sd27.bc.ca](mailto:cathy.vandermark@sd27.bc.ca)**