



SCHOOL DISTRICT NO. 27 (Cariboo-Chilcotin)

PETER SKENE OGDEN SECONDARY SCHOOL

ALTERNATE PROGRAM APPLICATION 2023/2024 SCHOOL YEAR

BEFORE SUBMITTING THIS APPLICATION BE SURE YOUR STUDENT IS REGISTERED AT PSO

Student Legal First Name:		Student Legal Last Name:	
Preferred First Name:		Preferred last Name:	
Date of Birth:	Indigenous Ancestry: Yes /No	Band of Origin:	
Student PEN Number:		Band of Residence:	
Primary Telephone Number Circle One: Home Cell Work		Alternate Telephone Number: Circle One: Home Cell Work	
Parent/ Legal Guardian Name (s):		Email	
Physical address:	City:	Postal Code:	
Mailing address: Same as above <input type="checkbox"/>	City	Postal Code:	
Requested Program (check one)	Connections Block <input type="checkbox"/>	PSO Storefront <input type="checkbox"/>	
Request period:	1 semester <input type="checkbox"/>	Full year <input type="checkbox"/>	
Reason for Request:			

Parent Guardian Signature: _____

Student Signature: _____

Submit application to:

Peter Skene Ogden Secondary
200-7th street
100 Mile House, BC
V0K 2G0

Applications will not be accepted at Storefront Location

Office use only:
Date Received: _____
Received by (initials): _____

Administration use only:
<input type="checkbox"/> Approved for intake process
<input type="checkbox"/> Denied for intake process
Date: _____
Parent/ Guardian contacted: _____



PSO Storefront Student Registration Form

School District No. 27 Cariboo - Chilcotin

PO Box 910
100 Mile House, BC V0K 2E0
Phone: (250) 395-2461

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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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
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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
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Status Card Number-optional:	Yes	No
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Non - Status First Nations	Yes	No
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Metis	Yes	No
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Inuit	Yes	No
-------	-----	----

Living on Reserve	Yes	No
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If Yes Living on Reserve - Band of Residence		
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If Yes Living on Reserve - Band of Origin		
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FRENCH IMMERSION (If Applicable)

Circle Yes or No

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

Has your child ever had the following?

English Language Learning (ELL or ESD)	Yes	No
--	-----	----

Learning Assistance	Yes	No
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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



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KINDERGARTEN REGISTRATION

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

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



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: _____

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:

- a. 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**).
- b. 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).
- c. All attempts will be made to ensure that student data is stored in Canada.
- d. 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.*



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

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: _____

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 (for example, a Newspaper Reporter Taking Pictures at an Assembly).
- 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
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 Phone: (250) 398-3800
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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. (for example, your child's picture on the SD27 Website). 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.*



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



Peter Skene Ogden Secondary 200 7th Street
 Box 910
 100 Mile House, BC V0K 2E0
 Phone: (250)395-2461

To		From	
Fax /Email		Date	
Student		Birthdate	

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

