



New Student Registration Checklist

**John Maclure
Community School**

Student Name: _____

Date: _____

Time: _____

Items Required for Registration

- Completed Registration Package
 - AP 336-1 School Registration Form
 - AP 417-2 Information & Communication Services User Agreement
 - AP 336-2 Request for Email Address Consent
 - AP 324-1 Photo/Video and Media Consent Form

Year of Grad: _____

Identification and Proof of Address

- Child's Birth Certificate, passport, or Permanent Resident Card (we require a copy of both sides of the PR Card)
- Proof that one parent is a Canadian Citizen or Permanent Resident. We will accept a Canadian Passport, Canadian Citizenship Certificate or Permanent Resident card (*we require a copy of both sides of the PR Card*). If you became a Permanent Resident after August 1, 2016, you must book an appointment at the School Board Office prior to registering your child.
- Documents Proving Current Address - We need one of the following documents: Mortgage documents, Rental or Lease Agreement, Property Sale Agreement, Property Tax Notice, Home Insurance or Utility Bill
- Plus one of the following: Government Document with your current address i.e. MSP document, Child Tax Credit document, Income Tax Assessment, Vehicle Insurance or most recent T4

For Office Use Only

- Verify address in in our catchment
- Notify teacher (minimum 24 hours prior)
- Request release & records from previous school
- Enter Student in MyEd, add courses, assign program if needed
- Create file, file tabs and labels
- Notify ELL (if needed) & LSS
- Share name, grade, student # & division with Library Tech
- Add to ELL Snapshot (if needed)
- Print Student Verification form and add to Emergency Contact binder
- Add student to CMP
- Received Student ID, Parent ID & 2 Proof of Address'

Notes: _____



DOCUMENTATION REQUIRED TO REGISTER

ALL DOCUMENTATION MUST BE PRESENTED BEFORE REGISTRATION IS CONSIDERED COMPLETE.

- Child's Birth Certificate (preferably with parent names) – Ministry Requirement**
Passport/PR Card may be used as additional documentation - Care Card # is needed on the registration form



- Proof that one parent is a **Canadian Citizen or Permanent Resident** (we need a copy of both side of the PR Card).

(Permanent Resident cards dated after August 1, 2016, must go to the School Board Office)

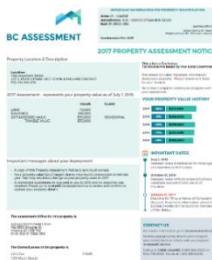


Canadian Citizenship Card



Canadian Citizenship Certificate

- Documents Proving Address – **ONE OF THE FOLLOWING: Mortgage document, Rental or Lease Agreement Property Sale Agreement, Property Tax Notice, Home Insurance, Utility bill**



- PLUS ONE OF THE FOLLOWING: Government Document ie. MSP bill, Child Tax Credit, Income Tax Assessment, Vehicle Insurance, most recent T4**

Canada Revenue Agency / Agence du revenu du Canada		T4 Statement of Remuneration Paid / Etat de la rémunération payée	
Year / Année	2016		
Employment income – line 101 / Revenu d'emploi – ligne 101	14	\$35,000	22
Province of employment / Province d'emploi	10	16	24
Employment code / Code d'emploi	29	17	26
Employer's EI premiums – line 312 / Cotisations de l'employé à l'AE – ligne 312	18	\$570.00	44
Income tax deducted – line 437 / Impôt sur le revenu retenu – ligne 437			\$479.1
Employee's CPP contributions – line 308 / Cotisations de l'employé au RPP – ligne 308		\$1550.25	
Employee's QPP contributions – line 308 / Cotisations de l'employé au RPPQ – ligne 308			\$35,000
Employee's EI earnings / Gains assurables d'AE			
Union dues – line 212 / Cotisations syndicales – ligne 212			

- Other required documents as determined by the school.

AP 336-1 School Registration Form

[Clear All Entries](#)

(use the Tab key to navigate the fields)

A child may only be registered in one school in the Abbotsford School District. In the case of a family registering with multiple children please use one form per child.

Catchment School _____

Requested Out-of-Catchment or District Program/Placed School _____

STUDENT INFORMATION

Gender Identity M=male, F=female, X=nonbinary _____

Legal Last Name _____ Legal First Name _____

Usual Last Name _____ Preferred First Name _____

Legal Middle Name _____ No Middle Name

Birth Date _____ (DD/Month/YYYY e.g. 24 May 2005)

Grade _____ Proof of Age Birth Certificate Passport Citizenship Paper

Home Phone _____

ADDRESS INFORMATION

Street Address _____

City _____ Prov. _____ Postal Code _____

Proof of Residence Provided Yes No (*see below)

Mailing Address (if different from above) _____

City _____ Prov. _____ Postal Code _____

* In order for a child to be registered in an Abbotsford school, proof of address must be shown by presenting one of the following legal documents: Mortgage Document, Rental or Lease Agreement, Property Sale Agreement, Property Tax Notice, Home Insurance, Utility Bill. In addition, one or more of the following documents containing the name and address of the parent/guardian is required: Government Document ie. MSP bill, Child Tax Credit, Income Tax Assessment, Vehicle Insurance, most recent T4.

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offense of perjury, contrary to Section 131 of the Canadian Criminal Code.

ADMISSION INFORMATION

Previous School _____

City & Province _____

Date left previous school _____ Expected start date _____

FOR KINDERGARTEN REGISTRATION ONLY

Attended Preschool Yes No Attended Daycare Yes No Attended StrongStart Yes No

Previous School _____ City/Prov. _____

BUSSING (does not apply for District Programs)

Is bussing needed Yes No If Yes, please request a school district transportation form.

INDIGENOUS ANCESTRY INFORMATION Yes No If yes,

Inuit Metis First Nation Non-Status First Nation Status on Reserve First Nation Status off Reserve

Band Name _____ Band Number _____

PROGRAM

French Immersion ELL Special Education *Designation *My child has an IEP

*Was in an Alternate Program (title) _____

IMMIGRATION/CITIZENSHIP STATUS

Country of Birth _____ Language at Home _____

Canadian Citizen Child Parent • Permanent Resident/Landed Immigrant Child Parent
 Refugee Child Parent • International Student (funding not eligible) Child Parent
 Student Visa Child Parent • Employment Authorization Child Parent

PARENTS/GUARDIANS

1. Last Name _____ First Name _____

Relationship to Student _____

Living with Student Yes No Same Address as Student Yes No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

2. Last Name _____ First Name _____

Relationship to Student _____

Living with Student Yes No Same Address as Student Yes No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

Are there any legal documents in force re: custody/guardianship/access? Yes No

Have you provided a copy of these legal documents to the school? Yes No

Comments/details re submitted court order _____

*Please note that court orders cannot be followed or acted upon by the school unless a copy has been formally submitted to the school.

SIBLING INFORMATION (brothers/sisters including preschoolers in the same or a different school within the Abbotsford School District)

	Sibling 1	Sibling 2	Sibling 3
Last Name			
First Name			
Relationship			
School			
DOB			
Sex (Male/Female)			

CONTACT INFORMATION (other than parent/guardian)

1. Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

2. Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

OUT OF PROVINCE CONTACT INFORMATION (In case of Provincial disaster)

Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

MEDICAL INFORMATION

Doctor Name _____ Phone _____
 Care Card Number _____
 Allergies and Conditions _____
 Are any of these conditions life threatening? Yes No If so, which? _____
 Life Threatening Conditions/Medication or Treatment Required:
 Condition _____ Treatment _____

(AP 327 – Medical Alert Conditions, AP 328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website.

Name (printed) _____ Signature (parent/guardian) _____

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

1. GRADE 8-12 STUDENTS ONLY

All students participating in secondary athletics in Abbotsford need to be registered with BC School Sports. I authorize disclosure of my child’s name, birthdate, current grade, year my child entered grade 8 and previous school to BC School Sports for registration purposes.

Signature _____

2. COMPUTER AND INTERNET USAGE AND ACCESS

Access to and participation in the global network (Internet) carries with it a responsibility for adherence to established guidelines for acceptable use, as per AP 334 – Online Communications and Digital Learning. Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. The procedure and parental consent form are available at the school office or on the District website. I will review this policy prior to signing my child’s user agreement.

Signature _____

3. CANADA ANTI-SPAM LEGISLATION (CASL) COMPLIANCE FORM

To ensure that you consent to receive electronic newsletters, school and community updates on matters from your children’s school(s) and the school district, please complete the accompanying Canada Anti-Spam Legislation (CASL) Compliance Form. (AP 336-2 Request for Email Address Consent)

4. PHOTOGRAPH/VIDEO AND MEDIA CONSENT FORM

To give your consent to the Abbotsford School District to collect, use and publicly disclose your child’s name, voice and/or image for purposes consistent with AP 324, please complete form AP 324-1 Photograph/Video and Media Consent Form.

Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashionline.com> (it takes less than five minutes)

Office Use Only

Date Rec’d _____ Time Rec’d _____

Received By _____ Computer User Agreement Rec’d Yes No

School Entry Date _____ PEN _____ MyBCed# _____

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the Freedom of Information Coordinator, District Administration Office, 604-859-4891.

AP 324-1 –Photograph/Video and Media Consent Form

In accordance with the BC [Freedom of Information and Protection of Privacy Act](#), the Abbotsford School District is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the School District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

For example, student names and/or images may be used in:

- School and School District communications, such as newsletters, brochures and reports;
- School yearbooks
- School and School District websites, social media sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to school-related events);**
- Videos, CDs and DVDs designed primarily for educational use.

** Please note that school and district staff cannot control news media access and photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.

Please complete and return to your school:

_____ **I DO GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year. I understand that images posted on the internet may be stored and accessed outside of Canada.

_____ **I DO NOT GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year.

Student's Name: LAST _____ FIRST _____
(please print)

Student signature (for Secondary school students only) _____

Parent/Guardian Name: LAST _____ FIRST _____
(please print)

Parent/Guardian Signature _____

Parent/Guardian Phone #s _____ Date _____

School _____

District Freedom of Information and Protection of Privacy Officer:
Ms. Tracy Orobko,
Abbotsford School District,
tracy.orobko@abbyschools.ca

AP 417-2 Information and Communications Services User Agreement

I understand and will abide by the terms and conditions of the Information and Communications Services User Agreement. I further understand that any violation of these terms and conditions will be subject to the disciplinary codes set out by the Abbotsford School District and will be handled in accordance with those codes. Depending on the severity of the violation, discipline could lead to suspension of computer privileges, suspension or expulsion from school. The appropriate legal authorities will be contacted if there is any suspicion of illegal activity.

(please print)

First Name: _____ Last Name: _____

School (if student) or Position (if employee): _____

Date: _____ Signature: _____

PARENT/GUARDIAN AGREEMENT

If the user is a student and is under the age of 19, a parent or guardian must also read and sign this agreement.

As the parent or guardian of the user named above, I have read this agreement. I have also taken reasonable steps to ensure that the child named above understands the terms and conditions of this agreement. I understand that access to the System is designed for educational purposes and that there are limitations on the use of the System. I recognize that, although the Abbotsford School District has taken reasonable measures to limit access to objectionable and illegal materials, the school district cannot guarantee that 100% of materials accessed via the Internet, either intentionally or unintentionally, will not include offensive or illegal content.

I hereby give permission for the child named above to access the System and certify that the information contained on this form is correct.

(please print)

First Name: _____ Last Name: _____

Relationship to student: _____

Date: _____ Signature: _____

AP 336-2 Request for Email Address Consent (CASL)

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, Abbotsford School District would like to ensure that we have your consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

- Yes, I CONSENT to receiving the above communications to my email address which I have provided below, and understand that I can withdraw this consent at any time.

Email Address: _____

- No, I DO NOT CONSENT to receiving the above communications to my email address.

Name: _____

Signature: _____

Date: _____

Your Child(ren)'s name(s): _____

This information will be kept on file at the school your child is attending in Abbotsford School District.

If you have any questions please contact us at:

info@abbyschools.ca

Abbotsford School District,

2790 Tims St,

Abbotsford, BC, V2T 4M7

www.abbyschools.ca