Kindergarten Registration Checklist 2026

John Maclure Community School

For Office Use Only

Student Name: _____

Date: _____

Time: _____

Required Registration Forms

☐ *AP 336-1 School Registration Form*
☐ *AP 336-2 Request for Email Address Consent*
☐ *AP 324-1 Photo/Video and Media Consent Form*
☐ *AP 308-6 Extracurricular Athletics Consent and Participation Agreement*

Identification and Proof of Address

☐ *Proof of child's age.*
- Birth Certificate; or
- 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.*
- Canadian Birth Certificate; or
- Canadian Passport; or
- Canadian Citizenship Certificate; or
- Permanent Resident card (we require a copy of both sides of the PR Card)

☐ *One of the following documents containing the name and address of the parent/guardian.*
- Utility Bill; or
- Mortgage document; or
- Property Sale Agreement; or
- Property Tax Notice

☐ *One of the following documents containing the name and address of the parent/guardian.*
- Child Tax Statement; or
- Government Notice of Assessment; or
- Current Year T4; or
- Government Document (eg. MSP Bill)

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☐ Verify address is in our catchment: _____

☐ Receive Student ID, Parent ID, & 2 Proof of address'

☐ Add student to registration spreadsheet

☐ Pre-Reg or Pre-Transition: _____

Notes: _____

_____

_____

_____

AP 336-1 School Registration Form for Elementary & Middle School

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, evidence of guardianship and proof of residency must be provided. These documents include photo identification of the parent/legal guardian, evidence of guardianship as shown on the child's long-form birth certificate or another legal document, and the child's birth certificate. Evidence of residency is required by providing one primary source and one secondary source reflecting the parent/legal guardian's name and address as per Administrative Procedure, Section 2. Primary sources must be current-dated documents that include utility/electricity bills, Canada Revenue Agency documents, and BC Medical Services Plan invoice/statement. Secondary sources must be current-dated documents that include: internet service for the address, Subject-Free Home Purchase contract, Insurance statements/policies, Health documents (medical reports or letters), Employment pay slips

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 and will result in the school principal repealing the student's placement.

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 register online at: https://www.awinfosys.com/das/sd34/public/BussingRegistrationNew.asp

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_____

PROGRAM

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

☐ *Was in an Alternate Program (title) _____

SUPPORT NEEDS

Does this student require additional supports for social and emotional needs? ☐Yes ☐ No

Does this student require additional supports? ☐Yes ☐ No

If yes, ☐Behaviour intervention plan ☐ Safety plan

**This information will only be used to initiate a dialogue between the family and the school with the aim of better supporting the student and the family with a goal of successful transition to the school district.*

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 323 – Support for Students with Type One Diabetes, 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, the 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. I will review this policy and expectations with my child

   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.schoolcashonline.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, 604-859-489

Clear All Entries

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

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 and social media networks;
- District media communications and advertisements such as newspaper or television or online, including photographs, video including background video or interviews;
- External media communications such as newspaper or television or online, including photographs, video 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. 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.

Select <u>only one</u> of the following:

❑ This consent will be considered valid from the date on which it is signed until completion of grade 5

❑ This consent will be considered valid from the date on which it is signed until completion of grade 8

❑ This consent will be considered valid from the date on which it is signed until completion of grade 12

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 John Maclure Community School

Freedom of Information and Protection of Privacy Contact:
privacy@abbyschools.ca

AP 308-6 Extracurricular Athletics Consent and Participation Agreement

This Consent and Participation Agreement provides information about student participation in Abbotsford School District Extracurricular School Sports Programs (a "Sports Program") along with the measures we have put in place to mitigate risks to students and our expectations of students and parents. Once you have reviewed this form, please ensure that both you, as the parent/legal guardian, and your student sign and return it to the school.

Your Responsibilities

It is the responsibility of students and their parents/guardians to (1) ensure students are physically and medically fit and able to participate in the Sports Program(s) (and to seek medical advice where appropriate); (2) to identify to school authorities any activities in which students are unable to safely participate; (3) refrain from any activities or conduct that may place other participants at risk; (3) refrain from participating in the school's Sports Program and from entering school facilities, or any facilities used by the Sports Program if symptoms of Covid-19 or other communicable disease are present, (4) read the school's athletic Code of Conduct and comply with all Sports Program and health & safety rules of the school, and the directions of the teachers and coaches; and (5) comply with all other public health guidance and requirements in place from time to time regarding attendance at sporting events and practices.

Nature of Risks

By signing this Participation Agreement parents and students acknowledge and agree that: (1) they consent to the student's participation in such Sports Program(s) and all related activities, and understand and acknowledge that this may expose the student to risk, including through their attendance and participation in such Sports Program(s), which may include the use of the facilities and lands owned, occupied, or used by the School District; (2) the risks of injury and illness (e.g. communicable diseases such as influenza, Covid-19 and MRSA) are significant, and while particular rules, equipment, hygiene measures and personal discipline may reduce these risks, the risks of serious injury and illness do exist; (3) the student's participation is voluntary and you understand and agree to assume any and all risks associated with his/her/their participation in such Sports Program, whether or not the School District has disclosed those risks to you, including the possibility of communicable disease illness, injury, psychological injury or stress, pain, suffering, permanent or temporary disability, property or economic loss, even death and other unforeseen risks (collectively the "Losses" and each a "Loss").

Emergency Medical Care

In the event of injury or other medical emergency involving the student, the school may arrange to provide care to the student and/or transport the student to a medical facility. The School District will make efforts to contact the parents/legal guardians in such circumstances but may, if necessary, make arrangements for the delivery of first aid or medical care to the student before parents/legal guardians are contacted.

General

By completing this document, you acknowledge and agree that: (1) You have read and understand and agree to this Participation Agreement; (2) You will ensure that you and your student comply with any sporting rules and health and safety measures as communicated by school administration, teachers and coaches; (3) You have the legal authority to enter into this Consent and Participation Agreement on your own behalf or, as applicable, on behalf of your student; (4) By providing this Consent and participating in the above-referenced activities and events, you voluntarily assume all risks of the Losses described above, including the risk of Covid-19 infection; (5) You consent to the collection, use and disclosure of your personal information and your child's personal information for the purposes of participating in a Sports Program and, if necessary, providing related first aid or medical care as described above.

I am the parent/legal guardian of the Participant, and I accept this Agreement on my own behalf and on behalf of my student.

(Signature of Parent/Legal Guardian)	(Print Name of Parent/Legal Guardian)	Date
(Signature of Student)	(Print Name of Student)	Date

John Maclure Community School

School name