



École Mission Secondary School

SECONDARY REGISTRATION FORM

FOR OFFICE USE ONLY: Student Assigned to: Grade _____ HR _____ Teacher _____

First Day of School _____ PEN No. _____ Student No. _____

Date of Registration _____ Time of Registration _____
 Year _____ Month _____ Day _____

Birth Certificate Photocopied and Verified by: _____ Cross-Boundary from _____ School _____

Records Requested: Yes

ESL Student: Yes ESD Student: Yes Aboriginal: Yes

Custody Concern: Yes (Details) _____ Legal Documents Received Yes

Copy of Supporting Documents: Yes

Student Authorization / Immigration Papers (non-Canadian only) Yes International Student: Funding - Eligible

Proof of BC Residency _____ Funding - Not Eligible

****The Ministry of Education requires all registrations in LEGAL names****

Gender: Male Female

LEGAL Last Name: _____ LEGAL First Name: _____ Usual Last Name: _____

Preferred First Name: _____ LEGAL Middle Name: _____ Preferred Middle Name: _____

Date of Birth: _____ Home Phone No: _____ Unlisted
 Day _____ Month _____ Year _____

Student Address: _____
 Street _____ Apt. # _____ City/Province _____ Postal Code _____

Student Mailing Address (if different from above): _____

Previous School attended: _____ Previous City/Town: _____

Country of Birth: _____ Province of Birth: _____ Citizen of: _____

Immigration Status: _____

Home Language: English French Other (indicate other) _____

Aboriginal Ancestry No Yes (if yes, fill in the appropriate information) Status - On Reserve

Band of Residence _____ Status - Off Reserve Metis Inuit Non-Status

Special Needs Yes Comments: _____

Learning Assistance during previous school year Yes

.....see over

First Parent/Guardian (If there are more than 2 parents/guardians please put additional information on an added sheet).

Has Custody: Yes No

Student Lives with: Yes No

Relationship: _____ Last Name: _____

First Name: _____ Prefix: Mr. Mrs. Miss Ms

Address if not same as student: _____
Apt No/Street City/Province Postal Code

Home Telephone: _____ Cell Telephone: _____ Business Telephone: _____

Email Address: _____

Second Parent/Guardian

Has Custody: Yes No

Student Lives with: Yes No

Relationship: _____ Last Name: _____

First Name: _____ Prefix: Mr. Mrs. Miss Ms

Address if not same as student: _____
Apt No/Street City/Province Postal Code

Home Telephone: _____ Cell Telephone: _____ Business Telephone: _____

Email Address: _____

Siblings in Name: _____ BD _____ Gender _____ School _____

Mission schools: Name: _____ BD _____ Gender _____ School _____

LOCAL ALTERNATE EMERGENCY CONTACTS:

Telephone/Release Local Alternate 1 (Not Parent/Guardian)

Last Name: _____ First Name: _____

Relationship: _____ Daytime Telephone: _____ Ext _____

Can pick up student: Yes No

Telephone/Release Local Alternate 2 (Not Parent/Guardian)

Last Name: _____ First Name: _____

Relationship: _____ Daytime Telephone _____ Ext _____

Can pick up student: Yes No

Telephone/Release Local Alternate 3 (Not Parent/Guardian)

Last Name: _____ First Name: _____

Relationship: _____ Daytime Telephone: _____ Ext _____

Can pick up student: Yes No

Telephone/Release Local Alternate 4 (Not Parent/Guardian)

Last Name: _____ First Name: _____

Relationship: _____ Daytime Telephone: _____ Ext _____

Can pick up student: Yes No

In case of serious emergency (earthquake, etc) release Out of Mission Contact

Last Name: _____ First Name: _____

Relationship: _____ Daytime Telephone: _____ Ext _____

City of Residence _____

MEDICAL INFORMATION:

Doctor's Name: _____ Phone No: _____ Care Card No: _____

Has potentially life threatening condition as noted below:

- Anaphylaxis (Extreme Allergic Reaction)
- Diabetes
- Seizure Disorder
- Other: _____

- Severe Asthma
- Blood Clotting Disorder
- Serious Heart Condition

Details: _____

If the student has a medically diagnosed life-threatening condition, please arrange a meeting with the school principal prior to the student attending school.

To be filled out by the school principal or designate when a life threatening medical condition exists:
 Doctor's Note Requested Doctor's Note Received

Other Non Life Threatening Medical Conditions (e.g. food allergies)

1. _____ 2. _____ 3. _____

Details: _____

I verify that the information contained in this registration is accurate and complete.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date _____

Other notes or comments:

The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program 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. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.

Dear Parents and/or Guardians:

From time to time throughout the school year, your child's personal information may be used for purposes unrelated to educational programs. Examples of such usage are as follows:

1. Sharing your child's name, address and phone numbers with PAC representatives or school volunteers for call home purposes;
2. Elementary school class pictures;
3. Secondary school individual pictures published in the annual yearbook;
4. Student names and pictures published in school newsletters and the District's Annual Report;
5. Classroom video taping for presentation purposes;
6. Media and district staff photographing individual students and groups of students to commemorate special events and to promote various educational, sports and cultural activities taking place in your child's school and in the district. Student names, pictures and comments may be published in news media, online and on the social media profiles of Mission Public Schools (e.g. Flickr, YouTube).

School Districts must comply with the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, which places great emphasis on protecting the privacy of individuals. The information described above is collected under the authority of *Section 26.c of the FOIPPA*. In accordance with *Section 27.2* Mission Public Schools must have your consent to disclose personal information for any of the purposes as listed above.

Please indicate your preference below and return this form to your child's school. If a response is not received from you, we will assume you have consented.

Yours truly,

Tracy Orobko

Executive Assistant
604.814.3703
tracy.orobko@mpsd.ca

Student's Name: _____ (please print)

(Note: The above list is not a pick-list. A "YES" response gives the school permission to share your child's personal information in accordance with all six items listed above. A "NO" response means your child's personal information will not be shared in any of the six activities listed above.)

_____ YES – I give my consent for release of my child's personal information for purposes consistent with the above.

_____ NO – I do not consent for release of my child's personal information for purposes consistent with the above.

Signed: _____
(Parent / Guardian Signature)

Date: _____

Secondary Student Internet Access Agreement



The personal information on this form is collected by School District No. 75 (Mission) under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 826-6286.

Student Section

* Student Name: _____ Div: n/a
School: Ecole Mission Secondary Grade: _____

I have read the *Internet & E-Mail Access for All Users of the School District Computer Network* policy and regulations and I agree to follow the rules and regulations in the policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

* Student Signature: _____ Date: _____

Parent or Guardian Section

Students under the age of 19 must also have the signature of a parent or guardian who has read this agreement.

As the parent or guardian of the above-named student, I have read the *Internet & E-Mail Access for All Users of the School District Computer Network Policy and Regulations* and agree to abide by the provisions therein. I understand that network services are intended for educational purposes.

In consideration of the privilege of using the MPSD.CA Network, I hereby release the district, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the MPSD.CA Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Student Acceptable Use Policy and Regulations. I will emphasize to my child the importance of following the rules for personal safety and understand that it is impossible for the School District No. 75 (Mission) to restrict access to all controversial materials, and I will not hold School District No. 75 (Mission) responsible for materials acquired via its networks.

* I give permission for _____ (name of student) to access the MPSD.CA Network and/or the Internet and certify that the information contained in this form is correct.

* Parent/Guardian Signature: _____ Date: _____

* Parent/Guardian Name: _____

Home Address: _____ Phone: _____

This form will be retained at the office of the enrolling school of the student.



Siwal Si'wes (Our forefathers' teachings)
 Aboriginal Education
 School District 75 (Mission)
 7466 Welton Street, Mission, B.C. V2V 6L4
 (Tel) 604-826-3103 (Fax) 604-820-2850

Parent/Guardian Consultation Form

Date: _____ Initials: _____

To Parents/Guardians of children with Aboriginal (First Nations –Status/Non-status, Métis, Inuit) Ancestry in Mission Public Schools.

The Aboriginal Education Department offers academic and cultural support for students to participate in while attending Mission Public Schools. The programs are provided in accordance with the Ministry of Education Guidelines for Aboriginal Education and in consultation with our Siwal Si'wes Advisory Council.

Our goals are:

- To provide all learners with an opportunity to gain a greater awareness of Aboriginal Culture.
- To provide academic and/or personal support to Aboriginal students, if requested.

Staff members are available to meet with you, the parents/guardians, to assist you with any concerns you may have concerning your child's educational, social or emotional development.

Please complete this form and return it to your child's school. Only 1 completed form per family is necessary. Please list all children and their school on one form.

<u>Name of Child</u>	<u>School</u>	<u>Specific Ancestry (if known)</u> [Stó:lo, Cree, Blackfoot, Métis, etc]
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1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

My child (ren), above, has/have Aboriginal Ancestry and my signature indicates that I have been consulted regarding the Aboriginal Program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email: _____

Consultation by Phone: _____ (Staff Name) Date: _____

**SCHOOL AUTHORIZATION
TO RELEASE INFORMATION**



École Mission Senior Secondary School
32939 Seventh Avenue
Mission, BC V2V 2C5
Phone: 604-826-7191 Fax: 604-826-8187

To School: _____

Attention: _____

Date: _____

To Whom It May Concern:

I _____ (parent/guardian name),
hereby consent to the release of my child's

_____ (name of student)
school records, Permanent Record of grades as well as any confidential material to
Mission Secondary School, School District # 75 Mission.

My child's birthdate is: _____
Month, Day, Year

Yours truly,

(Parent/Guardian Signature)

(Date)