

K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?

YES NO



Mission Public Schools

FOR OFFICE USE ONLY: (Please ensure Proof of Age and Residency are provided and initial in allocated area)

CATCHMENT SCHOOL: _____ **Date:** _____ **STAFF INITIALS**

Information Verified By (Staff Name): _____

Current Year: Enrollment Date: _____ Grade: _____

Next Year: Date of Registration: _____ Time of Registration: _____ Current/Next Grade: _____

Cross Boundary: YES NO **If YES, Name of Cross Boundary School Requested:** _____

REGISTRATION DOCUMENTATION:

Proof of Age:	Proof of Residency:	Proof of Physical Address (catchment area schools only):
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License (if over 19)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Parent's Care Card <input type="checkbox"/> Parent's BC Services Card	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: Hydro Gas or Cable Bill <input type="checkbox"/> Mortgage Statement

TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):

STUDENT INFORMATION:

LEGAL Name: _____
(Last Name) (First Name) (Middle Name)

USUAL Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ **Age:** _____ **Legal Gender:** M F / **Preferred Gender:** M F Other
(DD-MM-YYYY)

Phone(s)/Email: _____
(Student Home) (Student Cell) (Student Work – if applicable) (Student Email)

Address: _____
(Apt. #, Street Name) (City) (Province, Postal Code)

Mailing Address (if different from above): _____

CITIZENSHIP:

Country of Birth: _____ **Citizen of:** _____ **Immigration Status:** _____

LANGUAGE:

First Language: _____ **Used at Home:** _____ **Most Used:** _____

INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:

Inuit Metis Non-Status Status-Off Reserve Status-On Reserve

Band of Origin: _____ **Band of Residence:** _____

FORMER SCHOOL / STRONGSTART:

Name of Former School: _____ **School District #:** _____ **City:** _____

Has student ever attended a Mission School or StrongStart Program? NO YES: **School Name:** _____

MEDICAL:

Personal Health Number (PHN): _____

Student has potentially life-threatening condition. Provide Details: _____

DISABILITIES and/or DIVERSE LEARNING NEEDS (please provide any applicable documentation):

Identified Disability and/or Diverse Need(s) NO YES. If Yes, Please Provide Details:

Student currently has an **Individualized Education Plan (IEP)** NO YES: If YES, Current Designations(s): _____

Other Information:

PARENTS/GUARDIANS:

Parent/Guardian #1.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)

Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

Parent/Guardian #2.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)

Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

CUSTODY:

Are there any legal documents in force re: Custody / Guardianship / Access? YES NO

If YES, have you provided the school with a copy of these legal documents? YES NO

CUSTODY-Agency Representative: (e.g., MCFD)

Continuing Custody Order Temporary Custody Order

If YES, have you provided the school with a copy of these legal documents? YES NO

EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)

Contact #3.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____
(Home) (Cell) (Work)

Can Pick-Up? YES NO / Speaks English? YES NO

Contact #4.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____
(Home) (Cell) (Work)

Can Pick-Up? YES NO / Speaks English? YES NO

Contact #5.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____
(Home) (Cell) (Work)

Can Pick-Up? YES NO / Speaks English? YES NO

I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature (if student is under 19): _____ Date: _____

(DD-MMM-YYYY)

Date: _____

ATTN: STUDENT RECORDS

School: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

RECORDS REQUEST:

The following student(s) has/have registered to attend our school effective: _____
(MM-DD-YYYY)

1. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)
2. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)
3. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)

Additional Information: _____

Please forward all pertinent student information with their G4 file(s) (including Transcripts, Permanent Record Card, Report Cards, Assessments, Individual Education/Behaviour Plans, etc.) whether considered confidential or privileged, to:

School/Address: _____
Phone/Fax No's: _____ Email: _____
Attention: _____, Administrative Assistant

PARENT/GUARDIAN AUTHORIZATION FOR FILE RELEASE:

I/We hereby authorize the release of the student G4 file/information as indicated above.

Signature of Parent/Guardian: _____ Date: _____

Phone: _____ Cell: _____ Email: _____

Signature of Parent/Guardian: _____ Date: _____

Phone: _____ Cell: _____ Email: _____



Siwal Si'wes (Our forefathers' teachings)
Indigenous Education, School District 75 (Mission)

32444 7th Avenue Mission, B.C. V2V 2B5
(Tel) 604-826-3103 (Fax) 604-820-2850

Parent/Caregiver Consultation Form



DATE (d/m/y): _____ 2023 2024 (circle one)

Signature of Indigenous Liaison Worker: _____

Name of Indigenous Liaison Worker (print): _____

To the Parents/Caregivers of children with Indigenous Ancestry (First Nations (Status/Non-Status), Métis and/or Inuit) in Mission Public School District 75,

Siwal Si'wes Indigenous Department of SD75 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 Indigenous Education and in consultation with our Siwal Si'wes Indigenous Advisory Council.

The Siwal Si'wes Indigenous Department of SD75 provides the following types of supports for children and youth of Indigenous ancestry attending SD75 schools, and includes but is not limited to cultural, social-emotional, healthy living, attendance support and classroom (academic) supports.

These supports are provided through an Indigenous lens and can happen in the classroom, or in small groups or individually (one-on-one), depending on the needs of the child and vision of the school.

All schools are staffed with a Siwal Si'wes Indigenous Liaison Worker who is an active school team member. This person liaises and collaborates with school staff (including teachers, counselors, youth care workers and administrators), and parents and caregivers, all with the best interest of the child and/or youth at front and centre. With parent permissions, they liaise with local community service/outreach organizations many of whom who provide supports specifically for Indigenous children, youth, and families.

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

Name of Child	School	Ancestry/Nation Affiliation

TURN OVER (Page 2 on back)

My child(ren), has/have Indigenous Ancestry and my signature indicates that I have been consulted regarding the Siwal Si'wes Indigenous Program of SD75.

1. Print Name : _____

2. Parent/Caregiver Signature: _____

3. Date (d/m/y): _____

4. Consultation Type (Circle one).

- Consultation Form sent home
- In-Person Consultation at school

For Indigenous Liaison Workers Only

Consultation by email/messaging: _____ (*email address*)

Date (d/m/y): _____

- see attached electronic messaging confirmation

Consultation by phone: _____ (*phone number*)

Date (d/m/y): _____

As per _____ (*print name of parent/caregiver*)

Additional Information (*attach documentation*)

Date (d/m/y): _____

- Notes (indicate if the family has declined service)

Network, Internet, and Wi-Fi Access User Agreement Form for Students K-12



The personal information on this form is collected by Mission Public Schools 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, Mission Public Schools, 33046 4th Avenue, Mission, BC V2V 1S5 / 604-826-6286 / privacy@mpsd.ca.

STUDENT SECTION:

Student Name: _____ Div: _____
(PLEASE PRINT: Usual First and Last Names)

School: _____ Grade: _____

I have read *Administrative Procedure #4.0: Network, Internet, and Wi-Fi Procedure for Students* 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: _____
(DD-MM-YYYY)

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 *Administrative Procedure #4.0: Network, Internet, and Wi-Fi Procedure for Students* 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 Mission Public Schools to restrict access to all controversial materials, and I will not hold Mission Public Schools responsible for materials acquired via its networks.

YES, I give permission for my child to access the Mission Public Schools Network, and/or the Internet, and/or Wi-Fi, and certify that the information contained in this form is correct.

NO, I do not give permission for my child to access the Mission Public Schools Network, and/or the Internet, and/or Wi-Fi, and certify that the information contained in this form is correct.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(PLEASE PRINT)

Home Address: _____

Contact Phone: _____ Email: _____ Date: _____
(DD-MM-YYYY)

THIS FORM WILL BE RETAINED AT THE OFFICE OF THE ENROLLING SCHOOL OF THE STUDENT

Photograph, Video, and Media Consent Form



FILE NO. 1025.15

School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM TO YOUR SCHOOL:

Student names or images may be shared for the following purposes:

1. School Yearbooks

YES, I consent for the release of my child's personal information for the prescribed purpose outlined above.

NO, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

2. School and/or School District Website, Newsletter, Social Media Sites, or Videotaping in the Classroom and/or During Special Events for Presentation Purposes.

YES, I consent for the release of my child's personal information for the prescribed purpose outlined above.

NO, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

Student Name:	_____	(PLEASE PRINT: Usual First and Last Names)
School:	_____	Grade: _____
Parent/Guardian Name:	_____	(PLEASE PRINT)
Parent/Guardian Signature:	_____	
Date:	_____	(DD-MM-YYYY)

NOTE: Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

The information described above is collected in accordance with **Section 26 (c), (d), and (g)** of the *Freedom of Information and Protection of Privacy Act*. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator.

This form was last revised: **June 26, 2024.

Mission Public Schools Privacy Officers: Angus Wilson and Corien Becker

Mission Public Schools Privacy Coordinator: Ilona Schmidt

Email: privacy@mpsd.ca

Walking Field Trip Permission Form



PLEASE READ CAREFULLY AND COMPLETE, SIGN, DATE AND SUBMIT TO THE CLASSROOM/HOMEROOM TEACHER OR OFFICE
(The consent is in effect for the duration of your child's attendance at a school. PLEASE NOTE: the consent can be revoked at any time by contacting the school)

STUDENT NAME (Print Usual First and Last Name)	GRADE	SCHOOL

From time to time during school hours, teachers find opportunities to enhance student learning with walking field trips outside the classroom. These 'walking field trips' may be spontaneous, taking advantage of the weather or to collect or see something in the neighbourhood, and may also occur on a regular basis. Such field trips may include, but are not limited to, the following:

- Nature Walks
- Neighbouring School Events
- Terry Fox Run
- Neighbourhood Improvement Projects
- Fitness Breaks / Walks or Runs for Physical Education Classes
- Use of a Local Community Playing Field, Park, or Tennis Court
- Sketching Classes

SUPERVISION:

The classroom teacher will directly supervise walking field trips. Depending on the grade level and the nature of the activity, additional supervision may be provided by teachers, education assistants, or parents/guardians to meet the supervision requirements outlined in [Administrative Procedure: 3.2.1 – Field Trips](#). At all times, teachers will endeavour to ensure the safety of students during these excursions.

RISK REDUCTION:

Although walking field trips are considered low risk for accidents, or personal injury to students, there are risks that could occur, including falling, danger from cars, and not following teacher instructions/directions. Classroom teachers will discuss behavioural expectations with students and take the appropriate safety precautions before embarking on the walking field trip, to minimize risk and enhance the safety of each student.

PARENT/GUARDIAN WALKING FIELD TRIP CONSENT:

Walking field trips are impromptu in nature, and as such, the school is seeking in advance, informed consent for your child to participate in walking field trips within our school community. Your child's teacher may or may not provide you with notice in advance. These walking field trips are optional and alternate arrangements will be made for students who do not have consent.

Please complete the areas below and submit the full page to the classroom/homeroom teacher or office:

First and Last Name of Student (PLEASE PRINT): _____

YES, I CONSENT to my child participating in Walking Field Trips

NO, I DO NOT CONSENT to my child participating in Walking Field Trips

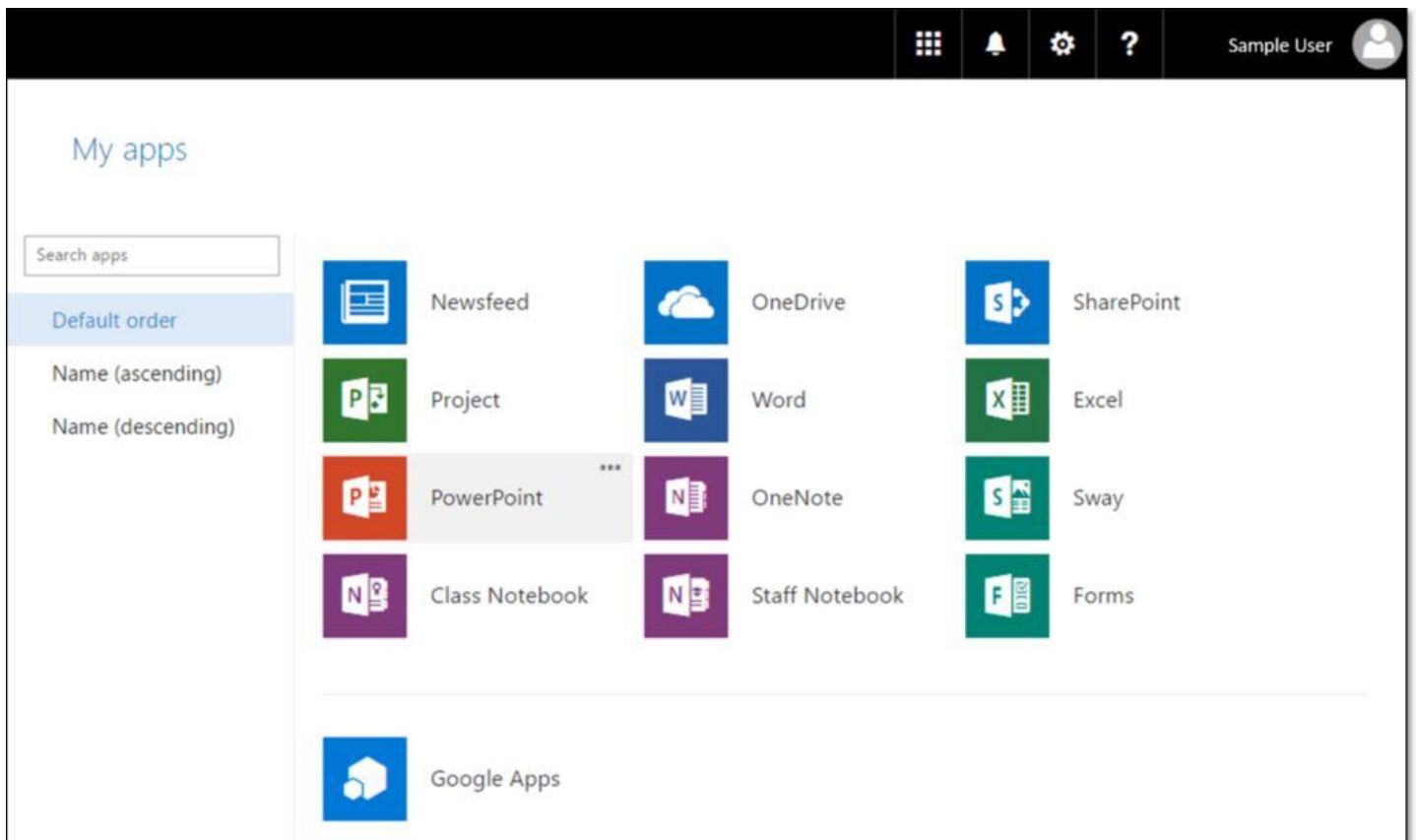
Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____
(PLEASE PRINT)

Contact No.: _____ Email: _____ Date: _____
(DD-MM-YYYY)

What is Office 365

Office 365 Education is a collection of services that allows you to collaborate and share your schoolwork. It's available for free to teachers who are currently working at an academic institution and to students* who are currently attending an academic institution. The service includes Office Online, and OneDrive online file storage. This service also allows teachers and students to install the full Office applications on up to **5 PCs, Macs or other devices for free.**

*Students **MUST** have parent permission granted for Office 365 via school policies on the following form to use this service.



Dear Parent/Guardian:

École Mission Senior Secondary School is going to be upgrading the Microsoft Office to Office 365. Students will be provided with personal user accounts to create and manage their school assignments.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Jim Pearce, Principal
32939 Seventh Ave
Mission, BC V2V 2C5

Consent:

Office 365 - I have read the above information from XXXXXX School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *Office 365* is to enable opportunities to create and manage school assignments. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided.

I consent to my child using *Office 365*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *Office 365* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed**. I also hereby acknowledge that I have read and understood the above information on *Office 365*.

Print Name of student

Grade

Date

Signature of parent or guardian*:

Date

**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.*

This form must be returned, signed and dated, to the student's school so that an *Office 365* account can be created.

Consent Form *My Blueprint*

Dear Parent/Guardian:

École Mission Secondary School is going to be using *My Blueprint* as a Career Education Resource. Students will be provided with personal user accounts for career education purposes.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Jim Pearce, Principal
32939 Seventh Ave
Mission, BC V2V 2C5

Consent:

My Blueprint - I have read the above information from Mission Secondary School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *My Blueprint* is to enable opportunities to explore career education. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I also recognize that I may be invited to view my child's work in *My Blueprint* and as a guest I will be respectful of not sharing classroom photos that may be posted by my child.

I consent to my child using *My Blueprint*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *My Blueprint* may be accessed by the student's teachers, school based administrator and you as the invited parent.

I also hereby acknowledge that I have read and understood the above information on the Use of *My Blueprint*. This consent will be considered valid **from the date at which it is signed**.

Print Name of student

Grade

Date

Signature of parent or guardian*:

Date

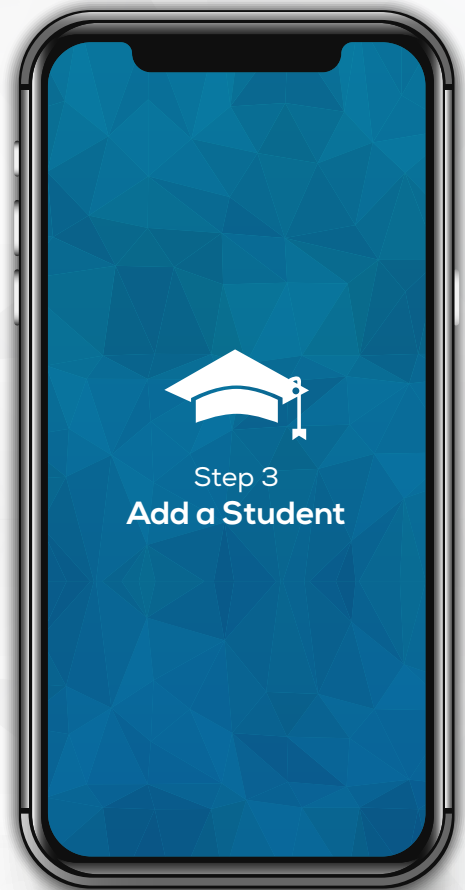
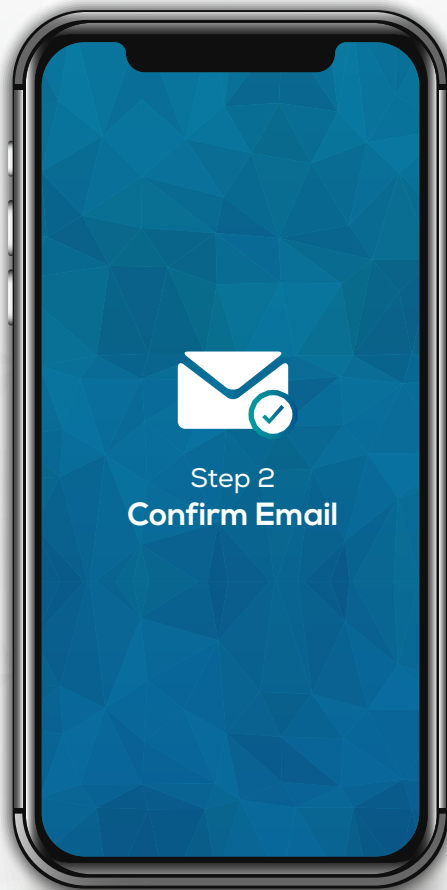
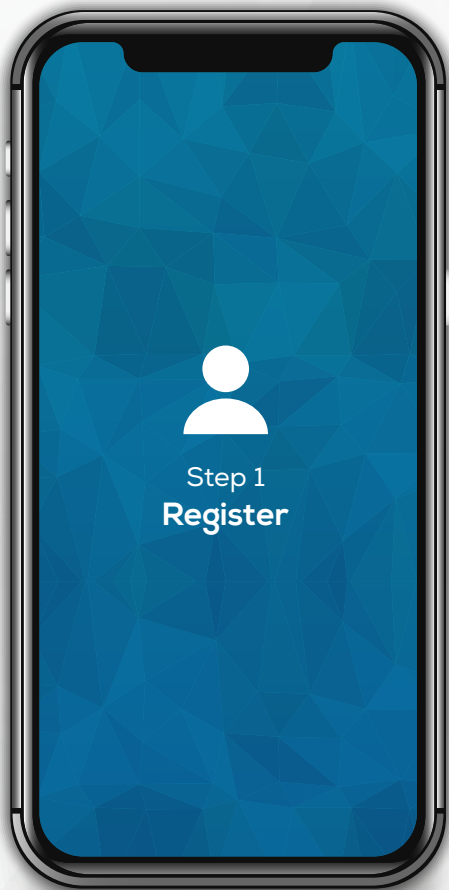
*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.

This form must be returned, signed and dated, to the student's school so that a *My Blueprint* account can be activated for the student named above.

Welcome to SchoolCashOnline

Fast. Safe. Convenient.

Mission Public School District uses School Cash Online to pay for all school fees. Please join the thousands of parents who have already registered and are enjoying the convenience of paying ONLINE! It takes less than 5 minutes to register. Please follow these step-by-step instructions so you will begin to receive email notifications regarding upcoming events involving your child.



Go to
<https://mpsd.schoolcashonline.com>
and click on **Register**.

- ✓ Enter in your first name, last name, email and create a password.
- ✓ Select a security question.
- ✓ Check YES to receive email notifications

A registration confirmation email will be forwarded to you. **Click on the link provided inside the email** to confirm your email and School Cash Online account (**check spam**).

The confirmation link will open the School Cash Online site, prompting you to **sign into your account**. Use your email address and password to log in.

This step will connect your child to your account.

- Enter the **School Board Name**.
- Enter the **School Name**.
- Enter Your Child's **First Name, Last Name and Date of Birth**.
- Select **Continue**.
- On the next page confirm that you are related to the child, check in the **Agree** box and select **Continue**.
- Your child has been added to your account.

Fast. Safe. Convenient.

Welcome to *School Cash Online*

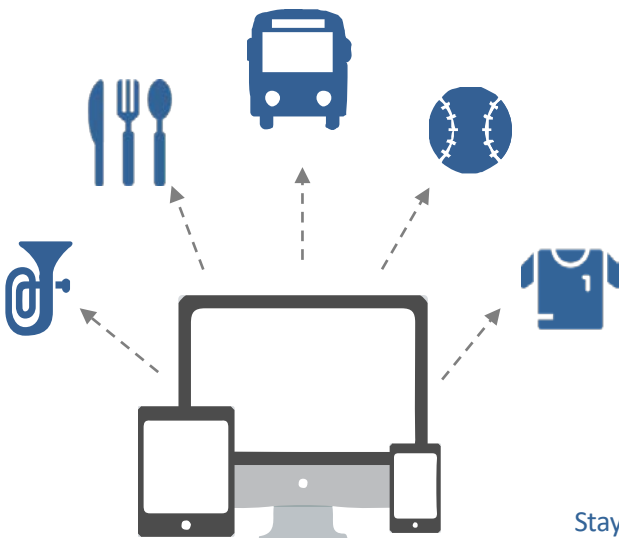
What is School Cash Online?

School Cash Online is an online parent portal that offers a safe, fast and convenient way to pay for school activity fees. The portal is customized to meet your school's needs and allows you as a parent, to add your students, make payments, check current balance/account history, print or view receipts, and receive notifications about upcoming events.

Why Use School Cash Online?

With School Cash Online, you can pay all your student's school fees with the click of a button. Wherever. Whenever. Trips to the school to drop-off cash or sending your student with money will be a thing of the past. School Cash Online also enables you to keep track of your student's school items and activities.

Purchase these items and more online.



CSAE 3416
TRUST CERTIFIED

Which Payment Methods are Accepted?



Credit Card

Pay with Visa or MasterCard on School Cash Online by entering your credit card number, CVV number (the three digits on the back of your card), card expiry date, and billing information.



eCheck

An electronic version of a paper cheque used to make payments online. Anyone with a chequing or savings account can pay by eCheck through School Cash Online.

How to Register

Follow these instructions to create your School Cash Online account today.

- 1 **Create Your Profile:**
Go to <https://mpsd.schoolcashonline.com> and click on "Get Started Today".
- 2 **Confirm Your Email:**
Check your inbox for the email confirmation and click on the link inside. Sign in with your new login details.
- 3 **Add a Student**
Click "Add Student" and fill in the required fields with your child's details.

Stay connected by selecting "Yes" to email notifications about upcoming fees.

- I want to receive email notifications for new fees assigned to my student and updates on school-related activities.

For more information contact Parent Helpdesk at
parenthelp@schoolcashonline.com or 1.866.961.1803