



## P500: Appendix II – Documentation for Student Registration

School District 70 (Alberni)

4690 Roger Street Port Alberni, BC V9Y 3Z4

Telephone: 250.723.3565 Fax: 250.723.0318

**When registering at your neighbourhood school, please bring the following:**

**1. Primary documentation for Proof of Age:**

- Birth Certificate, or alternately
- Passport
- Government issued adoption papers
- Court order with the student's name and date of birth within the order, or
- Live birth report

**2. Primary documentation for proof of being "Ordinarily Resident"**

*While each of the following indicators alone is not enough to establish residency for the purpose of Section 82 of the School Act, the larger the number of positive indicators as set out in the list below, the more likely it is that the person qualifies as a resident of the province for the purpose of receiving government funded public education:*

- Ownership or long-term lease and/or rental of a dwelling in which the family resides, and
- utility bills indicating parent/guardian name and BC residence (i.e.: BC Hydro, Telus, Shaw, Fortis)

Alternate documentation may include

- Status Card,
- British Columbia Medical Services Plan (BCMSP) coverage for parent/legal guardian
- proof of application for BCMSP for parent/legal guardian
- copy of BC Care Card or number of the student

**3. Documentation for determining School Catchment**

*For the purpose of establishing a student's catchment area, residency is determined **as of the date of the application to enroll is submitted to the school**, and must be supported by **current evidence** of:*

- Ownership or long-term lease and/or rental of a dwelling in which the family resides, or
- utility bill for primary residence indicating parent/guardian name residence (i.e.: BC Hydro, Telus, Shaw, Fortis);

**4. Most recent school report cards from previous school**

**5. Child's immunization records since birth** and any other important health documents. Please note that while immunization records are not required for registration, a copy may be requested for the student file.

**6. Any other relevant legal documentation (e.g.: Custody/guardianship court orders)**





**P500: Appendix III - Student Registration Form**  
School District 70 (Alberni)

**School:**

*Ucluelet Elementary*

**Grade:**

**Program:**

☐ StrongStart ☐ Kindergarten ☐ Grade 1 to 12 ☐ Early French Immersion ☐ Late French Immersion

**Student Information**

Legal Last Name:		Home phone:	
Legal First Name:		Student email:	
Legal Middle Name:		Street Address:	
Usual Last Name:		City, Prov:	
Usual First Name:		Postal Code:	
Gender at birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	DOB:	
Gender Identity		Mailing Address	
Personal Health #:		City, Prov.	
		Postal Code	
Citizenship:		Visa Status:	Expiry Date:
Previous School:		District:	City:

**PARENT/GUARDIAN INFORMATION**

Last, First name:		Street Address:	
Relationship:		City:	
Can pick up:	Y/N	Lives with student:	Y/N
Receive mailings:	Y/N	Prov, PC:	
Receive email:	Y/N	Mailing address:	
Receive autodialer calls:	Y/N	City	
Has portal access:	Y/N	Prov.	
Home phone:		PC	
Work phone:		Email address:	
Cell phone:			

**PARENT/GUARDIAN INFORMATION**

Last, First name:		Street Address:	
Relationship:		City:	
Can pick up:	Y/N	Lives with student:	Y/N
Receive mailings:	Y/N	Prov, PC:	
Receive email:	Y/N	Mailing address:	
Receive autodialer calls:	Y/N	City	
Has portal access:	Y/N	Prov.	
Home phone:		PC	
Work phone:		Email address:	
Cell phone:			







## Protection of Privacy Consent Form

School District 70 (Alberni)  
4690 Roger Street Port Alberni, BC V9Y 3Z4  
Telephone: 250.723.3565 Fax: 250.723.0318

To comply with the provisions of the Freedom of Information/Protection of Privacy Act, schools must have parental/guardian consent before using a child's name, photograph, in any:

	Initials
Yearbook (photo and name)	X
Local newspaper articles (photo only)	X
Monthly newsletter and in-school displays (photo only)	X
Emergency call home list (name, address and phone)	X

The intent of this requirement is to protect the privacy of children whose whereabouts/identity of the parents, guardians, may not wish known.

Please complete this form and return it to the school as soon as possible. We must have a completed form for each child, even if you do not check off all the boxes.

I \_\_\_\_\_ hereby give Ucluelet Elementary  
Parent's/Guardian's Name School Name

my permission to use the initialed above items for the purposes stated above.

Student's Name:	X
Parent/Guardian's signature	X
Date:	X

Comments/Special Requests/Notes





**School District 70 (Alberni)**  
**Student Support Services**

4690 Roger Street, Port Alberni, BC V9Y 3Z4 (P) 250.723.3565 (F) 250.723.2567

**CONSENT FOR SPEECH-LANGUAGE SCREENING**

Dear Parent(s)/Guardian(s);

As your child is new to the school district, we would like your permission to ensure that your child receives a screening of speech, language and phonological awareness skills. All students in the Alberni School District receive a screening of their speech, language and phonological awareness skills when they enter Kindergarten. They are then followed by the Speech-Language Pathologist, if necessary, to ensure that they receive the supports they require in helping them reach their learning potential. This will allow us to have a better understanding of your child's strengths and needs and allows your child to access the same supports as all other students at the school.

We will first look at your child's file to check that recent screening, assessment or service was not received from a previous Speech-Language Pathologist. If we do not find anything, your child will be seen individually for approximately 15 minutes for the screening. You will then be contacted regarding the results and any possible follow-up. Your child will not be seen for further service without your consent.

---

I consent to have my child, X, receive a screening of speech, language and phonological awareness skills.

School: <u>Ucluelet Elementary</u>	Grade:
Date: <u>X</u>	Date of Birth:
Parent Name: <u>X</u>	Parent Signature: <u>X</u>

---

cc: Student file  
School Speech-Language Pathologist







## Technology Use Agreement Form

### Part 1 – District Technology, Network, and Internet access

#### A. Introduction and Overview

The primary purpose of School District 70 Learning Resources Network is to support and enhance learning and teaching that prepares students for success. Providing access to SD70's network and the internet is an investment in the future of both our students and staff.

#### B. Types of Access Provided to Users

Users in SD70 must ensure that all materials accessed are consistent with district-adopted guidelines, supporting and enriching the curriculum while taking into account the varied instructional needs, learning styles, learning abilities and development levels of the students. Furthermore, users are to behave in an ethical and responsible manner while using school computers as they are expected to behave during any other school activity.

#### C. Vision of Technology's Role in Education

The staff in SD70 believe that electronic communication is a tool for life-long learning, and that access to SD70's network and the internet is one of the resources that promote educational and organizational excellence. We believe the responsible use of the network will assist schools with their understanding of the information age by allowing students and staff to significantly expand their knowledge by accessing and using information resources, and by analyzing, collaborating, and publishing information.

#### D. Terms and Conditions for Acceptable and Unacceptable Use

Students and staff should use SD70's network and the internet in a responsible, efficient, ethical, and legal manner. The use of SD70's network and the internet is a privilege, not a right, which may be revoked at any time for inappropriate behaviour. Users must be vigilant in ensuring the security of the network. Users must not give out personal information (complete names, addresses, telephone numbers, and identifiable photos). Users assume responsibility for understanding the policy and guidelines as a condition of using SD70's network and the internet. Staff members are accountable to teach and use SD70's network and the internet responsibly. Use of SD70's network and the internet that is inconsistent with these guidelines may result in loss of access as well as other disciplinary or legal action.

#### E. Implementation and Enforcement Procedures

To access the SD70 network and the internet, student users must sign the Acceptable Use Agreement form along with a parent/guardian signature. Each user will be given their own password to access the system. All users must protect their password and not share it with anyone else.

#### F. Consequences of Misuse for Specific Levels of Violations

Violations of school and school district networked information resources policies could result in the loss of access to electronic resources. Additional disciplinary action may be determined at the building and/or classroom level in line with existing practice regarding language and behaviour. This may range from loss of access to suspension from school. When appropriate, law enforcement agencies may be involved.

All students

## Part 2 – Acceptable Use Agreement Consent

To access the school district network, this form must be completed and returned to the school.

Student Name: X

School: X Ucluelet Elementary

Please read and/or discuss with your child, the attached guidelines for acceptable use of SD70 technology resources and the internet. In accepting an SD70 network account, your child accepts the responsibility of using the network in a responsible and appropriate manner. It is important that you understand his/her responsibilities as well. Your signature indicating that you have read and agreed to the guidelines is necessary before an account will be issued.

*I have read, or have had read to me, and/or have discussed the Acceptable Use Agreement and agree to use the network in an appropriate and responsible manner.*

Student Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I have read and/or discussed the Acceptable Use Agreement with my child and give the school and the school district permission to issue a Network/Internet account to my child.*

Parent/Guardian Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The school district supports and respects each family's decision whether or not to apply for student access and whether to terminate or suspend that access. Parents/guardians have the right to request alternative activities that do not require access to networked information resources. Access, if issued, shall remain in effect through the remainder of the school year, unless suspended or terminated by the student, the school, or the parent/guardian.



\* Grade 4 to 7 only \*

### Part 3 – Access to Internet Based Resources (Web or Cloud Storage)

School District 70 can provide students in Grades 4-12 with a district email account as well as 25 gigabytes of online file storage space for educational communication and work storage purposes. Each student will have their own secure login and password to access their email and files. Personal information will be collected by the School District for the above noted purposes under the authority of s.26© of the Freedom of Information and Protection of Privacy Act (FOIPPA).

Student names and schools will be disclosed to Microsoft Office 365 for Education who hosts this service and will store the Office 365 account information on secured servers located outside of Canada. While stored outside the country, information in your child's Office 365 account may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

#### Consent:

I understand that my (if student is signing) information or my child's (if parent is signing) information in the Office 365 Account will be disclosed, stored and accessed from outside of Canada, specifically the United States, for the purposes outlined above. This consent will be considered valid from the date at which it is signed until which point the student named below is no longer a student within the School District. I also hereby acknowledge that I have read and understood the School District's guidelines on the use of SD70's network resources, the internet, and Office 365.

Student Name: X

School: X Ucluelet Elementary

Student Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This form must be returned, signed and dated, to the student's school in order for a District Office 365 account to be activated for the student named above.





## School District 70 Pacific Rim

4690 Roger Street, Port Alberni, B.C. V9Y 3Z4 Ph: (250) 723-3565 Fax (250) 723-0318

### SD70 Indigenous Education Programs and Self-Declaration of First Nations, Metis and Inuit Ancestry

September 7<sup>th</sup>, 2021

Dear Students, Parent-Guardians, and Community members,

Welcome to a great year of learning which will be created in the spirit of ʔiisaak and will be guided by the important concept of hišukʔiš čawaak. We are proud of the work that we do in our schools but, we are aware that more work is needed to build momentum for change and to improve school success for all Indigenous learners. Our goal is to work closely with parents-guardians, families, and Communities to provide the best learning environment possible.

The Ministry of Education provides additional funding to provide academic and cultural programs for Indigenous learners (First Nations, Metis and Inuit) in our school district. Each school has different programs, activities and events to support the continued academic development and the development of positive personal and cultural identity of all indigenous learners.

Our goal is to assist every learner to develop the skills, abilities and personal characteristics that will enable them to have the best life chance possible...to be able to walk with comfort between the traditional and the contemporary worlds to achieve their dreams.

If you would like to self-declare your First Nations, Metis or Inuit heritage, please take a moment to fill in the self-declaration form below or verify your information on the Student Information data form sent to you by your school. We would like to have the most up to date information possible so that we can continue to provide additional services to your child.

### Self-Declaration of First Nations, Metis or Inuit Ancestry

(This form is only for students who chose to declare indigenous ancestry)

#### STUDENT

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Legal Middle Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### **INDIGENOUS ANCESTRY**

Metis ☐

Inuit ☐

Status-On Reserve ☐

Status-Off Reserve ☐

Non-Status ☐

Which Indigenous Community are you from? (eg: Tseshaht, Hupacasath, Tla-o-qui-aht, yuufuʔiʔath, Huu-ay-aht)

\_\_\_\_\_



ONLY IF NEEDED



**AP5200: Appendix I - Request for Administration of  
Physician Prescribed Medication**

School District 70 (Alberni)  
4690 Roger Street Port Alberni, BC V9Y 3Z4  
Telephone: 250.723.3565 Fax: 250.723.0318

School: <u>UES</u>	Teacher:	Grade:
--------------------	----------	--------

**A To be completed by PARENT OR GUARDIAN**

Student's Name:		Birthdate:
Mother's Name:	Work Phone:	Home Phone:
Father's Name:	Work Phone:	Home Phone:
Emergency Contact:	Work Phone:	Home Phone:
Physician's Name:		Phone:

Describe the medical condition which requires medication to be given within school hours:

**B To be completed by the attending Physician**

Medication Name	Dosage	Directions for use and storage

Additional comments (possible reactions, consequences of missed dose)

I consider that the above medication and administration thereof during the school day to be in the best interest of the above named pupil, and hereby authorize its administration by the school principal or his/her designate.

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**C To be completed by parent or guardian**

I hereby authorize the school principal or his/her designate to administer the medication as described above to my son/daughter and to contact the physician named above should there be any further questions or concerns. I further authorize the physician to release any information pertinent to this matter.

Parent / Legal Guardian Signature: _____	Date: _____
--	-------------

**D Each school staff member who is responsible for the administration or supervision of the medication must review this information and sign below:**

Date:	Signature	Comments

**This form is only valid for the current school year**

