

P500: Appendix III - Student Registration Form
School District 70 Pacific Rim

Alberni District Secondary School Grade: _____

**** This package must be submitted with proof of legal student identification and legal Port Alberni proof of address. ****

☐ Grade 8 to 12 English

☐ Grade 8 to 12 French Immersion

STUDENT INFORMATION

Legal Last Name:		Home Phone:	
Legal First Name:		Student Email:	
Legal Middle Name:		Street Address:	
Usual Last Name:		City:	
Usual First Name:		Prov, PC:	
Gender at Birth:	M F X	DOB:	Mailing Address
Gender Identity:			City:
Personal Health #:			Prov, PC:
Citizenship:		Visa Status:	Expiry Date:
Previous School:		District:	City:

PARENT/GUARDIAN INFORMATION

Name (last, first):		Street Address:	
Relationship:		Mailing Address:	
Can Pick Up:		City:	
Lives with Student:		Prov, PC:	
Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
Receive Mailings:	Receive Email:		

PARENT/GUARDIAN INFORMATION

Name (last, first):		Street Address:	
Relationship:		Mailing Address:	
Can Pick Up:		City:	
Lives with Student:		Prov, PC:	
Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
Receive Mailings:	Receive Email:		

EMERGENCY CONTACTS	Relationship	Home Phone	Work Phone	Cell Phone

SCHOOL-AGED SIBLINGS (Legal Names)	Grade	School

CUSTODY/GUARDIANSHIP - PROOF REQUIRED IF APPLICABLE	
Student Lives With: <input type="checkbox"/> _____ (relationship to student)	Other: <input type="checkbox"/> _____ (relationship to student)
Custody: <input type="checkbox"/> _____ (relationship to student)	Other: <input type="checkbox"/> _____ (relationship to student)

MEDICAL INFORMATION: Please mark the box that applies if your child has one of the following serious medical conditions that may require emergency care during school hours - 911 will be called.	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy with a history of seizures in the past two (2) years
<input type="checkbox"/> Allergy producing anaphylactic type response needing hospitalization. Allergic to:	<input type="checkbox"/> Blood clotting disorders (e.g. Haemophilia that requires immediate medical care in the event of an injury)
<input type="checkbox"/> Adrenalin	<input type="checkbox"/> Other:
<input type="checkbox"/> Severe asthma requiring emergency treatment	

Doctor: _____ Phone: _____

Does your child routinely require medication during school hours? ☐ Yes ☐ No
(if yes, please request to fill out Medication Administration Form)

INDIGENOUS ANCESTRY (If yes, please complete this section)	
Status on Reserve <input type="checkbox"/>	Status off Reserve <input type="checkbox"/> Non-status <input type="checkbox"/>
Metis <input type="checkbox"/>	Status Card # _____
Community of Origin: _____	Community of Residence: _____

EDUCATION PROGRAM INFORMATION: Please mark the appropriate box should your child be receiving additional educational supports and services	
<input type="checkbox"/>	Student has a Ministry of Education Special Education designation and on an Individualized Educational Plan (IEP)
<input type="checkbox"/>	Student has been receiving regular Learning Assistance and/or ELL support
<input type="checkbox"/>	Other

The information on this form is collected under the authority of the *School Act*, Sections 13 and 97. Information provided 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 79(2) of the *School Act*. Information on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the principal of your school.

Parent / Legal Guardian Signature: _____ Date: _____

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Office Use Only

Date Received: _____ Time: _____

Copies obtained:

Birth Cert. ☐

Citizenship ☐

Passport ☐

Driver's License ☐

Status Card ☐

BC Care Card ☐

Proof of Port Alberni address: ☐

(BCID, credit card invoice, drivers license, mortgage statement, municipal tax bill, Notary authorized letter, proof of purchase, rental agreement, utility bill)

Other:

Internet Use Agreement ☐

Photo Release ☐

MyEdBC Number: _____

Ministry PEN Number: _____

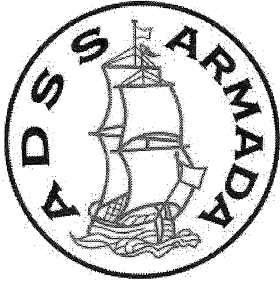
Ministry Special Ed Designation if applicable:

Current IEP provided:

Yes

No

Notes:



Alberni District Secondary School

4000 Roger St.
Port Alberni, BC V9Y 0B1
Phone: (250) 724-3284 ext. 5
Fax: (250) 723-4073
emcleod@sd70.bc.ca

CONSENT FOR RELEASE OF INFORMATION

Name of Student: _____

Pen: (office use only) _____

Birthdate (mm/dd/yy): _____

I, _____, hereby authorize
(Legal Guardian)

(previously registered school – school district)

to release all confidential information and/or student files for the purposes of educational planning to Alberni District Secondary School.

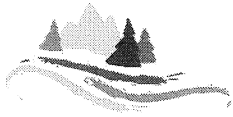
Student's Address: _____

Student's Telephone: _____

Parent/Guardian Name (print)

Signature (parent/guardian)

Date



Protection of Privacy Consent Form

School District 70 Pacific Rim
4690 Roger Street Port Alberni, BC V9Y 3Z4
Telephone: 250.723.3565 Fax: 250.723.3553

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

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.

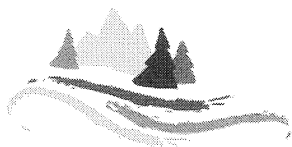
I _____ hereby give _____
Parent's/Guardian's Name School Name

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

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

Comments/Special Requests/Notes

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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.

Part 2 – Acceptable Use Agreement Consent

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

Student Name: _____

School: _____

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: _____ 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: _____ 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.

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: _____

School: _____

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ 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 ALBERNI STUDENT RELEASE FORM - SECONDARY

School Year: 2021-22

ADSS
250.723.6251p
250.723.2126f

Student First Name:		Student Family Name:	
Teacher:		Grade:	Div:
Legal Parent/Guardian Name:		Contact Number:	
Legal Parent/Guardian Name:		Contact Number:	

Parent or Guardian: For the safety and well-being of students, the school may implement a "controlled release" in the event of an emergency or disaster. **The school administrator may release the student if the situation is deemed to be safe and the student is considered not to be at risk.** Please choose one of the following:

- ☐ If we are unable to reach the school, we authorize the release of our child, in his/her own care, provided the situation is deemed safe and our child is not considered to be at risk.
- ☐ If we are unable to reach the school, we do not want our child released unless one of the adults authorized below is able to claim our child (medical or response personnel excepted).

*Alternate Guardians	Contact Number	Email Address	Initials

*if possible, list 2 household adults for maximum potential persons to pick up your child. **Remember** to include anyone who would normally pick up your child.

List any individuals who **MAY NOT** claim your child:

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Medical Conditions that the alternate guardian needs to be aware of:

Custodial Parent/Guardian signature

Date (mmm-dd-yyyy)

Upon release, a record shall be kept of the temporary guardian's name, or the fact the student was released into their own care, along with the date and time of their release, a contact phone number and their expected destination(s).

FOR SCHOOL USE ONLY – this section to be used at time of release only

Student Name:	Student's Phone or Cell Number:
Student was released into student's own care (secondary only) <input type="checkbox"/> Destination after release:	
Or released to:	
Alternate Guardian's phone number:	Date & time of release:
Release authorized by:	
Student, parent or alternate guardian's signature at time of release:	
Notes	