NECHAKO VALLEY SECONDARY SCHOOL
2608 Bute Avenue, P.O. Box 950, Vanderhoof, BC V0J 3A0
Telephone: 250-567-2291 Fax: 250-567-2123
https://nvss.sd91.bc.ca

STUDENT REGISTRATION PACKAGE

☐ CURRENT school year ☐ Following school year

REQUIRED DOCUMENTS:

☐ Registration Form (attached)
Please complete both sides of the page. A parent/legal guardian signature is required at the bottom of the 2nd page.

☐ Records Release Form (attached)
This document is necessary so we can obtain student records from the previous school.

☐ Birth Certificate and BC Care Card
The student's ID will be copied and added to his/her file.

☐ Proof of Residency
If this is the student's first time enrolling at any school in BC, please provide one of the following documents that will help us prove BC residency in case of an enrollment audit:

- *utility bill showing parent's name and local address*
- *rental/lease/purchase agreement for local residence*
- *letter from parent's employer to local employment*

Please Note:
It is also helpful and speeds up the process of scheduling courses if you are able to provide a copy of the student's most recent report card and/or school transcript. If you don't have such documents, there may be some wait time for scheduling as we wait for the previous school to send the required documents.

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Date

School

Phone

Email

Attention: Student Records Clerk

The following student(s) has enrolled at NVSS. Please withdraw the student(s) in My Education BC and inform us if the student has an IEP or has special needs.
Please forward the Permanent Student Record Card, Passport to Education booklet, Personal Student File, and Confidential File for the following student(s). If the records are not available please return this form so noted.

NAME:	GRADE:	BIRTHDATE:

Parent/guardian permission for release of Student Confidential File, including any evaluations or assessments:

Parent/Guardian Signature

Thank you for your attention.

Tennille Bernier
Student Records

REGISTRATION FORM – SECONDARY & CONTINUING EDUCATION

FOR SCHOOLS IN SCHOOL DISTRICT NO. 91 (NECHAKO LAKES)

Related Policy: Policy No. 501.1 – School Attendance Area; Policy No. 501.4 – Ordinarily Resident

Registration Date: _____

Part A – Registration Information

Student Information:

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Usual Last Name: _____

Usual First Name Name: _____

Usual Middle Name: _____

What is your child's gender identity? ***

☐ Female ☐ Male ☐ Non-Binary ☐ Prefer not to answer

Does your child's gender identity align with their sex assigned at birth?

☐ Yes ☐ No ☐ Prefer not to answer

Date of Birth: _____ *(dd-mmm-yyyy)*

Home Phone No.: _____

Unlisted: ☐ Yes ☐ No

Who has custody?

☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

For EBUS or Continuing Education Students (adult):

Work Phone No.: _____

Cell Phone No.: _____

e-mail: _____

****We are asking for and collecting information about gender identity so we can better serve the richness and diversity of the student population, especially vulnerable parts of the community. The school district strives to improve our spaces, programs, and interaction informed by robust data. We ask for gender in a two-step process based on emerging best practices. We recognize that for some of our students, their gender identity does not align with their sex assigned at birth. Please feel free to ask our staff about questions you may have regarding this issue.*

Enrollment Information

Reason (for admission): _____

Grade: _____

BC Health Number: _____

Previous School: _____

Previous District: _____

Cross-Enrolled School: _____

Catchment Information

Out of Catchment: ☐ Yes ☐ No

Regular Catchment School: _____

If Yes, complete a 'Request for Attendance Outside Catchment Application' form

Physical Address

Street Name & No.: _____

Town/Prov.: _____

Postal Code: _____

Student allowed to walk home: ☐ Yes ☐ No

Bus Student: ☐ Yes ☐ No

If Yes, contact the Transportation Department

Mailing Address

☐ Same as Physical Address

P.O. Box No.: _____

Town/Prov.: _____

Postal Code: _____

Citizenship

Country or Province of Birth: _____

Country of Citizenship: _____

Language & Culture

Home Language: _____

Language Most Used: _____

First Language: _____

Aboriginal Ancestry: ☐ Yes ☐ No

☐ Inuit ☐ Metis ☐ Non-Status ☐ Status

Living on Reserve: ☐ Yes ☐ No

Band of Origin: _____

Band of Residence: _____

Legal Alerts

Do you have a specific custody arrangement we should know about? ☐ Yes ☐ No

*** **If yes, please provide a copy of the Court Order.**

Comments: _____

Life-Threatening Medical Alerts

Life-Threatening Medical Alert Condition: ☐ Yes ☐ No ***If yes, complete a 'Student Medical Alert' form***

Life-Threatening Anaphylaxis Condition: ☐ Yes ☐ No ***If yes, complete a 'Student Emergency Anaphylaxis Plan' form***

Other Alerts

Health Concerns (non-life threatening): _____

_____

Medication Required: ☐ Yes ☐ No ***If yes, refer to 'Policy 504.5 – Administration of Medication' for requirements***

Comments: _____

Other Family Information: _____

Other Information: _____

_____

Parent/Guardian Information

Parent/Guardian #1	**Parent/Guardian #2**
Legal Last Name: _____	Legal Last Name: _____
Legal First Name: _____	Legal First Name: _____
Usual Last Name: _____	Usual Last Name: _____
Usual First Name: _____	Usual First Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone No.: _____	Home Phone No.: _____
Unlisted: ☐ Yes ☐ No	Unlisted: ☐ Yes ☐ No
Cell Phone No.: _____	Cell Phone No.: _____
Place of Employment: _____	Place of Employment: _____
Work Phone No.: _____	Work Phone No.: _____
Available at work: ☐ Yes ☐ No	Available at work: ☐ Yes ☐ No
e-mail address: _____	e-mail address: _____
Same as Student's Address: ☐ Yes ☐ No	Same as Student's Address: ☐ Yes ☐ No
Physical Address:	Physical Address:
Street Name & No.: _____	Street Name & No.: _____
Town: _____	Town: _____
Postal Code: _____	Postal Code: _____
Mailing Address:	Mailing Address:
Same as Physical Address: ☐ Yes	Same as Physical Address: ☐ Yes
P.O. Box No.: _____	P.O. Box No.: _____
Town/Prov.: _____	Town/Prov.: _____
Postal Code: _____	Postal Code: _____
Living with Student: ☐ Yes ☐ No	Living with Student: ☐ Yes ☐ No

Can pick up student: ☐ Yes ☐ No ☐ Receive mailing ☐ Receive email ☐ Would like to Volunteer _____ ***If yes, refer to 'Policy 1002.3 – School Volunteers/Coaches'***	Can pick up student: ☐ Yes ☐ No ☐ Receive mailing ☐ Receive email ☐ Would like to Volunteer _____ ***If yes, refer to 'Policy 1002.3 – School Volunteers/Coaches'***

Siblings *(in school – K 12)*

	Sibling #1	*Sibling #2*	*Sibling #3*	*Sibling #4*
Last Name:				
First Name:				
Relationship:				

Emergency Contact Information
(minimum of 1 required)

Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Relationship to Student:	Relationship to Student:
Home Phone No.: _____	Home Phone No.: _____
Unlisted: ☐ Yes ☐ No	Unlisted: ☐ Yes ☐ No
Cell Phone No.: _____	Cell Phone No.: _____
Place of Employment:	Place of Employment:
Work Phone No.: _____	Work Phone No.: _____
Email: _____	Email: _____
Can pick up student: ☐ Yes ☐ No	Can pick up student: ☐ Yes ☐ No

Part B – Permissions

Permissions

I Permit:

- the school to send email and auto-dialer calls;
- my child to access the Internet to support their education as per '*Policy 604.1 – Digital Technology*';
- my child to participate in local field trips;
- the school to disclose contact information to the Parent Advisory Council for the purpose of school-related communications;
- my child to be transported in a medical emergency;

and acknowledge:

- that schools have the obligation and right to share demographic information with Provincial Health and Social Services agencies; and,
- that schools have the responsibility to investigate all threat making behaviour.

☐ **I have signed the 'Digital Technology Consent Form'**
(page 4 of the permissions section of the registration form)

☐ **I have signed the 'Student Photograph/Video/Audio and Media Consent Form'**
(page 5 of the permissions section of the registration form)

If required,

☐ **I have signed the 'Locker Agreement' form** *(page 6 of the permissions section of the registration form)*

☐ **I understand that I must contact the Transportation Department directly to register my children for bus service**

_____ _____
Parent/Guardian Signature *Date*

If required as per custody arrangement:

_____ _____
Parent/Guardian Signature *Date*

Note: If you take exception to any of the above, please discuss your objections with the Principal/Vice Principal.

School District No. 91 (Nechako Lakes) adheres to provincial Freedom of Information and Protection of Privacy Legislation.

DIGITAL TECHNOLOGY CONSENT FORM

Related policies:

- *Policy No. 604.1 – Digital Technology*
- *Policy No. 604.3 – Social Media and Cloud Technology*
- *Policy No. 604.4 – District Technology and Network Access*

MICROSOFT 365 CONSENT

To Be Completed by Parents/Guardians
AND Students (13 years and older)

Please complete and return to your school

School District No. 91 Nechako Lakes (SD91) acknowledges the importance of teachers, students and parents collaborating and learning in digital environments. However, it is also important that students, staff and parents use such tools in a safe and ethical manner and that student personal information is collected and stored in accordance with the *BC Freedom of Information and Protection of Privacy Act*.

SD91 uses Microsoft 365 (M365), formerly Office 365, as its sole digital productivity, communication, and collaboration platform. Personal information will be collected and used to enable your child to log in M365 websites to download, install and use M365 Platform. Your child's first and last name(s), SD91 email address and password (encrypted) may be stored and accessible outside of Canada for the purpose of using the M365 Platform.

In accordance with the *BC Freedom of Information and Protection of Privacy Act*, School District No. 91 (Nechako Lakes) is seeking your consent to collect and use your child's first and last name to enable their use of the M365 Platform.

☐ **I DO GIVE MY CONSENT** for my child to use 'M365' [PIA # 201301]

☐ **I DO NOT GIVE MY CONSENT** for my child to use 'M365' [PIA # 201301]

School Name: _____

Student's Full Name: _____

Student's Signature: _____ *(Students 13 years and older)*

Parent's Name: _____

Parent's Signature: _____

Date: _____

**** PIA = Privacy Impact Assessment*

STUDENT PHOTOGRAPH/VIDEO/AUDIO AND MEDIA CONSENT FORM

Related Policy: Policy No. 604.2 – Student Photograph/Video/Audio and Media Consent

To Be Completed by Parents/Guardians AND Students (13 years and older)

Please complete and return to your school

In accordance with the *BC Freedom of Information and Protection of Privacy Act*, School District No. 91 (Nechako Lakes) 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 schools' and/or 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, social media sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape 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.*

Personal information will be collected by the School District for the above noted purposes under the authority of Section 26 (c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). While stored outside the country, information may be subject to the laws of foreign jurisdictions, such as the United States. If you have any questions about this collection, please contact your child's principal directly.

☐ **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.

School Name: _____

Student's Full Name: _____

Student's Signature: _____ *(Students 13 years and older)*

Parent's Name: _____

Parent's Signature: _____

Date: _____

If required,

LOCKER AGREEMENT

Related Policy: Policy No. 502.3 – Student Rights and Responsibilities for Locker Use

To Be Completed by Parents/Guardians AND Students

I hereby agree that my child _____ will use his/her locker only for accepted school-related activities and that it may be inspected by the Principal/Vice Principal or other person in authority with the Principal/Vice Principal at any time without notice. My child and I have discussed both this agreement, and his/her obligation to use the locker only for accepted school-related activities.

_____ Signature of Parent

_____ Signature of Student

To be Completed by the School Administrative Assistant

ID provided for Proof of Age: _____ ☐ Copy attached
(i.e. birth certificate, BC Services Card, passport, status card)

If required, Proof of Residency: _____ ☐ Copy attached
(See 'Policy 501.4 – Ordinarily Resident' for a list of allowable documents or the Quick Reference Guide)

☐ Copy of student's Care Card or BC Service Card attached

☐ Registration form signed by parent/guardian *(page 3)*

Provided Parent/Guardian with: ☐ directions to access the Codes of Conduct on-line **OR**
☐ a paper copy of the District Code of Conduct for Students & School Code of Conduct

Is the student from outside the district? ☐ Yes ☐ No

If yes, complete and send a 'Out-of-District File Request' form to previous school

☐ Have parents/guardians sign the 'Out-of-District File Request' form in case there are confidential files

Is the student from another school within our district? ☐ Yes ☐ No

If yes, complete and send a 'In-District File Request' form to previous school *(parental signature not required)*

School Administrative Assistant: _____ _____

Name *Date*