

## AP 336-1 School Registration Form

A child may only be registered in one school in the Abbotsford School District. In the case of a family registering with multiple children please use one form per child.

Catchment School \_\_\_\_\_

Requested Out-of-Catchment or District Program/Placed School \_\_\_\_\_

### STUDENT INFORMATION

Gender Identity M=male, F=female, X=nonbinary \_\_\_\_\_

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

Usual Last Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_  No Middle Name

Birth Date \_\_\_\_\_ (DD/Month/YYYY e.g. 24 May 2005)

Grade \_\_\_\_\_ Proof of Age  Birth Certificate  Passport  Citizenship Paper

Home Phone \_\_\_\_\_

### ADDRESS INFORMATION

Street Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Proof of Residence Provided  Yes  No (\*see below)

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

\* In order for a child to be registered in an Abbotsford school, proof of address must be shown by presenting one of the following legal documents: Mortgage Document, Rental or Lease Agreement, Property Sale Agreement, Property Tax Notice, Home Insurance, Utility Bill. In addition, one or more of the following documents containing the name and address of the parent/guardian is required: Government Document ie. MSP bill, Child Tax Credit, Income Tax Assessment, Vehicle Insurance, most recent T4.

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offense of perjury, contrary to Section 131 of the Canadian Criminal Code.

### ADMISSION INFORMATION

Previous School \_\_\_\_\_

City & Province \_\_\_\_\_

Date left previous school \_\_\_\_\_ Expected start date \_\_\_\_\_

**FOR KINDERGARTEN REGISTRATION ONLY**

Attended Preschool  Yes  No      Attended Daycare  Yes  No      Attended StrongStart  Yes  No

Previous School \_\_\_\_\_ City/Prov. \_\_\_\_\_

**BUSSING (does not apply for District Programs)**

Is bussing needed  Yes  No      If Yes, please request a school district transportation form.

**ABORIGINAL ANCESTRY INFORMATION**       Yes  No      If yes,

Inuit     Metis     First Nation Non-Status     First Nation Status on Reserve     First Nation Status off Reserve

Band Name \_\_\_\_\_ Band Number \_\_\_\_\_

Status Card Number (if applicable) \_\_\_\_\_

**PROGRAM**

French Immersion     ELL     Special Education     \*Designation     \*My child has an IEP

\*Was in an Alternate Program (title) \_\_\_\_\_

**IMMIGRATION/CITIZENSHIP STATUS**

Country of Birth \_\_\_\_\_ Language at Home \_\_\_\_\_

Canadian Citizen     Child     Parent    •    Permanent Resident/Landed Immigrant     Child     Parent  
 Refugee     Child     Parent    •    International Student (funding not eligible)     Child     Parent  
 Student Visa     Child     Parent    •    Employment Authorization     Child     Parent

**PARENTS/GUARDIANS**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Living with Student  Yes  No    Same Address as Student  Yes  No

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Employed at \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Living with Student  Yes  No    Same Address as Student  Yes  No

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Employed at \_\_\_\_\_

Are there any legal documents in force re: custody/guardianship/access?  Yes  No

Have you provided a copy of these legal documents to the school?  Yes  No

Comments/details re submitted court order \_\_\_\_\_

\*Please note that court orders cannot be followed or acted upon by the school unless a copy has been formally submitted to the school.

**SIBLING INFORMATION** (brothers/sisters including preschoolers in the same or a different school within the Abbotsford School District)

	Sibling 1	Sibling 2	Sibling 3
Last Name			
First Name			
Relationship			
School			
DOB			
Sex (Male/Female)			

**CONTACT INFORMATION** (other than parent/guardian)

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

**OUT OF PROVINCE CONTACT INFORMATION** (In case of Provincial disaster)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
 Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Care Card Number \_\_\_\_\_  
 Allergies and Conditions \_\_\_\_\_  
 Are any of these conditions life threatening?  Yes  No If so, which? \_\_\_\_\_  
 Life Threatening Conditions/Medication or Treatment Required:  
 Condition \_\_\_\_\_ Treatment \_\_\_\_\_

(AP 327 – Medical Alert Conditions, AP 328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website.

Name (printed) \_\_\_\_\_ Signature (parent/guardian) \_\_\_\_\_

**STUDENT INFORMATION RELEASE**

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

**1. GRADE 8-12 STUDENTS ONLY**

All students participating in secondary athletics in Abbotsford need to be registered with BC School Sports. I authorize disclosure of my child’s name, birthdate, current grade, year my child entered grade 8 and previous school to BC School Sports for registration purposes.

Signature \_\_\_\_\_

**2. COMPUTER AND INTERNET USAGE AND ACCESS**

Access to and participation in the global network (Internet) carries with it a responsibility for adherence to established guidelines for acceptable use, as per AP 334 – Online Communications and Digital Learning. Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. The procedure and parental consent form are available at the school office or on the District website. I will review this policy prior to signing my child’s user agreement.

Signature \_\_\_\_\_

**3. CANADA ANTI-SPAM LEGISLATION (CASL) COMPLIANCE FORM**

To ensure that you consent to receive electronic newsletters, school and community updates on matters from your children’s school(s) and the school district, please complete the accompanying Canada Anti-Spam Legislation (CASL) Compliance Form. (AP 336-2 Request for Email Address Consent)

**4. PHOTOGRAPH/VIDEO AND MEDIA CONSENT FORM**

To give your consent to the Abbotsford School District to collect, use and publicly disclose your child’s name, voice and/or image for purposes consistent with AP 324, please complete form AP 324-1 Photograph/Video and Media Consent Form.

***Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashionline.com> (it takes less than five minutes)***

**Office Use Only**

Date Rec’d \_\_\_\_\_ Time Rec’d \_\_\_\_\_

Received By \_\_\_\_\_ Computer User Agreement Rec’d  Yes  No

School Entry Date \_\_\_\_\_ PEN \_\_\_\_\_ MyBCEd# \_\_\_\_\_

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the Freedom of Information Coordinator, District Administration Office, 604-859-4891.

## Release of Confidential Information (to the Abbotsford School District)

As parent/guardian of:

Student name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day Month Year

I hereby authorize (list outside agency/agencies):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to release the following confidential records concerning my (above named) child:

- |   |  |
|---|--|
| <input type="checkbox"/> Custody/Restraining Orders         | <input type="checkbox"/> Behaviour Assessments     |
| <input type="checkbox"/> Legal Matters                      | <input type="checkbox"/> ELL/LAC Reports           |
| <input type="checkbox"/> Medical/Health Reports             | <input type="checkbox"/> Psychologist Reports      |
| <input type="checkbox"/> Parent Release Forms               | <input type="checkbox"/> School Based Team Reports |
| <input type="checkbox"/> Student Services Referrals/Reports | <input type="checkbox"/> Other _____               |

to the Abbotsford School District.

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Updated February 2020*

## AP 324-1 –Photograph/Video and Media Consent Form

In accordance with the BC [Freedom of Information and Protection of Privacy Act](#), the Abbotsford School District 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 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.

### Please complete and return to your school:

\_\_\_\_\_ **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 for this school year. 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 for this school year.

**Student's Name:** LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
(please print)

Student signature (for Secondary school students only) \_\_\_\_\_

**Parent/Guardian Name:** LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
(please print)

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Phone #s \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

District Freedom of Information and Protection of Privacy Officer:  
Ms. Tracy Orobko,  
Abbotsford School District,  
[tracy.orobko@abbyschools.ca](mailto:tracy.orobko@abbyschools.ca)

## AP 331-1 Rules Regarding Student Lockers: Conditions of Use

Most schools in the Abbotsford School District have lockers available for student use. Students are not required to have a locker assigned to them; lockers will only be assigned to students who complete this form. Lockers remain the property of Abbotsford School District. By applying for a locker the student agrees that **LOCKERS MAY BE SUBJECTED TO RANDOM SEARCHES BY SCHOOL DISTRICT STAFF, AND THAT THE SCHOOL DISTRICT MAY USE TRAINED DOGS TO SWEEP LOCKER AREAS FOR DRUGS.**

I \_\_\_\_\_, student, understand that this locker is assigned to me for use during the school year on the following conditions:

1. I am responsible for the locker that is assigned to me. No one else may use this locker. If I have been assigned to share this locker then only I and the other student to whom it has been assigned may use it.
2. I agree to use only an approved lock on this locker. I will register the combination of the lock at the office. I will not divulge my combination to anyone else.
3. I will only use the locker for purposes relating to school and my attendance at school. I understand that I may use the locker to store books, school supplies and equipment, clothing, school sports equipment, lunches and necessary personal items. I understand that nothing else is permitted in my locker unless the principal or vice-principal has permitted it in writing.
4. No controlled substances, weapons or prohibited or offensive material may be placed in the locker.
5. I understand and agree that School officials may search student lockers at any time and without prior notice in order to ensure compliance with the conditions of use and other school policies and rules, and that searches by school officials may include the use of trained dogs to detect the presence of drugs or prohibited materials in student lockers.
6. I understand that my permission to use the locker may be terminated if I do not comply with the conditions of use, school policies or rules.
7. I understand that it is the responsibility of all members of the school community to keep our schools safe. If I have reason to believe that any locker contains anything that would threaten the safety of other students, staff or any other person, I agree to immediately report the information to a teacher or administrator. I understand that the School District will keep my name confidential unless required by law to disclose it.
8. I agree to keep the locker clean and to remove foodstuffs on a regular basis.
9. I understand that I am responsible for cleaning and removing all material from my locker at the end of the year or when I leave the school.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Parent's/legal guardian's acknowledgement and agreement

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ (the "student"). I agree to the terms and conditions of use set out in this document, and agree that the student may have a locker subject to these terms and conditions.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

Clear All Entries

## AP 336-2 Request for Email Address Consent (CASL)

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, Abbotsford School District would like to ensure that we have your consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

- Yes, I CONSENT to receiving the above communications to my email address which I have provided below, and understand that I can withdraw this consent at any time.

Email Address: \_\_\_\_\_

- No, I DO NOT CONSENT to receiving the above communications to my email address.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your Child(ren)'s name(s): \_\_\_\_\_

This information will be kept on file at the school your child is attending in Abbotsford School District.

If you have any questions please contact us at:

[info@abbyschools.ca](mailto:info@abbyschools.ca)

Abbotsford School District,  
2790 Tims St,  
Abbotsford, BC, V2T 4M7  
[www.abbyschools.ca](http://www.abbyschools.ca)



## AP 334-3 Bring Your Own Device (BYOD) – Consent Form

This consent form is provided to parents and students so that an informed choice may be made with regard to consent to use a personal device, such as a laptop.

The Abbotsford School District recognizes that digital devices are valuable resources for learning. The Bring Your Own Device (BYOD) Program is an optional program available in some Middle and Secondary Schools, that allows students to use personal devices limited to laptops, Chromebook or tablets. Smartphones are not included in the BYOD Program.

Participation in the BYOD Program requires district approval. The district expects that students should be using BYOD devices for educational purposes.

Although staff will endeavor to support students in the classroom, the district has no liability or responsibility at any time or location for technical support, device theft or damage, or loss of data. BYOD users are subject to school and class expectations, as well as AP 334 - Online Communications & Digital Learning. The district, through school administrators, reserves the right to access any files on the device in case of misuse, suspicion of misuse, or other activities in violation of the district's Student Code of Conduct. Misuse of devices may result in their removal from school networks and a request to remove the devices from school property.

Parents/Guardians may wish to include personal devices used on school property in their personal insurance coverage.

### Student Consent

I agree that I will use my device appropriately and for learning.

Name of Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_

### Parent/Guardian Consent

Select **only one** of the following:

I have read and understand the information above and consent to my child being involved in the Abbotsford School District BYOD Program. This consent will be considered valid from the date on which it is signed until completion of grade 12.

At this time, I do not consent to my child being involved in the Abbotsford School District's BYOD Program.

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of Device (Tablet, Chromebook, Laptop): \_\_\_\_\_ (No phones)

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# Indigenous Education Consultation Form



Indigenous  
Education

**Indigenous Education Consultation Form to be completed by parents/guardians:**

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

This confirms that my child has Indigenous Ancestry.

**Circle One:**      **First Nations**    **Métis**    **Inuit**

**If First Nations, list Nation (if known):** \_\_\_\_\_

**Circle One if First Nations:**    Status    Non-Status

**Circle One if First Nations:**    On-Reserve    Not-On-Reserve

**The Indigenous Education Enhancement Agreement goals are:**

**Goal #1 -- Student Success**

*Indigenous students will be supported to develop their full potential in all aspects of school life. I.e. Reading, academics, attendance, in career programs and graduating.*

**Goal #2 -- Cultural Identity**

*Students will learn about their own Indigenous cultural identity and connect with their ancestry in a meaningful way. When Indigenous students know their identity, who they are and where they have come from, they will develop a positive sense of self and belonging.*

**Goal #3 -- Equity and Access**

*Indigenous students thrive in an environment that supports equity and access to all opportunities in schools.*

**What programs and services as part of the enhanced services in the Indigenous Program, would you like to see at your child's school?**

**My child is of Indigenous ancestry and my signature acknowledges that I have been consulted by the Abbotsford School District regarding the Indigenous enhancement service.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed