

## 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.

**INDIGENOUS 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 \_\_\_\_\_

**PROGRAM**

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

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

**SUPPORT NEEDS**

Does this student require additional supports for social and emotional needs?  Yes  No

Does this student require additional supports?  Yes  No

If yes,  Behaviour intervention plan     Safety plan

*\*This information will only be used to initiate a dialogue between the family and the school with the aim of better supporting the student and the family with a goal of successful transition to the school district.*

**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)**

<b>Office Use Only</b>		
Date Rec’d _____	Time Rec’d _____	
Received By _____	Computer User Agreement Rec’d	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

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)

## 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*

