

HATZIC MIDDLE SCHOOL  
NEW REGISTRATION OUTLINE



Student (Last Name): \_\_\_\_\_ (First Name): \_\_\_\_\_

Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Move to Mission: \_\_\_\_\_

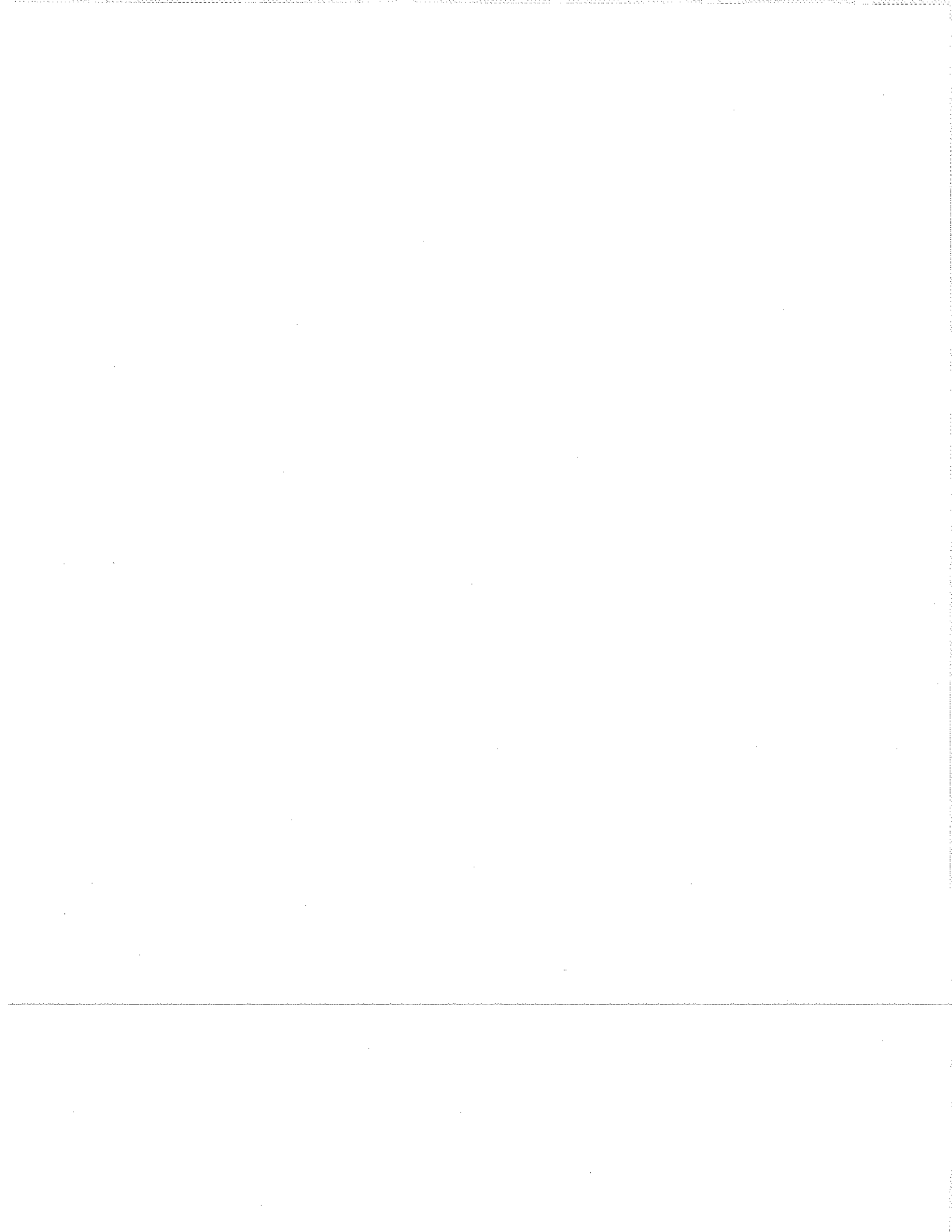
Mission Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

The following is required to register at Hatzic Middle School:

- **Proof of Residency in BC**  
**(the documents listed below can also be used as your proof of your Physical Home Address)**
  - Driver's License or Municipal Tax Bill or
  - Mortgage Statement or Rental Agreement or Utility Bill
- **Proof of Physical Home Address (one piece is required from the following list):**
  - Driver's Licence or Credit Card Invoice or
  - Mortgage Statement or Rental Agreement or
  - Utility Bill or Municipal Tax Bill or
  - Notary Authorized Letter
- **Copy of Student's Birth Certificate or Passport**
- **Copy of Last Report Card**
- **If Applicable: Copy of IEP (Individual Education Plan)**
- **If Applicable: Any legal documents the school should have on file**

Once you have all your documentation, please bring all forms to the school



**K – 12 Student Registration Form**

**STUDENT:**

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

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

Legal Middle Name: \_\_\_\_\_

Usual Last Name: \_\_\_\_\_

Usual First Name: \_\_\_\_\_

Usual Middle Name: \_\_\_\_\_

Legal Gender:  Male  Female

If applicable:

Preferred Gender:  Male  Female  Transgender

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Student Email (if applicable): \_\_\_\_\_

**Office Use Only:** For Current Year  Start Date: \_\_\_\_\_

For Next Year

Date of Registration: \_\_\_\_\_ Current/Next Grade: \_\_\_\_\_

Time of Registration: \_\_\_\_\_

Proof of Age Received (Passport, Birth Certificate etc.)

Proof of Parent/Guardian Residing in BC Received  
(ex. BC Services Card, Care Card, Driver's License)

Proof of Home Address (for catchment purposes)

**Cross Boundary**  Yes  No \_\_\_\_\_  
(Catchment School Name)

**HOUSE ADDRESS:**

Street # & Name: \_\_\_\_\_

Apt # \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

**Previous School:** \_\_\_\_\_ **District:** \_\_\_\_\_ **City:** \_\_\_\_\_

Has student ever attended a Mission school or StrongStart Program  YES Name of School: \_\_\_\_\_  
 NO

**MEDICAL:** Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Personal Health Number: \_\_\_\_\_

**Has potentially life threatening condition as indicated:**  Anaphylaxis (Extreme Allergic Reaction)  Severe Asthma  
 Seizure Disorder  Diabetes  Blood Clotting Disorder  Serious Heart Condition  Other

Details: \_\_\_\_\_

*Please arrange a meeting with the school Principal if the student has a medically diagnosed life-threatening condition.*

**To be filled out by Principal or designate when a life threatening medical condition exists:**

Doctor's Note Requested  Doctor's Note Received

Other **Non-Life Threatening** Medical Conditions:

**CITIZENSHIP** Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

**LANGUAGE** At Home \_\_\_\_\_ Most Used \_\_\_\_\_ First \_\_\_\_\_

**ABORIGINAL ANCESTRY:**  Inuit  Metis  Non-Status  Status-Off Reserve  Status-On Reserve

Band of Origin: \_\_\_\_\_ Band of Residence: \_\_\_\_\_

**SPECIAL NEEDS or LEARNING CONSIDERATIONS:**

**Identified Learning Needs/Special Needs:**  Yes  No **Diagnosis:** \_\_\_\_\_

Student currently has an **Individualized Education Plan (IEP):**  Yes  No **Current Designation:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION****PARENT/GUARDIAN INFORMATION #1**

Contact #1 (Lives with Student):

Relationship: \_\_\_\_\_  
(parent: Mother/Father/Step Parent or Guardian)

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

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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

**PARENT/GUARDIAN INFORMATION #2**

Contact #2 (Lives with Student):

Relationship: \_\_\_\_\_  
(parent: Mother/Father/Step Parent or Guardian)

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

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION****EMERGENCY CONTACT #4**

Relationship: \_\_\_\_\_

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

**EMERGENCY CONTACT #5**

Relationship: \_\_\_\_\_

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION #3 (Not living with)**Contact #3 (Does NOT Live with Student):Relationship: \_\_\_\_\_  
(parent: Mother/Father/Step Parent or Guardian)

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

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

**CUSTODY (if applicable):**Are there any legal documents in force re:  
custody/guardianship/access  Yes  NoIf yes, have you provided the school with a copy of these  
legal documents?  Yes  NoDetails:  
\_\_\_\_\_  
\_\_\_\_\_**CUSTODY (if Agency Representative eg. MCFD):** Continuing Custody Order Temporary Custody Order**EMERGENCY CONTACT #6**

Relationship: \_\_\_\_\_

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

**OUT OF DISTRICT CONTACT**

Relationship: \_\_\_\_\_

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

**SIBLING INFORMATION**

|                        |  |
|------------------------|--|
| Legal Last Name _____  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender |
| Legal First Name _____ | Birthdate: _____   |
| _____                  | Relationship to Student: _____   |
| <hr/>                  |  |
| Legal Last Name _____  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender |
| Legal First Name _____ | Birthdate: _____   |
| _____                  | Relationship to Student: _____   |
| <hr/>                  |  |
| Legal Last Name _____  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender |
| Legal First Name _____ | Birthdate: _____   |
| _____                  | Relationship to Student: _____   |
| <hr/>                  |  |
| Legal Last Name _____  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender |
| Legal First Name _____ | Birthdate: _____   |
| _____                  | Relationship to Student: _____   |
| <hr/>                  |  |
| Legal Last Name _____  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender |
| Legal First Name _____ | Birthdate: _____   |
| _____                  | Relationship to Student: _____   |
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**Other Notes Or Comments:**

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I verify that the information contained in this registration is accurate and complete.

Parent/Guardian Name (Print): \_\_\_\_\_

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

*The information on this form is collected under the authority of the School Act, sections 13 and 97. The information 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 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.*

**SCHOOL AUTHORIZATION  
TO RELEASE INFORMATION**



Hatzic Middle Secondary School  
34800 Dewdney Trunk Road  
Abbotsford, BC V2V 5V6  
Phone: 604-826-3651 Fax: 604-820-9209

To School: \_\_\_\_\_

Attention: \_\_\_\_\_  
\_\_\_\_\_

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

To Whom It May Concern:

I \_\_\_\_\_ (parent/guardian name),  
hereby consent to the release of my child's  
\_\_\_\_\_ (name of student)  
school records, Permanent Record of grades as well as any confidential material to  
Hatzic Middle Secondary, School District # 75 Mission.

My child's birthdate is: \_\_\_\_\_  
Month, Day, Year

Yours truly,

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Dear Parents and/or Guardians:

From time to time throughout the school year, your child's personal information may be used for purposes unrelated to educational programs. Examples of such usage are as follows:

1. Sharing your child's name, address and phone numbers with PAC representatives or school volunteers for call home purposes;
2. Elementary school class pictures;
3. Secondary school individual pictures published in the annual yearbook;
4. Student names and pictures published in school newsletters and the District's Annual Report;
5. Classroom video taping for presentation purposes;
6. Media and district staff photographing individual students and groups of students to commemorate special events and to promote various educational, sports and cultural activities taking place in your child's school and in the district. Student names, pictures and comments may be published in news media, online and on the social media profiles of Mission Public Schools (e.g. Flickr, YouTube).

School Districts must comply with the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, which places great emphasis on protecting the privacy of individuals. The information described above is collected under the authority of *Section 26.c of the FOIPPA*. In accordance with *Section 27.2* Mission Public Schools must have your consent to disclose personal information for any of the purposes as listed above.

Please indicate your preference below and return this form to your child's school. If a response is not received from you, we will assume you have consented.

Yours truly,

*Tracy Orobko*

Executive Assistant  
604.814.3703  
tracy.orobko@mpsd.ca

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Student's Name: \_\_\_\_\_ (please print)

(Note: The above list is not a pick-list. A "YES" response gives the school permission to share your child's personal information in accordance with all six items listed above. A "NO" response means your child's personal information will not be shared in any of the six activities listed above.)

\_\_\_\_\_ YES – I give my consent for release of my child's personal information for purposes consistent with the above.

\_\_\_\_\_ NO – I do not consent for release of my child's personal information for purposes consistent with the above.

Signed: \_\_\_\_\_  
(Parent / Guardian Signature)

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





# Secondary Student Internet Access Agreement



The personal information on this form is collected by School District No. 75 (Mission) under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 826-6286.

## Student Section

Student Name: \_\_\_\_\_ Div: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read the *Internet & E-Mail Access for All Users of the School District Computer Network* policy and regulations and I agree to follow the rules and regulations in the policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

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

## Parent or Guardian Section

Students under the age of 19 must also have the signature of a parent or guardian who has read this agreement.

As the parent or guardian of the above-named student, I have read the *Internet & E-Mail Access for All Users of the School District Computer Network Policy and Regulations* and agree to abide by the provisions therein. I understand that network services are intended for educational purposes.

In consideration of the privilege of using the MPSD.CA Network, I hereby release the district, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the MPSD.CA Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Student Acceptable Use Policy and Regulations. I will emphasize to my child the importance of following the rules for personal safety and understand that it is impossible for the School District No. 75 (Mission) to restrict access to all controversial materials, and I will not hold School District No. 75 (Mission) responsible for materials acquired via its networks.

I give permission for \_\_\_\_\_ (name of student) to access the MPSD.CA Network and/or the Internet and certify that the information contained in this form is correct.

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

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**This form will be retained at the office of the enrolling school of the student**

### Internet Access for Students and Staff: Safe Practices

The Board of Education provides guidelines for the safe and educational use of the Internet. Procedures and regulations below are not to be considered all inclusive. Students and staff must also be guided by the District Code of Conduct Policy #19, Respectful Schools Administrative Procedure #111, Respectful Workplace Administrative Procedure #405, Student Conduct Standards and Behaviour Management Administrative Procedure #114, their school's Code of Conduct and by provincial and federal laws.

The MPSD.CA network must not be used for any of the following:

- to transmit any materials in violation of Canadian laws;
- to violate, or attempt to violate the security of the district's computers, data or network equipment or services;
- to offer, provide or purchase products or services;
- for political lobbying;
- to post or link personal and/or private information about themselves or other people (see the Information and Privacy Act for a definition of *personal information*);
- to knowingly or recklessly post false or defamatory information about a person or organization;
- to engage in personal attacks, including prejudicial or discriminatory attacks;
- to use obscene, profane, lewd, vulgar, rude, inflammatory, threatening or disrespectful language at any time;
- to harass another person;
- to post chain letters or send unnecessary messages (spamming) to a large number of people;
- to post information that could cause damage or a danger;
- to plagiarize works found on the Internet;
- to access material that is profane or obscene (pornography), that advocates illegal acts, or that advocates violence or discrimination (hate literature);
- to pursue unauthorized access or attempt to access another person's account, files or computer\*\*;
- to attempt to spread or create computer viruses, destroy data or disrupt the computer system in any way\*\*;
- to engage in any act that contravenes the District Code of Conduct Policy #19.

\*\*Engaging in any of these activities may be considered an illegal act and subject to an investigation by school and/or law enforcement officials.

**Date Adopted: February 2000**

*Legal Reference: Information and Privacy Act*

*Cross Reference: Computer Network Administrative Procedure #701*

*District Code of Conduct Policy #19*

*Internet & Email Access for all Users of the School District Computer Network Administrative Procedure #210*

*Respectful Schools Administrative Procedure #111*

*Respectful Workplace Administrative Procedure #405*

*Student Conduct Standards and Behaviour Management Administrative Procedure #114*



**Siwal Si'wes (Our forefathers' teachings)**  
 Aboriginal Education  
 School District 75 (Mission)  
 7466 Welton Street, Mission, B.C. V2V 6L4  
 (Tel) 604-826-3103 (Fax) 604-820-2850

**Parent/Guardian Consultation Form**

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

To Parents/Guardians of children with Aboriginal (First Nations –Status/Non-status, Métis, Inuit) Ancestry in Mission Public Schools.

The Aboriginal Education Department offers academic and cultural support for students to participate in while attending Mission Public Schools. The programs are provided in accordance with the Ministry of Education Guidelines for Aboriginal Education and in consultation with our Siwal Si'wes Advisory Council.

Our goals are:

- To provide all learners with an opportunity to gain a greater awareness of Aboriginal Culture.
- To provide academic and/or personal support to Aboriginal students, if requested.

Staff members are available to meet with you, the parents/guardians, to assist you with any concerns you may have concerning your child's educational, social or emotional development.

Please complete this form and return it to your child's school. Only 1 completed form per family is necessary. Please list all children and their school on one form.

| <u>Name of Child</u> | <u>School</u> | <u>Specific Ancestry (if known)</u><br>[Stó:lo, Cree, Blackfoot, Métis, etc] |
|----------------------|---------------|--|
|----------------------|---------------|--|

|    |       |       |
|----|-------|-------|
| 1) | _____ | _____ |
| 2) | _____ | _____ |
| 3) | _____ | _____ |
| 4) | _____ | _____ |
| 5) | _____ | _____ |

My child (ren), above, has/have Aboriginal Ancestry and my signature indicates that I have been consulted regarding the Aboriginal Program.

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

Parent/Guardian Email: \_\_\_\_\_

Consultation by Phone: \_\_\_\_\_ (Staff Name) Date: \_\_\_\_\_

| <b>Consultation Date:</b> | <b>Consultation Date:</b> | <b>Consultation Date:</b> |
|---------------------------|---------------------------|---------------------------|
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