

HATZIC MIDDLE SCHOOL
NEW REGISTRATION OUTLINE



Student (Last Name): _____ (First Name): _____

Date: _____ Grade Entering: _____ School Year: _____

Date of Birth: _____

Date of Move to Mission: _____

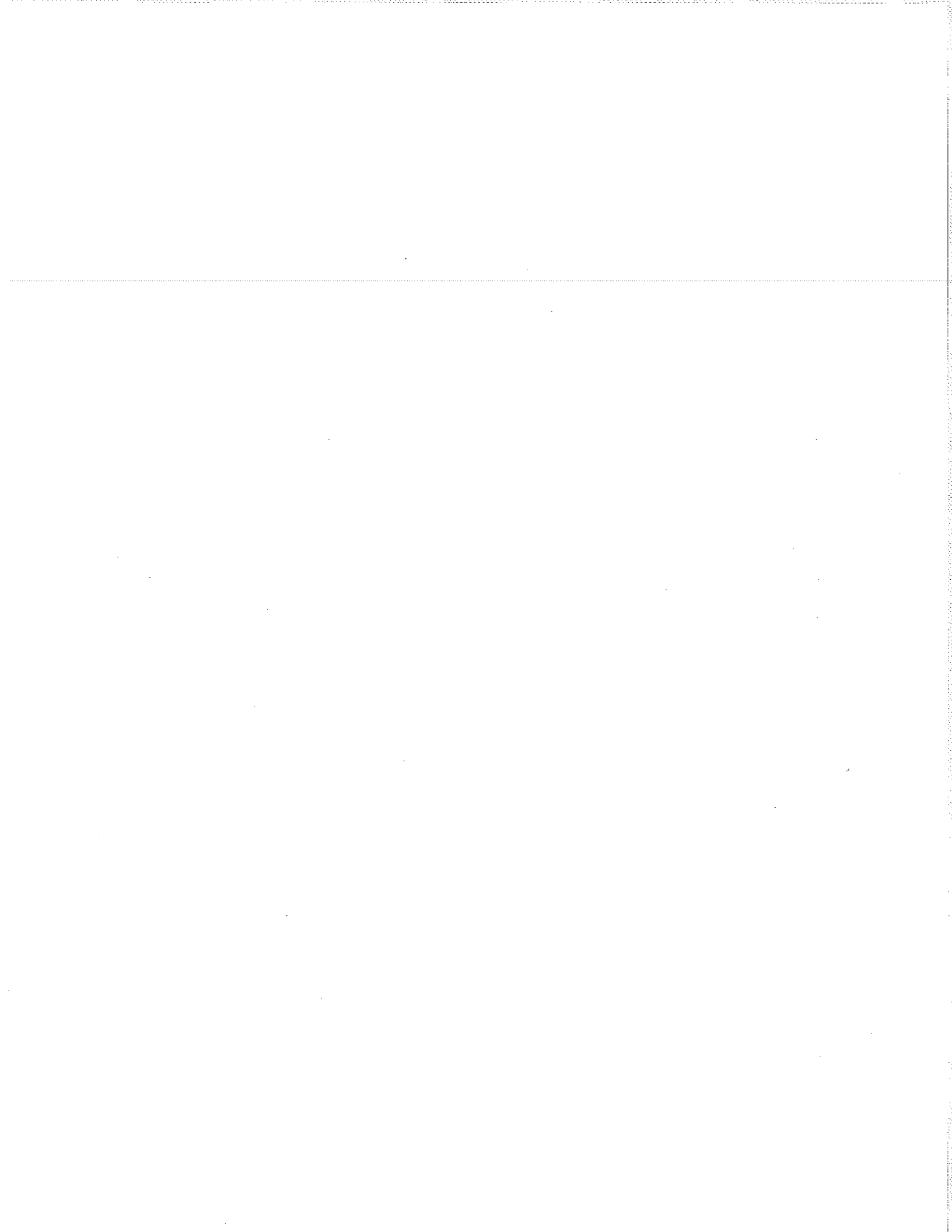
Mission Address: _____

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: _____

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 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: _____

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: _____
Legal Last Name _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Legal First Name _____	Birthdate: _____
_____	Relationship to Student: _____
Legal Last Name _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Legal First Name _____	Birthdate: _____
_____	Relationship to Student: _____
Legal Last Name _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Legal First Name _____	Birthdate: _____
_____	Relationship to Student: _____
Legal Last Name _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Legal First Name _____	Birthdate: _____
_____	Relationship to Student: _____

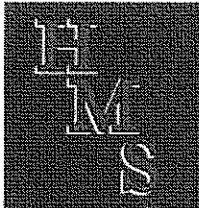
Other Notes Or Comments:

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 School



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 School, School District 75, Mission.

My child's birthdate is: _____
Month/Day/Year

Yours truly,

(Parent/Guardian Signature)

(Date)

Office 365

Dear Parent/Guardian:

Hatzic Middle School is going to be upgrading the Microsoft Office to Office 365. Students will be provided with personal user accounts to create and manage their school assignments.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Shirley Gibson Principal
Hatzic Middle School
34800 Dewdney Trunk Rd.
Mission B.C.
V2V 5V6

Consent:

Office 365 - I have read the above information from Hatzic Middle School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *Office 365* is to enable opportunities to create and manage school assignments. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided.

I consent to my child using *Office 365*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *Office 365* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed until June 30, 2019**. I also hereby acknowledge that I have read and understood the above information on *Office 365*.

Print Name of student

Grade

Date

Signature of parent or guardian*:

Date

*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.

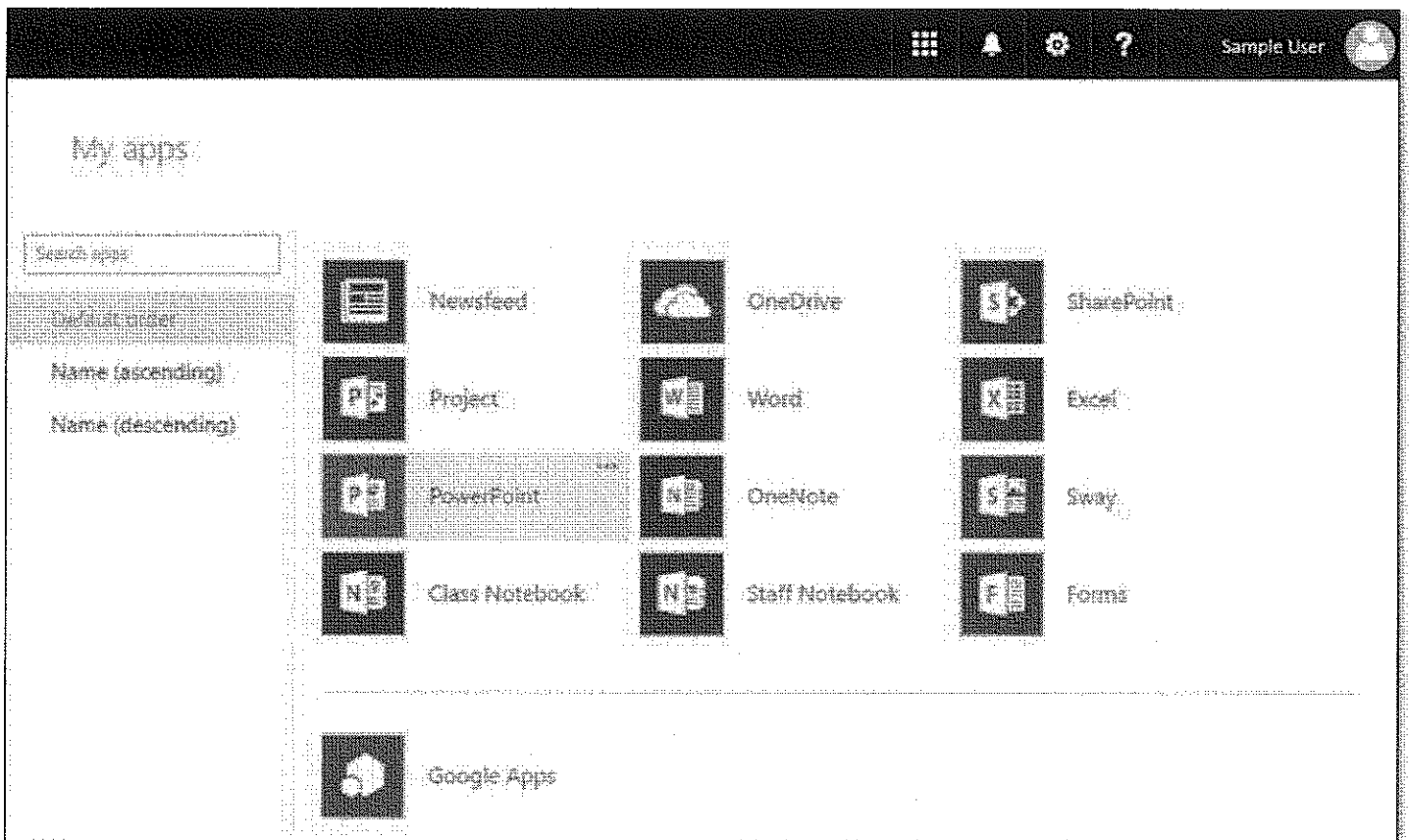
This form must be returned, signed and dated, to the student's school so that an *Office 365* account can be created.

For further information contact Colleen Hannah at colleen.hannah@mpsd.ca

What is Office 365

Office 365 Education is a collection of services that allows you to collaborate and share your schoolwork. It's available for free to teachers who are currently working at an academic institution and to students* who are currently attending an academic institution. The service includes Office Online, and OneDrive online file storage. This service also allows teachers and students to install the full Office applications on up to **5 PCs or Macs for free.**

*Students **MUST** have parent permission granted for Office 365 via school policies on the following form to use this service each year.



Consent Form *My Blueprint*

Dear Parent/Guardian:

Hatzic Middle School is going to be using *My Blueprint* as a Career Education Resource. Students will be provided with personal user accounts for career education purposes.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Shirley Gibson Principal
Hatzic Middle School
34800 Dewdney Trunk Rd.
Mission B.C.
V2V 5V6

Consent:

My Blueprint - I have read the above information from Hatzic Middle School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *My Blueprint* is to enable opportunities to explore career education. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I also recognize that I may be invited to view my child's work in *My Blueprint* and as a guest I will be respectful of not sharing classroom photos that may be posted by my child.

I consent to my child using *My Blueprint*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *My Blueprint* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed**. I also hereby acknowledge that I have read and understood the above information on the Use of *My Blueprint*.

Print Name of student

Grade

Date

Signature of parent or guardian*:

Date

*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.

This form must be returned, signed and dated, to the student's school so that a *My Blueprint* account can be activated for the student named below.

For further information contact Colleen Hannah at colleen.hannah@mpsd.ca

Photograph, Video, and Media Consent Form



School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

Please complete the information below and return this form to your school.

Student names or images may be shared for the following purposes:

1. School yearbooks

YES, I consent for the release of my child's personal information for the prescribed purpose outlined above.

NO, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

2. School and / or school district website, newsletter, social media sites, or videotaping in the classroom and / or during special events for presentation purposes.

YES, I consent for the release of my child's personal information for the prescribed purpose outlined above.

NO, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

Student Name:
School:
Parent/ Guardian Name:
Parent/ Guardian Signature:
Date:

NOTE: Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

The information described above is collected in accordance with **Section 26 (c) (d) and (g)** of the *Freedom of Information and Protection of Privacy Act*. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator.

This form was last revised: **January 31, 2018**

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> [Stó:lo, Cree, Blackfoot, Métis, etc]
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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: _____

Consultation Date:	Consultation Date:	Consultation Date: