



### School District 5 (Southeast Kootenay) Student Registration Form

**Copy of Birth Certificate, BC Care Card, and Proof of BC Residency MUST accompany this registration.**

The information collected on this form will be protected consistent with the Freedom of Information and Protection Act.

**Catchment School:** \_\_\_\_\_

**Requested/Placed School:** \_\_\_\_\_

<b>STUDENT INFORMATION</b>	<b>ADDRESS INFORMATION</b>
Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Gender Identity _____ Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Usual Last Name _____ Preferred First _____ Date of Birth _____ (DD/Month/Year ie 24 May 2005) Proof of Age/Legal Name Received and on File <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Canada documents <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Status (Status Card)  Main Phone _____  Unlisted Y <input type="checkbox"/> N <input type="checkbox"/> Grade _____	Street Address _____ _____ Apt. No. _____ City _____ BC Postal Code _____ Proof of Residency <input type="checkbox"/> _____ Mailing Address (if different from above) _____ _____ Is bussing needed? Y <input type="checkbox"/> N <input type="checkbox"/> Permission to walk home? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, please request a school district transportation form) <u><b>ADMISSION INFORMATION</b></u> Have you previously attended a BC School or BC StrongStart? Y <input type="checkbox"/> N <input type="checkbox"/> Last School Attended _____ City & Province _____

<b>PARENTS/GUARDIANS</b> <small>(extra sheets are available if needed)</small>	<b>PARENTS/GUARDIANS</b>
First Name _____ Last Name _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Relationship to Student _____ Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____	First Name _____ Last Name _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Relationship to Student _____ Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____



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**CUSTODY/GUARDIANSHIP/ACCESS**

Are there any legal documents in force re: custody/guardianship/access?      Y     N

If so, please briefly explain \_\_\_\_\_

Have you provided a copy of these legal documents to the school?      Y     N

<b>EMERGENCY CONTACT INFORMATION #1</b>	<b>EMERGENCY CONTACT INFORMATION #2</b>
First Name _____	First Name _____
Last Name _____	Last Name _____
Relationship to Student _____	Relationship to Student _____
Contact can pick up Student:      Y <input type="checkbox"/> N <input type="checkbox"/>	Contact can pick up Student:      Y <input type="checkbox"/> N <input type="checkbox"/>
Main Phone _____	Main Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Work Phone _____	Work Phone _____

<b>SIBLING INFORMATION</b>				
	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Last Name				
First Name				
Relationship				
Date of Birth <small>DD/Month/Year</small>				
School				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

**MEDICAL INFORMATION**

Care Card Number \_\_\_\_\_

Allergies and Conditions \_\_\_\_\_

Are any of these conditions life threatening?      Y     N

Life Threatening Condition \_\_\_\_\_

If yes, please request the following forms:

- Medical Alert Planning Form ([AP 316 Form 316-1](#))
- Request for Administration of Medication at School ([AP 316](#), [AP 316 Appendix Form 316-2](#))
- Anaphylaxis Emergency Action Plan ([AP 317 Form 317-1](#)) Allergies and Life-Threatening Allergies in School)



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IMMIGRATION/CITIZENSHIP			STATUS PROGRAMS
Country of Birth _____			Aboriginal Language & Culture <input type="checkbox"/>
Language at Home _____			Aboriginal Support Services <input type="checkbox"/>
<u>Status in Canada</u>	<u>Child</u>	<u>Parent</u>	English Language Learner (ELL) <input type="checkbox"/>
Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>	French Immersion <input type="checkbox"/>
Permanent Resident/ Landed Immigrant	<input type="checkbox"/>	<input type="checkbox"/>	Special Education: <input type="checkbox"/>
International Student	<input type="checkbox"/>	<input type="checkbox"/>	Designation _____
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>	My Child has an Individual Education Plan (IEP) Y <input type="checkbox"/> N <input type="checkbox"/>
			Was in an Alternate Program Y <input type="checkbox"/> N <input type="checkbox"/>
			Title _____

ABORIGINAL ANCESTRY INFORMATION			
Do you have Aboriginal Ancestry Y <input type="checkbox"/> N <input type="checkbox"/>			
If yes, would you like to receive Aboriginal Support Services? Y <input type="checkbox"/> N <input type="checkbox"/>			
<b>Aboriginal Ancestry</b>	<b>Band of Origin</b>	<b>Band of Residence</b>	
Status – Off Reserve <input type="checkbox"/>	0602 St. Mary’s <input type="checkbox"/>	AQ’AM(St Mary’s) <input type="checkbox"/>	
Status – On Reserve <input type="checkbox"/>	603 Tobacco Plains <input type="checkbox"/>	Tobacco Plains <input type="checkbox"/>	
Metis <input type="checkbox"/>	0604 ?AkisQ-Nuk 1 <sup>st</sup> Nations <input type="checkbox"/>		
Inuit <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____	
Non-Status <input type="checkbox"/>			
<b>Status Card #:</b> _____			

BC SPORTS
<i>Grade 8-12 Students Only</i>
All students participating in secondary athletics in School District 5 must be registered with BC School Sports. I authorize disclosure of my child’s name, birth date, current grade, year my child entered Grade 8 and previous school to BC School Sports for registration purposes.
Signature _____

CONSENT FORMS WHICH ARE REQUIRED IF APPLICABLE
<input type="checkbox"/> Anti-Spam Legislation (required by all)
<input type="checkbox"/> Information and Technology (Internet) (required by all)
<input type="checkbox"/> Outside Media in Schools (required by all)
<input type="checkbox"/> Personal Information Consent (required by all)
<input type="checkbox"/> Release of Student Records from Previous School (required by all)
<input type="checkbox"/> Aboriginal Education Information (required by Aboriginal students)
<input type="checkbox"/> Bus Student Registration
<input type="checkbox"/> Curricular & Extra Curricular Travel (required as needed as per School District Administrative Procedures)
<input type="checkbox"/> Lockers (all middle/secondary students)
<input type="checkbox"/> Medical Alert Planning form/Request for Administration of Medication required as needed as per District Admin Procedures



**School District 5 (Southeast Kootenay)  
Student Registration Form**

**Copy of Birth Certificate, BC Care Card, and Proof of BC Residency MUST accompany this registration.**

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the District Administration Office (250-426-4201).

**DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT**

I hereby certify the foregoing information to be true, correct and complete.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**ONLINE REGISTRATION INFORMATION**

**When registering your child, please note the following process:**

1. Use the [School Locator](#) to determine your catchment school
2. Complete this fillable PDF form
3. Ensure that your registration is sent to your catchment school
4. Please note that registration at school of choice is based on availability

Please contact the catchment school directly to make an appointment. You may then take the completed form and documentation into the school.

Once your online form is processed, the school will contact you regarding documentation. The following documents are required:

- Proof of birth date for the student (birth certificate or passport)
- Proof of guardianship (as shown on child's birth certificate, or other appropriate legal documentation such as landed immigrant document or guardianship order)
- Proof of citizenship for both the parent and student (Canadian Birth Certificate, Citizenship Card, Passport, Aboriginal Status Identification Card, Landed Immigrant Document, Permanent Resident Card, Enhanced Driver's License or Enhanced Identification Card)
- Proof of residence (e.g., ordinarily resident) of parent/guardian in BC (BC Driver's License, BC Services Card, BCID or BC Care Card of parent/legal guardian)

**We do not recommend sending sensitive information or documents over email.**

**OFFICE USE ONLY**

**Date Received** \_\_\_\_\_

**Time Received** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Home Room** \_\_\_\_\_

**Common Sis #** \_\_\_\_\_

**Consent Forms Received**

- Anti-Spam Legislation (required by all)
- Information and Technology (Internet) (required by all)
- Outside Media in Schools (required by all)
- Personal Information Consent (required by all)
- Release of Student Records from Previous School (required by all)
- Aboriginal Education Information (required by Aboriginal students)
- Bus Student Registration
- Curricular & Extra Curricular Travel (required as needed as per School District Administrative Procedures)
- Lockers (all middle/secondary students)
- Medical Alert Planning form/Request for Administration of Medication (required as needed as per District Admin Procedures)

**Transportation**

Route Number \_\_\_\_\_ Bus Number \_\_\_\_\_ Stop Number \_\_\_\_\_

Stop Description \_\_\_\_\_



**School District 5 (Southeast Kootenay)  
Request for Consent – Anti-Spam Legislation**

**Mount Baker Secondary School**

**1410 Baker Street, Cranbrook, BC V1C 1B2**

**Phone: 250.426.5241 Email: [mbss.mailing@sd5.bc.ca](mailto:mbss.mailing@sd5.bc.ca)**

Canada's anti-spam legislation came into force on July 1, 2014. As a result, Mount Baker Secondary School would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages which may contain advertising or promotions including field trips, fundraising, yearbooks, student pictures, dance tickets, or similar events and offers.

If you wish to receive the above communications from us, please do one of the following:

1. Complete the bottom of this form and return it to our school office.
2. Email our school secretary [mbss.mailing@sd5.bc.ca](mailto:mbss.mailing@sd5.bc.ca) and confirm that you would like to continue receiving electronic information from the school.

You may withdraw your consent at any time by contacting our school secretary at 250-426-5241 or [mbss.mailing@sd5.bc.ca](mailto:mbss.mailing@sd5.bc.ca).

If you have any questions, please contact me at your convenience.

Dave Hill  
Principal, Mount Baker Secondary School  
Phone: 250-426-5241  
Email: [dave.hill@sd5.bc.ca](mailto:dave.hill@sd5.bc.ca)

Yes, I would like to continue receiving electronic information from the school, district, parent advisory council and district parent advisory council.

Name: \_\_\_\_\_  
(please print)

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

Name(s) of student(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**School Use Only:**





## School District 5 (Southeast Kootenay)

### Personal Information Consent

Mount Baker Secondary School

1410 Baker Street, Cranbrook, BC V1C 1B2

Phone: 250-426-5241 Fax: 250-426-5362 Email: [mbss.mailing@sd5.bc.ca](mailto:mbss.mailing@sd5.bc.ca)

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required.

The Board of Education of School District 5 Southeast Kootenay is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications and on the school or District's website(s) for education related purposes, such as recognizing and encouraging student achievement, building the school community, and informing others about school and District programs and activities. For example, student names, and/or images may be used or shared in: school and District communications, such as newsletters, yearbooks, brochures, and reports in limited or public circulation; school and District websites, social media sites (e.g. Facebook), and online video (e.g. YouTube), with limited or public access; videos, CDs, and DVDs designed for educational use only.

#### Please check A OR B (not both)

- A. \_\_\_\_\_ I GIVE MY CONSENT for the school or District to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the internet may be stored and accessed outside of Canada. This consent may be withdrawn at any time in writing but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.
- B. \_\_\_\_\_ I DO NOT CONSENT to the use and disclosure of my child's name and/or image for the above purposes for this school year.

Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Signature: \_\_\_\_\_  
(please print)

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

#### For Students (high school students only)

I consent to the school and District collecting, keeping, using, and sharing my image and name for educational purposes such as recognizing and encouraging student achievement, building school community, and informing others about the school and District, its programs, and activities.

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

#### If you have questions about this notice or about the collection of student personal information, you may contact:

School District 5 (Southeast Kootenay)

Phone: 250-417-2055

#### School Use Only:

- Permissions Tab – Release of Info/Photos Outside of District (mark yes or no)
- This form must be sent out before September 30 of the next school year

*\*For parents/guardians 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.*







**School District 5 (Southeast Kootenay)**  
**Notice to Parents and Students: Outside Media in Schools**  
**Mount Baker Secondary School**  
**1410 Baker Street, Cranbrook, BC V1C 1B2**

Phone: 250-426-5241 Fax: 250-426-5362 Email: [mbss.mailing@sd5.bc.ca](mailto:mbss.mailing@sd5.bc.ca)

*Please complete, sign, and return to your school.*

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date: \_\_\_\_\_  
 (please print)

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

Note that school and district staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc.

**For Parents:** I acknowledge receipt of this Notice. If I have questions, I will contact the School District at 250-417-2055

\_\_\_\_\_  
**Parent's Signature**

**For Students:** I acknowledge that I am primarily responsible for protection of my personal privacy while at school and at school activities and will take appropriate steps to do so.

\_\_\_\_\_  
**Student's Signature**

[AP 180](#) & [AP 146](#)

**If you do not want your child to be involved in such activities, you need to:**

- Tell your child to avoid these situations,
- Tell your child's teacher of your wishes,
- Complete and return the form on the **back of this page** to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image, or personal information by outside media.

**School Use Only:**

Place an Information Alert "No Outside Media" in MyEducation BC. This alert will expire at the end of the academic school year unless indicated on page 2.

**Notice to School District 5 (Southeast Kootenay) re: Outside Media**

**NOTE: To be completed only if you wish to register an objection to publication of your child's personal information by outside media at school events.**

**I do not want** my child's image or name published by outside media. I have told my child's teacher of my wishes. **I REQUEST** that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. **I CONSENT** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. **I MAY** choose to override this Notice by giving my consent in a specific circumstance. This request applies during **the current school year** unless I expressly revoke it or give consent to continue below.

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

Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

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

**Parent/Guardian Contact Information**

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

**For Students**

I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

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

\*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.

If you have questions about this notice or about the collection of student personal information, you may contact:

School District 5 (Southeast Kootenay)  
 940 Industrial Rd 1  
 Cranbrook, BC V1C 4C6  
 Phone: 250-417-2055

**Confirmation to continue:**

School Year	Parent Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**School District 5 (Southeast Kootenay)**  
**Information and Communication Technology and Technology Services**  
**Student Use Agreement**

**Mount Baker Secondary School**  
**1410 Baker Street, Cranbrook, BC V1C 1B2**  
**Phone: 250-426-5241 Fax: 250-426-5362 Email: [mbss.mailing@sd5.bc.ca](mailto:mbss.mailing@sd5.bc.ca)**

I have read and understand [Administrative Procedure 140](#) (Acceptable Use of Information and Communication Technology and Technology Services). I know that the school and the School District do not control the content of the Internet. I further understand that if my child violates the school rules, he/she will be subject to disciplinary actions.

This Student Use Agreement includes Office 365, Destiny, Scholantis, MyEducation BC, myBlueprint and other educational platforms.

This form must be signed and returned to the school. Once this form has been received and placed on file, **it will be valid while your child is in the school**, unless you wish to terminate your child's access and privileges.

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

\_\_\_\_\_ I hereby authorize the school to allow the above-named child to access Information and Communication Technology and Technology Services. I acknowledge that should I wish to terminate my child's privileges; I must do so in writing to the school administration.

\_\_\_\_\_ I do not wish my child to have access to Information and Communication Technology and Technology Services.

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

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

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

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

**School Use Only:**

Permissions Tab – Allow Internet Access (mark yes or no) in MyEducation BC





**School District 5 (Southeast Kootenay)  
Student Lockers**

**Mount Baker Secondary School**

1410 Baker Street, Cranbrook, BC V1C 1B2

Phone: 250-426-5241 Fax: 250-426-5362 Email: [mbss.mailing@sd5.bc.ca](mailto:mbss.mailing@sd5.bc.ca)

***PLEASE NOTE: STUDENTS WILL NOT BE ASSIGNED A LOCKER OR LOCK UNLESS THE FOLLOWING FORM IS SIGNED  
BY BOTH THE STUDENT AND THEIR PARENT/GUARDIAN***

**ACKNOWLEDGMENT CONCERNING USE OF STUDENT LOCKERS**

I acknowledge and understand that:

1. Student lockers are the property of the School District.
2. Student lockers remain at all times under the control of the School District.
3. I am expected to assume full responsibility for my school locker.
4. The School District retains the right to inspect student lockers for any reason at any time without notice, without student consent and without a search warrant.
5. My child and I have discussed the School District's locker policy and they are aware of their obligation to only use the school locker for school-related activities.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student First and Last Name (please print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Locker Number (to be filled out by school)





**School District 5 (Southeast Kootenay)**  
**Request Release of Student Records to School District 5**  
**Mount Baker Secondary School**

1410 Baker Street, Cranbrook, BC V1C 1B2

Phone: 250-426-5241 Fax: 250-426-5362 Email: [sarah.barnett@sd5.bc.ca](mailto:sarah.barnett@sd5.bc.ca)

**ADMINISTRATIVE PROCEDURE 320 - STUDENT RECORDS**

**PARENTAL CONSENT**

In accordance with the Freedom of Information and Protection of Privacy Act, School District 5 (Southeast Kootenay) requires consent to use personal information for purposes related to educational programs. For this purpose, we request parental consent for the following:

**Student Records**

I give \_\_\_\_\_ permission to release the student records (confidential student file) they have on file for my child/ren to **Mount Baker Secondary** in School District 5 (Southeast Kootenay).

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**PREVIOUS SCHOOL INFORMATION:**

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

City/Province: \_\_\_\_\_

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

**School Use Only:**

Date(s) requested: \_\_\_\_\_

File(s) received: \_\_\_\_\_