



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

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

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

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

**STUDENT INFORMATION**

**ADDRESS INFORMATION**

Gender: Male  Female  Other

Preferred Gender \_\_\_\_\_

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

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

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

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

Preferred First \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(DD / Month / Year, e.g. 24 May 2005)

Proof of Age/Legal Name Received and on File

- Birth Certificate
- Certificate of Citizenship
- Court Order
- Driver's Licence
- Immigration Canada documents
- Passport

Main Phone \_\_\_\_\_

Unlisted Y  N  Grade \_\_\_\_\_

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

\_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_, BC

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

Proof of Residency  \_\_\_\_\_

Mailing Address (if different from above)

\_\_\_\_\_

Is bussing needed? Y  N

(If yes, please request a school district transportation form.)

**ADMISSION INFORMATION**

Have you previously attend a BC School/StrongStart?

Y  N

Last School Attended \_\_\_\_\_

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

**PARENTS/GUARDIANS (extra sheets are available if needed)**

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

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

Gender: Male  Female  Other

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

Living with Student Y  N

Same as Student Address Y  N

Address \_\_\_\_\_

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

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

Main Phone \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

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

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

Gender: Male  Female  Other

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

Living with Student Y  N

Same as Student Address Y  N

Address \_\_\_\_\_

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

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

Main Phone \_\_\_\_\_

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

Email \_\_\_\_\_

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

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



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

**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

**EMERGENCY CONTACT INFORMATION**

<p>(1)</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Relationship _____</p> <p>Main Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p>	<p>(2)</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Relationship _____</p> <p>Main Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p>
---	---

**SIBLING INFORMATION**

Last Name	1. _____	2. _____	3. _____	4. _____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthday (D/M/Y)	_____	_____	_____	_____
School	_____	_____	_____	_____
Gender	(M / F)	(M / F)	(M / F)	(M / F)

**MEDICAL INFORMATION**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

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:

- Request for Administration of Medication at School (Policy 3.4 – Administration of Medication at School)
- Anaphylaxis Emergency Action Plan (Policy 3.32 Allergies and Life Threatening Allergies in School)



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

**IMMIGRATION/CITIZENSHIP STATUS**

Country of Birth \_\_\_\_\_

Language at Home \_\_\_\_\_

<u>Status in Canada</u>	<u>Child</u>	<u>Parent</u>
Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Resident/ Landed Immigrant	<input type="checkbox"/>	<input type="checkbox"/>
International Student	<input type="checkbox"/>	<input type="checkbox"/>
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>

**PROGRAMS**

Aboriginal Language & Culture	<input type="checkbox"/>
Aboriginal Support Services	<input type="checkbox"/>
English Language Learner (ELL)	<input type="checkbox"/>
French Immersion	<input type="checkbox"/>
Special Education:	<input type="checkbox"/>
Designation _____	
My Child has an Individual Educ. 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  N

If yes, would you like to receive Aboriginal Support Services? Y  N

Status – Off Reserve	<input type="checkbox"/>	Band Number if Applicable:	0602 St. Mary's	<input type="checkbox"/>
Status – On Reserve	<input type="checkbox"/>		0603 Tobacco Plains	<input type="checkbox"/>
Metis	<input type="checkbox"/>		0604 ?AkisQ-Nuk 1 <sup>st</sup> N	<input type="checkbox"/>
Inuit	<input type="checkbox"/>			
Non-Status	<input type="checkbox"/>			

**BC SPORTS**

*Grade 8-12 Students Only*

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**

- 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 Policy)
- Lockers (all middle/secondary students)
- Medical Alert Planning form/Request for Administration of Medication (required as needed as per School District Policy)



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

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 (250-417-2055).

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Received _____		Time Received _____	
Grade _____	Home Room _____	Common Sis # _____	
<b>Consent Forms Received</b>			
<input type="checkbox"/> Anti-Spam Legislation (required by all)			
<input type="checkbox"/> Information and Technology (Internet) (required by all)			
<input type="checkbox"/> Personal Information Consent (required by all)			
<input type="checkbox"/> Outside Media in Schools (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 Policy)			
<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 School District Policy)			
<b>Transportation</b>			
Route Number _____	Bus Number _____	Stop Number _____	
Stop Description _____			



**School District 5 (Southeast Kootenay)**  
**Request Release of Student Records to SD5**  
**Sparwood Secondary School**  
**101 Pine Spur (PO Box 67) Sparwood, BC V0B 2G0**  
**Phone: 250-425-6666 Fax: 250-425-6661 Email: sss@sd5.bc.ca**

**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 Sparwood Secondary School in School District 5 (Southeast Kootenay).

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

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

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

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

**PREVIOUS SCHOOL INFORMATION:**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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



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

**Sparwood Secondary School  
101 Pine Spur (P.O. Box 67), Sparwood, B.C. V0B 2G0  
Phone: (250) 425-6666 Fax: (250) 425-6661 Email: [sss@sd5.bc.ca](mailto:sss@sd5.bc.ca)**

I have read and understand Policy 7.1 (Acceptable Use of Information and Communication Technology and Technology Services) and the accompanying Regulations. 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 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 DISTRICT NO. 5 (SOUTHEAST KOOTENAY)

## PARENTAL PERMISSION

Throughout the year students in our school will be participating in various activities and field trips that will take them away from our school. In order for your child to take part in these activities with his/her school or class we require a signed permission form.

We are requesting that you sign this form to give your child permission to take part in these activities. **All information about a particular trip or activity will be sent to you close to the time it is to take place.** You will not be required to sign a permission form for each activity. However, you may choose not to allow your child to take part in any activity by informing the school.

Your personal information is private and will only be used in conjunction with school activities or trips.

### INFORMATION

SCHOOL \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

CARE CARD NUMBER \_\_\_\_\_

HEALTH CONCERNS \_\_\_\_\_

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMERGENCY NAME AND PHONE \_\_\_\_\_

This will help us plan for various trips and activities.

If you do not want to sign this form and want to receive a permission form for each activity, please indicate by checking below.

I wish to receive individual forms \_\_\_\_\_

Signature \_\_\_\_\_



## School District 5 (Southeast Kootenay)

### Personal Information Consent

#### Sparwood Secondary School

101 Pine Spur (P.O. Box 67), Sparwood, B.C. V0B 2G0

Phone: (250) 425-6666 Fax: (250) 425-6661 Email: sss@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)  
940 Industrial Road #1  
Cranbrook, BC V1C 4C6  
Phone: 250-417-2055

*\*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.*





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

**101 Pine Spur (P.O. Box 67), Sparwood, B.C. V0B 2G0  
Phone: (250) 425-6666  
Fax: (250) 425-6661  
Email: [sss@sd5.bc.ca](mailto:sss@sd5.bc.ca)**

Canada's anti-spam legislation came into force on July 1, 2014. As a result, Sparwood 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 ([sss@sd5.bc.ca](mailto:sss@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 (250) 425-6666 or email: [sss@sd5.bc.ca](mailto:sss@sd5.bc.ca)

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

Frank Sopko (Principal), Sparwood Secondary School  
Phone: (250) 425-6666  
Email: [frank.sopko@sd5.bc.ca](mailto:frank.sopko@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 District 5 (Southeast Kootenay)**  
**Aboriginal Education Permission**  
**Sparwood Secondary School**  
**101 Pine Spur (PO Box 67) Sparwood, BC V0B 2G0**  
**Phone: 250-425-6666 Fax: 250-425-6661 Email: sss@sd5.bc.ca**

I give my permission for \_\_\_\_\_, a student of Aboriginal  
(Student's Name)

Ancestry, to access the Aboriginal Education Program in School District 5 (Southeast Kootenay).

I understand that I may withdraw my child from certain activities if I do not wish them to participate.

I believe/know that my child has Aboriginal Ancestry:

- |  |  |
|--|--|
| <input type="checkbox"/> Inuit             | <input type="checkbox"/> Non-Status          |
| <input type="checkbox"/> Status            | <input type="checkbox"/> Metis               |
| <input type="checkbox"/> Living on Reserve | <input type="checkbox"/> Aboriginal Ancestry |

Which nation or band (i.e. Ktunaxa, Shuswap, Cree, Unknown): \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Mother's Side | <input type="checkbox"/> Father's Side |
|--|--|

Student's Birthdate: \_\_\_\_\_  
(month/day/year)

Address: (both mailing and street address)

Mailing: \_\_\_\_\_  
\_\_\_\_\_

Street: \_\_\_\_\_  
\_\_\_\_\_

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

Parents/Guardians: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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



**School District 5 (Southeast Kootenay)**  
**Notice to Parents and Students: Outside Media in Schools**  
**Sparwood Secondary School**  
**101 Pine Spur (PO Box 67) Sparwood, BC V0B 2G0**  
**Phone: 250-425-6666 Fax: 250-425-6661 Email: sss@sd5.bc.ca**

*For parents\* and high school students: 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.

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.

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**

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



**School District 5 (Southeast Kootenay)**  
**Bus Student Registration**  
**Sparwood Secondary School**  
**101 Pine Spur (PO Box 67) Sparwood, BC V0B 2G0**  
**Phone: 250-425-6666 Fax: 250-425-6661 Email: sss@sd5.bc.ca**

**PLEASE COMPLETE AND RETURN TO THE SCHOOL BUS DRIVER**

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

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

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Conditions (if applicable): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (Please Print) \_\_\_\_\_ (Signature)

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

**School District Use Only:**

Route No.: \_\_\_\_\_ Transfer to Route No.: \_\_\_\_\_

Bus No.: \_\_\_\_\_ Transfer to Bus No.: \_\_\_\_\_

Stop No. \_\_\_\_\_ Stop Description: \_\_\_\_\_



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

**Sparwood Secondary School**

**101 Pine Spur (P.O. Box 67), Sparwood, B.C. V0B 2G0**

**Phone: (250) 425-6666 Fax: (250) 425-6661 Email: sss@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 HIS/HER 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 he/she is aware of his/her obligation to only use the school locker for school-related activities.

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

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

\_\_\_\_\_  
Date

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