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|-----------------|------------------------------|--------------|
| Section: | School Administration | |
| Title: | Student Registration | 300-1 |

Purpose

To establish the application procedure for registering students in a regular catchment school.

Application Dates

1. Kindergarten registrations opens in mid-January for the kindergarten classes starting in September.
2. Registrations for grades one to twelve are accepted throughout the year.

Procedures

1. Parents are to determine which catchment elementary, middle, secondary, or program of choice school their child should attend. The link for the school locator website is available on the District's at www.mpsd.ca. You will need to enter your address into a search field to find the schools that serve your address. For direct access of the school locator website, please see below link:
<https://www.mybaragar.com/index.cfm?event=page.SchoolLocatorPublic&DistrictCode=BC75>
2. Complete a [K-12 Student Registration Form](#).
3. Take the completed registration form to the catchment area school, along with the following documentation:
 - a. **Student's Proof of Age** ○ Examples: Birth Certificate, Passport, BC Services Card (photo version only), Permanent Residence Card, Aboriginal Status Card, Baptismal Certificate, Certificate of Citizenship, or Immigration Canada Document.
 - b. **Parent/Guardian's Proof of Residency in BC** ○ Examples: Driver's License, BC Services Card (photo version only), Municipal Tax Bill, Rental Agreement, Utility Bill.
□ Note: This information is required by the Ministry of Education and in accordance with the *School Act section 82 (2)(1)*.
 - c. **Proof of Physical Home Address**
○ Examples: Parent's Driver's License, Mortgage Statement, Municipal Tax Bill, proof of purchase of residence, Rental Agreement accompanied with utility bill, credit card invoice, letter stating current address notarized by a lawyer or notary public.
□ Note: this is required to confirm the catchment school
4. Non-catchment school registrations:
 - a. Students wanting to register for a School of Choice must apply to the School of Choice. Students approved to register in a School of Choice will be notified by the School of Choice to register at that school. All other registrations must be submitted to the regular catchment school.
 - b. Students wanting to register for a school that is not their catchment school must submit to their catchment school a [Cross Boundary Application Form](#), in addition to the registration form.
5. Students transferring to a Mission Public School
 - a. The catchment school will contact the transferring student's school in the other school district to obtain the students records.

Administrative Procedures



Date of Original Superintendent Approval:

Date Amended: **January 2018**

*Cross Reference: [Catchment Areas, Cross Boundary, Schools of Choice, and Programs of Choice Policy](#)
[K – 12 Student Registration Form](#)
[Cross Boundary School Application Procedure](#)
[Cross Boundary Application Form](#)
[School of Choice Application Procedure](#)*



SCHOOL YEAR: _____
(OFFICE USE ONLY)

ÉCOLE HERITAGE PARK MIDDLE SCHOOL NEW REGISTRATION

Student _____
Last Name First Name Middle Name

Date _____ Administrator _____

Entering Grade _____ Date of Birth _____

Date of Move to Mission _____

Previous Address _____

Mission Address _____ Telephone _____

_____ Cell _____

_____ Email _____

The following is required to register at École Heritage Park Middle School:

- ☐ 1. **Proof of Residency in BC** *(the documents listed below can also be used as your proof of your Physical Home Address. If you do not have any of these documents, then you must provide a Parent Care Card or Parent BC Services Card)*
 - Driver's License or Municipal Tax Bill or
 - Mortgage Statement or Rental Agreement or Utility Bill
- ☐ 2. **Proof of Physical Home Address** *(one piece is required from the following list):*
 - Driver's Licence or Credit Card Invoice
 - Mortgage Statement or Rental Agreement
 - Utility Bill or Municipal Tax Bill
 - Notary Authorized Letter
- ☐ 3. **Copy of Last Report Card**
- ☐ 4. **Copy of Student's Birth Certificate or Passport**
- ☐ 5. **Completion of the Attached Package**
 - K – 12 Registration Form
 - Photograph, Video, and Media Consent Form
 - Office 365 Consent Form
 - My Blueprint Consent Form
 - Google Docs Consent Form
 - Student Internet/Wi-Fi Access Agreement
 - Aboriginal Ancestry Form *(only if applicable)*
 - Release of Records/Confidential Info Form

Once these items are completed, an intake interview with the student, parent/guardian, and vice-principal will occur prior to admission.

This section to be completed by the administrator.

Previous School _____ Telephone _____

Email _____

Contact _____

Title _____

Concern from Previous School:

Attendance _____

Discipline _____

Other _____

Withdrawal complete Yes ☐

No ☐

Last Report Card Yes ☐

No ☐

Program: Academic ☐

Special Ed ☐

Special Education

Designation _____

Please check form for Special Education

Recommendations

Intake Interview completed by Administrator

Signature

Date

For Office Use Only

Information Verified by (Staff Name): _____

CATCHMENT SCHOOL: _____ **Date:** _____

☐
**Staff
Initial**

- ☐ **Current Year** – Enrollment Date: _____ Grade: _____
- ☐ **Next Year:** Date of Registration: _____ Time of Registration: _____ Current/Next Grade: _____
- ☐ **Cross Boundary:** ☐ Yes ☐ No If Yes, Name of Cross Boundary School Requested: _____

REGISTRATION DOCUMENTATION:
Proof of Age:

- ___ Birth Certificate
- ___ Certificate of citizenship
- ___ Immigration Canada documents
- ___ Passport
- ___ Permanent Resident Card*
- ___ Indigenous Status Card
- ___ Driver's License (if over 19)

Proof of Residency:

- ___ Driver's License
- ___ Rental Agreement
- ___ Municipal Tax Bill
- ___ Utility Bill
- ___ Parent's Care Card
- ___ Parent's BC Services Card

Proof of Physical Address (catchment area schools only):

- ___ Driver's License
- ___ Proof of Purchase of Residence
- ___ Municipal Tax Bill
- ___ Notary Authorized Letter
- ___ Rental Agreement, accompanied with:
 ___ Hydro, ___ Gas, ___ Cable or ___ Telephone Bill
- ___ Mortgage Statement

STUDENT INFORMATION:

Legal Last Name: _____ Usual Last Name: _____

Legal First Name: _____ Usual First Name: _____

Legal Middle Name: _____ Usual Middle Name: _____

Birth Date: _____ Age: _____ Legal Gender: ☐ M ☐ F / Preferred: ☐ M ☐ F ☐ Transgender
(DD-MM-YYYY) (If Applicable)

Home Phone No. _____ Cell Phone No. _____

Student Email (if applicable): _____

Address: _____
Apt #, Street Name City Province/Postal Code

Mailing Address if different from above: _____

CITIZENSHIP: Country of Birth: _____ Citizen of: _____ Immigration Status: _____

LANGUAGE: At Home _____ Most Used _____ First _____

INDIGENOUS ANCESTRY: ☐ NO / If YES, please tick the applicable ancestry below:

- ☐ Inuit ☐ Metis ☐ Non-Status ☐ Status-Off Reserve ☐ Status-On Reserve

Band of Origin: _____ Band of Residence: _____

PREVIOUS SCHOOL: _____ **District #:** _____ **City:** _____

Has student ever attended a **Mission school or StrongStart Program** ☐ YES Name of School: _____
☐ NO

MEDICAL: Care Card Number: _____ Doctor's Name: _____ Phone: _____

☐ Student has potentially life threatening condition. 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

SPECIAL NEEDS or LEARNING CONSIDERATIONS:
Identified Learning Needs / Special Needs: ☐ Yes ☐ No **Specify:** _____

Student currently has an **Individualized Education Plan (IEP):** ☐ Yes ☐ No If yes, current designation(s): _____

Other information: _____

PARENTS(GUARDIANS) & CONTACTS

Parent/Guardian #1: Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

Living with Student: ☐ Yes ☐ No Has Custody: ☐ Yes ☐ No

Can pick up?: ☐ Yes ☐ No Speaks English: : ☐ Yes ☐ No

Address if different: _____

CUSTODY Are there any legal documents in force re:

Custody/Guardianship/Access ☐ Yes ☐ No

If yes, have you provided the school with a copy of these legal documents? ☐ Yes ☐ No

Parent/Guardian #2: Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

Living with Student: ☐ Yes ☐ No Has Custody: ☐ Yes ☐ No

Can pick up?: ☐ Yes ☐ No Speaks English: : ☐ Yes ☐ No

Address if different: _____

CUSTODY – if Agency Representative (eg. MCFD):

☐ Continuing Custody Order ☐ Temporary Custody Order

If yes, have you provided the school with a copy of these legal documents? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION:

Contact #3: Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

Can pick up?: ☐ Yes ☐ No Speaks English: : ☐ Yes ☐ No

Contact #5: Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

Can pick up?: ☐ Yes ☐ No Speaks English: : ☐ Yes ☐ No

(Other than Parents / Guardians)

Contact #4: Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

Can pick up?: ☐ Yes ☐ No Speaks English: : ☐ Yes ☐ No

Contact #6: OUT OF DISTRICT CONTACT

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____ Email: _____

SIBLING INFORMATION

Sibling #1 Relationship: _____

Name: _____

DOB: _____ Age: ____ Grade: ____ Gender: ____

School: _____

Sibling #3 Relationship: _____

Name: _____

DOB: _____ Age: ____ Grade: ____ Gender: ____

School: _____

Other Notes or Comments:

Sibling #2 Relationship: _____

Name: _____

DOB: _____ Age: ____ Grade: ____ Gender: ____

School: _____

Sibling #4 Relationship: _____

Name: _____

DOB: _____ Age: ____ Grade: ____ Gender: ____

School: _____

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

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature (if student is under 19): _____ Date _____

The information on this form is collected under the authority of the School Act, Sections 13 & 79; and may be used by the District for Ministry of Education reporting; demographic, enrolment, budget facility and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

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: | Grade: |
| 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**

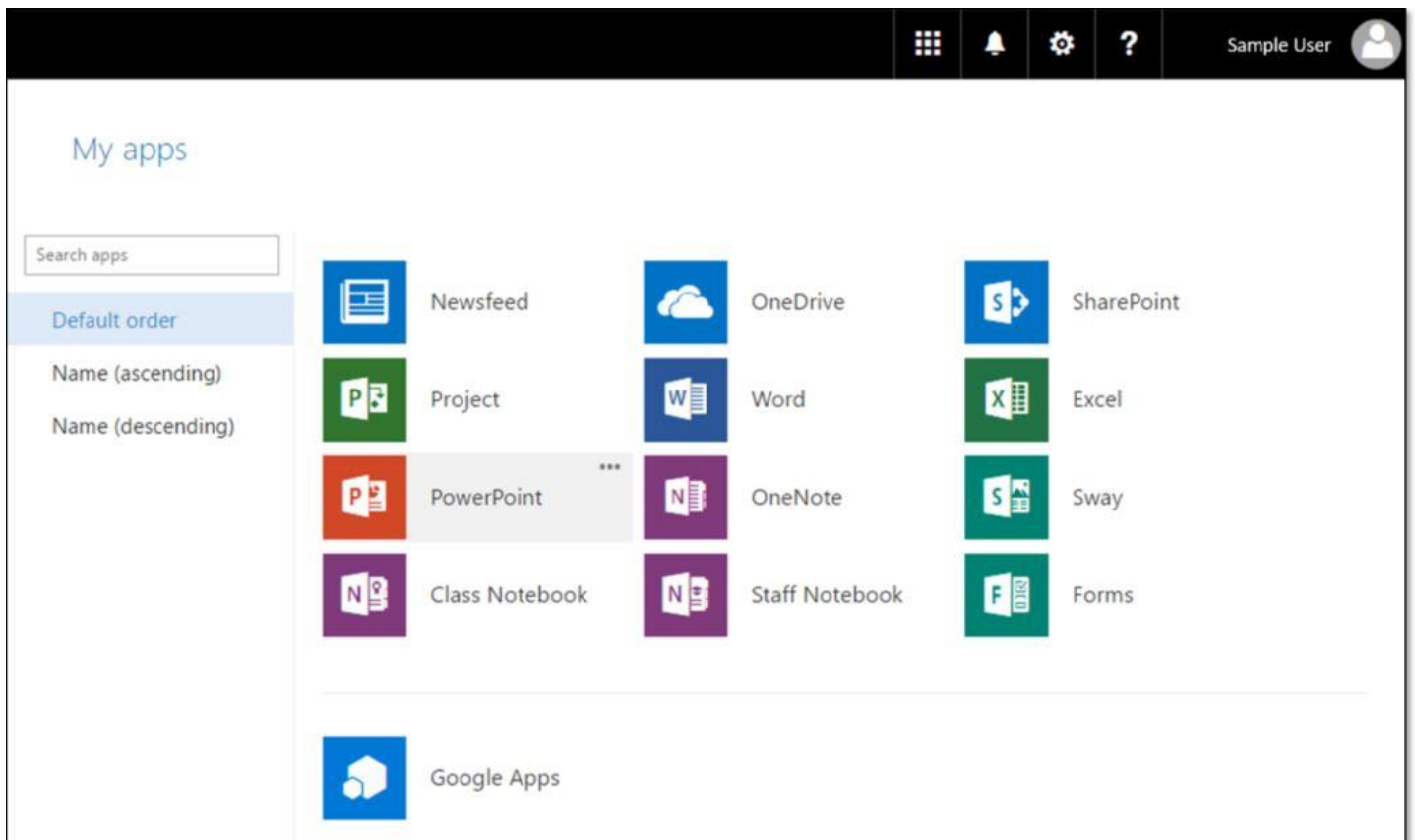
Mission Public Schools Privacy Coordinator: Aleksandra Zwierzchowska **Email:** aleksandra.zwierzchowska@mpsd.ca **Direct:** 604-814-3703

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

This form is initially completed at Kindergarten entry or by new students to Mission, and when a student is transitioning from Elementary to Middle, and Middle to Secondary School.



Office 365

Dear Parent/Guardian:

_____ 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.

_____, School Principal

School Address and Contact Information:

Consent:

Office 365 - I have read the above information from _____ 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 and must be completed another time when the student transitions to the next education level**. 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.

Consent Form *My Blueprint*

Dear Parent/Guardian:

_____ is going to be using *My Blueprint* as a Career Education Resource. Students will be provided with personal user accounts for career education purposes. This form is initially completed at Kindergarten entry or by new students to Mission, and when a student is transitioning from Elementary to Middle, and Middle to Secondary School.

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.

_____ -School Principal
School Address and Contact Information:

Consent:

My Blueprint - I have read the above information from _____ 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.

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

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 above.



École Heritage Park Middle School Consent for Use of Google Docs



Dear Parents/Guardians,

In our class, students will be using Google Suite (Google Docs) (<https://www.google.com/docs/about/>) to support the ability of students to write, edit and collaborate in an online cloud environment. In order for students to use Google Applications, each student in this class will have a google account (<https://accounts.google.com>) created so that students can work on their own and work with others. Our goal is to help all our students learn to use computer technology and online tools effectively and to develop the necessary skills to become active learners, critical thinkers, creative innovators, cooperative collaborators and mindful contributors to our society. These are the attributes our provincial Ministry of Education has determined as necessary for success in the 21st Century.

By creating a Google Account and using the Applications available, this involves the storing and accessing of some personal information (to set up the Google account, etc.). This information will be stored on secured Google servers located outside of Canada, and in certain circumstances, may be accessed by Google. While stored outside the country, information in your child's Google account may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

As a public institution, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. Personal information will be collected by the School District for the above noted purposes under the authority of s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Personal information may also be collected by students who are sharing information about other students (such as videos containing images of other students) for the purposes of collaboration on an educational project under the authority of s.27(1)(a)(i) of FOIPPA. In accordance with this Act, we must at all times protect the privacy of students under our care.

This letter of informed consent is to ask permission for your child to have access to and use a teacher created common Gmail Account and have access to Google Docs for educational purposes. You may withdraw your consent in writing at any time. If you choose not to provide your consent, your child will not be penalized in any way and alternate activities will be provided as appropriate.

Kindly return a copy of this letter to École Heritage Park Middle School, signed and dated (see reverse) as soon as possible. If you have any questions or concerns, please feel free to contact:

Ecole Heritage Park Middle School



PLEASE READ, SIGN, and RETURN THIS FORM TO THE HPMS SCHOOL OFFICE

I have read the above information from École Heritage Park Middle School and understand that when implementing a web-based service known as *Google Suite* we will combine information about students that is collected by the School District as part of its registration processes, with class work and other content that the student adds or uploads to this service. I understand that the objective of *Google Suite* is to provide a web-based tool that will educational and work storage purposes. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I also recognize that I will not copy any information through screenshots or using a device to capture students work and save it or share it, as the information posted is respected as being private and only viewed by guests (parents).

☐

I consent to my using Google Suite.

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

- The School District may provide personal information about me or, if a parent/guardian is signing, my child as described in the attached letter. This consent is for the purposes of participating in the *Google Suite* initiative as set out in the attached letter;
- All personal information disclosed to *Google Suite* will be stored on external servers located in Canada and possibly the United States and managed by service providers engaged by the School District.
- Student personal information on *Google Suite* will be accessible to the student's teachers and school based administrator, parents, and possibly other students for the purposes of group work, collaboration or similar activities.
- Student content on *Google Suite* will be accessible by students and parents using web-based applications from locations outside of the School, if I or my child choose to access this material

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 Google Suite

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.*

Signature of Student (if over 13)

Date

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

Note: Although Parents cannot legal consent to the collection, use or disclosure of their child's information if the student is of capable mind and maturity able to consent for themselves. Accordingly, all students age 13 and over should sign this consent on their own behalf. However, we ask all parents to provide their assent to this process by also signing above. In addition, students for whom consent is not provided will have access to an alternative resource.

Administrative Procedure #210b

Network, Internet, and Wi-Fi Procedure for Students K – 12



The Board of Education will set appropriate standards for users to access the MPSD Network, Internet, and Wi-Fi Access in order to perform work and studies. This use must not jeopardize operation of the School District Network or the reputation and/or integrity of the School District.

General Guidelines

Internet Usage

- Users must comply with all applicable laws and regulations and must respect the legal protection provided by copyright and licenses with respect to both programs and data.
- Internet usage must be able to withstand public scrutiny and/or disclosure. Sites should be accessed in accordance with the criteria established in the [Selection of Supplementary Learning Resource Materials Administrative Procedure #212](#).
- Sensitive information must not be transmitted via or exposed to Internet access.
- Internet usage must be consistent with professional conduct and not for personal financial gain.
- Users must not attempt to obscure the origin or any message or download material under an assumed Internet address.
- Administrators must ensure that all student users sign a [Network, Internet and Wi-Fi Access User Agreement Form for Students K -12](#) before access is allowed. Parents/guardians will be advised by the School District that they can withdraw their consent at any time.
- The Systems Administrator monitors the use of the School District network and will monitor selected network traffic at the request of School District administration or the Ministry of Education.

Responsibilities

Users

- Users are responsible for ensuring that their use of the MPSD Network, Internet and Wi-Fi is appropriate and consistent with this policy.
- Users with an Access Agreement completed are personally responsible for the security of their user account, if one is granted, as follows:
 - Passwords must not be disclosed to any other individual.
 - Responsible for all activity that occurs within their account.
 - Notifying the immediate supervisor, teacher or systems administrator immediately if a security problem is suspected.
- Users are responsible for informing a teacher, an administrator or the system administrator if they mistakenly access inappropriate information or receive any message that they feel to be inappropriate.
- Users are responsible for following virus protection procedures to avoid the spread of computer viruses.
- Users are responsible for checking their email on a regular basis and for deleting unwanted messages.

Administrators

- Administrators are responsible for ensuring that all students review this policy, the [Computer Network Administrative Procedure # 601](#) and [Internet Access for Students and Staff: Safe Practices Administrative](#)

Administrative Procedure #210b

Network, Internet, and Wi-Fi Procedure for Students K – 12



[Procedure #107](#). These policies are to be reviewed annually with users and parents of students to ensure they are aware of their obligations and responsibilities.

- Administrators and supervisors are responsible for taking appropriate action when this policy is contravened.

Systems Administrator

- The District Systems Administrator is responsible for monitoring network usage in term of traffic/load.
- On an annual basis, the systems administrator will delete all non-renewed network access agreements (i.e. graduated students, students who do not have parental and/or school permission, students who have withdrawn, transferred, etc.).
- Students that leave the School District, will have their accounts disabled. Student's accounts will be purged and deleted at the end of each school year.
- Limited privacy is afforded to student personal files on the School District network through routine maintenance and monitoring of the system.
 - Pursuant to the School Act, parent(s)/guardian(s) have the right to view the contents of their student's files.
 - A search will be conducted if there is a reasonable suspicion that a student has breached the rules and regulations governing use of the MPSD.CA network, the [District Code of Conduct Policy #19](#), or the law.
- The School District will cooperate fully with law enforcement officials conducting an investigation into illegal activities related to student use of the MPSD.CA network.

Safe Practices

- The MPSD.CA network must not be used for any of the following. Engaging in any of these activities may be considered an illegal act and subject to an investigation by school and/or law enforcement officials.
 - transmitting any materials in violation of Canadian laws;
 - violating, or attempting to violate, the security of the district's computers, data or network equipment or services;
 - offering, providing or purchasing products or services;
 - political lobbying;
 - posting or linking personal and/or private information about themselves or other people. (See the Information and Privacy Act for a definition of *personal information*);
 - knowingly or recklessly posting false or defamatory information about a person or organization;
 - engaging in personal attacks, including prejudicial or discriminatory attacks;
 - using obscene, profane, lewd, vulgar, rude, inflammatory, threatening or disrespectful language at any time;
 - harassing another person;
 - posting chain letters or sending unnecessary messages (spamming) to a large number of people;
 - posting information that could cause damage or danger;
 - plagiarizing works found on the Internet;
 - accessing material that is profane or obscene (pornography), that advocates illegal acts, or that advocates violence or discrimination (hate literature);
 - pursuing unauthorized access or attempt to access another person's accounts, files or computer;
 - attempting to spread or create computer viruses, destroy data or disrupt the computer system in any way;
 - engaging in any act that contravenes the [District Code of Conduct Policy #19](#).

Administrative Procedure #210b

Network, Internet, and Wi-Fi Procedure for Students K – 12



Date Adopted: October 2001

Date Amended: April 2018

Definition:

- *“User” means students authorized to access the network, internet and Wi-Fi via a School District service provider and.*
- *“Internet” means the global interconnection of data networks that commonly use (but are not limited to) the Internet Protocol.*
- *“Sensitive Information” means personal, confidential or protected information whose release is unauthorized – i.e. information which is reasonably likely to be accepted or excluded from access under the Freedom of Information and Protection of Privacy Act.*
- *“Offensive material” includes, but is not limited to, pornography, hate literature or any material which contravenes the BC Human Rights Act.*

Cross Reference: [District Code of Conduct Policy #19](#)

[Internet Access for Students & Staff: Safe Practices Administrative Procedure #107](#)

[Selection of Supplementary Learning Resource Materials Administrative Procedure #212](#)

Network, Internet and Wi-Fi Access User Agreement Form for Students K – 12



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 & Wi-Fi 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 & Wi-Fi Access Agreement 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 SD75.MISSION Network and/or the Internet and/ or Wi-Fi 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.



FRUIT & VEGGIE OPT-OUT FORM

(Please submit this form ONLY if you do not wish your child to participate)

We are pleased to announce that our school has been accepted into the BC School Fruit and Vegetable Nutritional Program, administered by the BC Agriculture in the Classroom Foundation and supported by Healthy Families BC.

Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh BC fruits and vegetables to our students *during class time*. Our students will receive these healthy treats 12 times over the school year at **no charge!**

To ensure every student's health and safety, please return this opt-out form **ONLY** if you do **NOT** wish your child to participate **AND/OR** if you need to alert us to certain **FOOD ALLERGIES**.

Student's Name: _____ Grade: _____
(Please Print)

☐

NO I do **NOT** wish my child to participate in the BC School Fruit and Vegetable Program

☐

MEDICAL ALERT: My child has food allergies you need to be aware of and therefore he/she may not be able to participate in every offering. To assist you, below is information on my child's "allergy profile".

Please list allergy(s) and define allergy profile(s):

For Example

- ☐ It is airborne
- ☐ It is by ingestion only
- ☐ It can be contracted through touch -the skin

Parent/Guardian's Name: _____

Signature: _____ (Please Print)

Date: _____



Siwal Si'wes (Our forefathers' teachings)
Indigenous Education, School District 75 (Mission)

32444 7th, Avenue, Mission, B.C. V2V 2B5
(Tel) 604-826-3103 (Fax) 604-820-2850

Parent/Caregiver Consultation Form

DATE: _____ INITIALS: _____

To Parents/Caregivers of children with Indigenous Ancestry in Mission Public School District 75. This includes children of First Nations (Status/Non-Status), Métis and/or Inuit ancestry.

Siwal Si'wes 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 Indigenous Education and in consultation with our Siwal Si'wes Indigenous Advisory Council.

The Siwal Si'wes Indigenous Department of SD75 provides the following types of supports for children and youth of Indigenous ancestry attending SD75 schools, and includes but is not limited to cultural, social-emotional, healthy living, attendance support and classroom (academic) supports.

These supports are provided through an Indigenous lens and can happen in the classroom, or in small groups or individually (one-on-one), depending on the needs of the child and vision of the school.

All schools are staffed with a Siwal Si'wes Indigenous Support Worker who is an active school team member. This person liaises and collaborates with school staff (including teachers, counselors, youth care workers and administrators), and parents and caregivers, all with the best interest of the child and/or youth at front and centre. With parent permissions, they liaise with local community service/outreach organizations many of whom who provide supports specifically for Indigenous children, youth and families.

Please complete this form and return it to your child's school. One 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/Band Affiliation</u> |
|----------------------|---------------|---|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |

My child(ren), above, has/have Indigenous Ancestry and my signature indicates that I have been consulted regarding the Siwal Si'wes Indigenous Program of SD75.

1. Consultation by email: _____ (email address) Date: _____
☐ see attached email confirmation
2. Consultation by phone: _____ (phone number) Date: _____
☐ as per _____ (name of parent/caregiver)
3. Consultation In-Person: Parent/Caregiver Signature: _____ Date: _____
4. Refusal of program (attach documentation) Date: _____
☐ Notes: _____

[illegible]



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Date: _____

To: Student Records

I/We, _____, hereby authorize the release
Parent/Guardian
of any information concerning:

Name _____ Birth Date _____

(Including transcripts, Permanent Record Card, student file, report cards, etc.) whether
considered confidential or privileged to:

École Heritage Park Middle School
33700 Prentis Avenue
Mission, B.C. V2V 7B1
Phone: (604) 820-4587
Fax: (604) 820-4589

Signature of Parent/Guardian

Phone _____

Parental Informed Consent for FILE REVIEW

| | |
|-----------------|--|
| Student's Name: | |
| Date of Birth: | |
| School: | |

The **purpose** of a File Review is to determine whether information regarding your child meets the Ministry of Education criteria for designation in a special needs category. This is done when a student moves and is new to a school district, or when a child is assessed by an outside agency. Also when new information, such a medical documentation, is received regarding a student, it may be sent in for a File Review.

The information, usually a psychoeducational assessment report, a previous Individual Education Plan (IEP), and/or medical documentation, is submitted to the District Psychologist. The District Psychologist reviews the information and determines compliance with Ministry of Education guidelines. The information parents provide to the school is **confidential** and will be filed at the Student Services Department (Board of Education Office) in a confidential student file.

The File Review results are written by the District Psychologist and a copy is sent to the school. School personnel will inform parents of the File Review Results. These **results** may determine a designation of the student and, in this situation, a case manager will be assigned and an IEP will be written. In some cases, information may not comply with any Ministry of Education designation guidelines and no designation will be given. An explanation will be provided and, for some cases, more information will be requested or additional testing may be required.

I acknowledge that I have read and understand the information in this Informed Consent and why my child is receiving a File Review. I have also had the opportunity to ask, and have answered, any questions or concerns I may have.

Signed:

(Parent / Legal Guardian of child)

(Date)

(Please print your name)