



SCHOOL DISTRICT #35 (LANGLEY)
STUDENT REGISTRATION

Grade
H/R:
Enrolled Date:
School Year
(office use only)

Student's Usual Surname First Name Middle Name

Legal Surname (if different) First Name Middle Name

Street Address City Postal Code

Mailing Address (if different) Home Phone

Birthdate (Day/Month/Year) Gender Preferred Gender

Birthplace (Country/Province) Primary Language Spoken at Home Catchment Area School Last School Attended (City/Prov.)

Student resides with:

- [] Both parents
[] Mother only
[] Father only
Other:

Citizenship:

- [] Canadian Citizen
[] International-fee-paying
[] International-work/study permit
[] Permanent Resident/Landed Immigrant
[] Refugee 3-digit Code: _ _ _

Other Info:

- [] Student is of Aboriginal Ancestry
[] Student attended StrongStart

PARENT/GUARDIAN #1

[] Continuing Custody Order (Agency, e.g. MCFD)

If custody order applies:

Last Name First Name Relation to Student Home Phone [] Joint Custody
[] Sole Custody
E-Mail: Cell Phone Work Phone [] Access Only
[] No Access

PARENT/GUARDIAN #2

Last Name First Name Relation to Student Home Phone [] Joint Custody
[] Sole Custody
E-Mail: Cell Phone Work Phone [] Access Only
[] No Access

Names/Birthdates of Brothers and Sisters:

[] Court Order on File

Other relevant family information (e.g. separation agreement)

EMERGENCY CONTACT INFORMATION

Parents/Guardians are always contacted first, however, in the absence of a parent/guardian, student can be released to the care and control of:
(In the event of an extreme emergency, some parents/guardians may be unable to reach the school. Please identify people in the neighbourhood of the school.)

Emergency Contact 1 (First & Last Name) Relation to Student Home Phone/Cell Phone/Work Phone

Emergency Contact 2 (First & Last Name) Relation to Student Home Phone/Cell Phone/Work Phone

Emergency Contact 3 (First & Last Name) Relation to Student Home Phone/Cell Phone/Work Phone

Health Information/Medical Concerns:

Is this condition life threatening? [] Yes [] No Care Card #

I understand the School District has an Acceptable Use Policy for technology and that my child will be using technology for educational purposes. I also understand that due to the nature of some online technologies being hosted world-wide, it is possible that my child's Full Name, Student ID, School Name, email and classwork, may be stored on premises outside Canada. I am aware that in such cases, Privacy laws of the country hosting the data may apply. I give consent to my child using such online technologies in the manner prescribed by School District #35. I have read and accept the Terms and Conditions of the policy posted at https://www.sd35.bc.ca/students-parents/registration/aup

**PARENT/GUARDIAN SIGNATURE: Date

Office Notes:



Access Use of Technology CONSENT FORM

We are pleased to offer our students access to District computers, software, network, Internet, and technology (**the System**) for educational purposes. Parents and students are advised that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. Even with existing provincial Internet filtering software, the District cannot guarantee that all inappropriate material will be successfully blocked. Langley School District is not liable or responsible for:

- Any information that may be lost, damaged, or unavailable due to technical or other difficulties.
- The accuracy or suitability of any information that is retrieved through technology.
- Breaches of confidentiality; or defamatory material.

Access to the System is a privilege, not a right. The District's System is part of the curriculum and is not a public forum for general use. Please carefully read the attached Acceptable Use of Technology Policy. Violations may result in disciplinary action. To gain access to the System all forms need both student and parental signatures.

NOTE: INCOMPLETE FORMS CANNOT BE PROCESSED. PLEASE PRINT

Name: _____ Date: _____ School/Site Name: _____

Student Consent and Signature

I understand that my computer use is not private and that the school district may monitor my activity on the computer system. I am aware of the District Acceptable Use of Technology policy and regulations and agree to follow these rules. I understand that violation of the policy or regulations may result in disciplinary action, including loss of technology privileges, suspension, or expulsion.

I have read the District's Acceptable Use Policy and agree to abide by the rules therein.

Applicant's Signature

This application is from:

Student* (see section below)
 Administrator

Teacher
 Support Staff

***Student applications must contain all information requested in this section of the form.**

Parental Consent and Signature

I give permission for my child to access the School District's Technology Systems and certify that the information contained on this form is correct.

I hereby release the school district, its operators, and any institutions with which they are affiliated, from any and all claims and damages of any nature arising from my child's use of or inability to use, the system, including, without limitation, the types of damage identified in the school district's policy and administrative regulations.

I give permission for my child to receive access and certify that the information contained in this application form is correct.

Please print name and relationship to student

Parent/Guardian's Signature

Consent and Signature of Sponsoring Educator

I give permission for the above-named student to receive access:

Please print name and position

Signature of Sponsoring Educator

**DO NOT WRITE IN THIS SECTION
FOR SCHOOL/SITE INFORMATION SYSTEMS ADMIN. USE ONLY**

Individual's Assigned E-Mail Address: _____

Date Access Established: _____

Other: _____

Medical Alert Information Form

Student's Name: _____ Date of Birth: _____
Care Card No: _____ Dr.'s Phone #: _____

Specific Information on the potentially LIFE THREATENING condition:

1. New condition YES NO Date condition identified: _____

2. Describe the condition and *symptoms* to watch for:

Medication needed: YES NO Type of Medication: _____

Directions for Administration: _____

I agree to supply the medication to the schools in the **original container** with child's name and the pharmacist's direction for use, including dosage. ***The parent/guardian is responsible for replacing expired medication.***

PRECAUTIONS in the classroom are: _____

INSTRUCTIONS for SCHOOL STAFF should a problem occur: (step by step information needed):

1. _____
2. _____
3. _____
4. _____
5. _____

I understand it is the parent's responsibility to update this information and/or medication annually and when the child's condition changes.

I am aware that the Public Health Nurse for the school will be informed of my child's condition, medication, and that the Public Health Nurse may contact me as necessary.

Date Signature of Parent/Guardian Phone Number



SCHOOL DISTRICT NO. 35 (LANGLEY)

REQUEST FOR ADMINISTRATION OF MEDICATION

NOTE: No medication will be given until this form is completed and returned to the school.

A. This section is to be completed by parent or legal guardian.

Student's Name: School:

Birthdate: Address:

Parent or Legal Guardian: Phone - Home:

Bus.:

Other person to contact in emergency:

Phone:

Family Physician: Phone:

Prescribing Physician: Phone:

B. Medication Required

Table with 4 columns: Name of Medication, Dosage, Directions for Use, Medical Condition. Rows 1, 2, 3.

C. I request that staff give medication as prescribed on this form to my child:

(Child's Name)

- I agree to supply the medication to the school in the original container with child's name and the pharmacist's direction for use including dosage.
If changes occur I will contact the school and provide revised instructions. I am aware I am required to update this information each September.
I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary.
I am aware that staff working with my child may need to know of my child's condition and of the medication required.

Date

Signature of Parent or Guardian



ABORIGINAL PROGRAM
 Langley School District #35
 4875-222nd Street, Langley, B.C. V3A 3Z7



Self-Identification of Aboriginal Ancestry (First Nations, Metis or Inuit)

Please fill out only if student has Aboriginal ancestry - one form per child

Aboriginal Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (Status or Non-Status), Metis or Inuit Ancestry. No documentation other than this self-identification is required and the ancestry can go back several generations. As required by the Ministry of Education, this form needs to be signed and returned every school year.

Student Name: _____ Aboriginal Ancestry: ___Yes

Specify Ancestry if known: _____ (e.g. Sto:lo, Cree, Inuit, Metis, etc.)

School Attending: _____ Grade: _____

Student Birth Date: _____ (month/day/year) Male: _____ Female: _____

Home Phone #: _____ Cell #: _____ Email: _____

Siblings: _____ Age: _____ School: _____
 (with ancestry)

Parent/Guardian Consultation

Aboriginal Education Programs/Services

- | | |
|---|--|
| <ul style="list-style-type: none"> • Academic and Personal Support • Home-School communication (letters, phone calls, etc.) • Monitoring of academic progress and attendance • Xa:ytem Interpretive Centre (Hatzic Rock, all Grade 7's) • Graduation/Scholarship/Bursary/Post-Secondary Info | <ul style="list-style-type: none"> • Early Literacy/Numeracy Intervention • Kindergarten Eagle/PALS Program • Newsletter • In-class Cultural Presentations/Events • Leadership Conference |
|---|--|

Comments: _____

*By signing below I acknowledge that my son/daughter is of Aboriginal Ancestry (First Nations, Metis or Inuit) and I am aware of the programs and services available through the Aboriginal Program.

*I give permission for my son/daughter's picture to be used in newsletters, webpage, etc. ___Yes___ No

 (Parent/Guardian Signature)

 (Date Signed)

 (Print Parent/Guardian Name)

 (Address - if changed)

*Please return this form to your child's school ASAP. If you have any questions, please call 604-888-4819.