

SCHOOL NAME

School District No. 71 (Comox Valley)

STUDENT REGISTRATION FORM

Registering for grade: _____ Fr Imm ____ En ____

Today's Date: _____

STUDENT INFORMATION

Legal Name: _____

Last First Middle Usual Name if different

Address: _____

Street City Postal Code

Date of Birth: _____ Place of Birth: _____

(MM-DD-YYYY) City Country

Gender: M F Birth Certificate provided: Y N Last School Attended: _____

School Name City

First Language Spoken: _____ Language Most Used: _____

ABORIGINAL ANCESTRY: Yes* No (*Ancestry is self-declared, documentation not required)STATUS: On Reserve Off Reserve (Band Name: _____) Metis Inuit Non-Status (Not registered with a band)**PARENT/GUARDIAN INFORMATION:****Parent #1** Name: _____ Relationship: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

 Can pick up student? Receive email Address if not living with student: _____ Willing to volunteer? _____ Lives with student - Details: _____**Parent #2** Name: _____ Relationship: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

 Can pick up student? Receive email Address if not living with student: _____ Willing to volunteer? _____ Lives with student - Details: _____**Parent #3** Name: _____ Relationship: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

 Can pick up student? Receive email Address if not living with student: _____ Willing to volunteer? _____ Lives with student - Details: _____**Parent #4** Name: _____ Relationship: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

 Can pick up student? Receive email Address if not living with student: _____ Willing to volunteer? _____ Lives with student - Details: _____**PARENT INVOLVEMENT IN SCHOOL:** Our policy is to encourage involvement of a child's parents in their education. It is the registering parent's responsibility to ensure that the parent/guardian information section of the registration form is complete and accurate. If legal papers and/or court documents exist regarding custody, guardianship or limitations placed in the involvement of one parent please be sure to submit a copy with the registration form. If concerns exist regarding the involvement of a parent, please inform the administration.Court Order or other legal documents pertaining to custody in effect? Yes No Copy provided to school? Yes No

Who has custody: _____

SIBLINGS INFORMATION:

Legal Name: _____ Usual Name: _____ DOB: _____ School: _____

Legal Name: _____ Usual Name: _____ DOB: _____ School: _____

EMERGENCY CONTACT INFORMATION: In an emergency (earthquake, illness or accident, impassable bridges), the school requires the name and phone number of at least two contacts that your child may be released to when the guardian is not available. List in order they are to be called.

Name: _____ Home: _____ Work: _____

Cell: _____ Relationship: _____

Name: _____ Home: _____ Work: _____

Cell: _____ Relationship: _____

Name: _____ Home: _____ Work: _____

Cell: _____ Relationship: _____

Name: _____ Home: _____ Work: _____
Cell: _____ Relationship: _____

MEDICAL INFORMATION:

Care Card No.: _____

Medical Alerts: (allergies, conditions, etc.) _____

LEARNING NEEDS: (Learning Assistance; Modified Program, etc.) _____

Parent Signature

OFFICE USE ONLY

Copy of Address Document

Student No _____ Div(AG) No. _____ Teacher: _____ X-Boundary _____

Registration Date _____ (First Day of Attendance) STUDENT RECORDS: Requested Received



School District #71 (Comox Valley)

Mark R. Isfeld Secondary School

CONSENT FOR RELEASE OF INFORMATION

I, _____ hereby consent to the release of the

(please check one) (parent/guardian) or (adult student)

following information:



Student Records (*reports, letters, legal documents e.g.: copy of birth certificate, medical cards, court orders*), Permanent Educational Records



Learning Assistance file (if applicable)



Confidential File (*e.g. Psychology Reports Speech and Language Reports, Physiotherapy/Occupational Therapy Reports, Dr.'s letters, etc.*) if applicable - Attention "Receiving" School Secretary please forward the confidential file to Student Services Dept.

For the purpose of providing an educational program for the following student:

This information is considered confidential and will be treated accordingly.

Student Name: _____

Date of Birth: _____

School/Agency releasing information: _____

School receiving information:

School District #71 (Comox Valley)

School Name: Mark R. Isfeld Secondary School

Address: 1551 Lerwick Rd., Courtenay, BC V9N 9B5

Phone: 250-334-2428 **Fax:** 250-334-0659

Email: chelsea.pollock@sd71.bc.ca

Date: _____

Signature of: _____

(parent/guardian) or (adult student)

(please check one)

Parent/Guardian or (Adult Student) Address:

Relationship to student: _____



School District No. 71 (Comox Valley)
Mark R. Isfeld Secondary School
Office of the Principal

Administrative Procedure **2030 MR1** ***Canadian Anti-Spam Legislation (Request for Consent)***

Student's Name: (Last) _____ (First) _____ *(please print)*

School: **Mark R. Isfeld Secondary School**, 1551 Lerwick Rd., Courtenay, BC V9N 9B5

Canada's anti-spam legislation came into force on July 01, 2014. As a result, School District No. 71 (Comox Valley) 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, school activities, or similar events and offers that would be considered Commercial Electronic Messages under the legislation.

If you have any questions, please contact us at:

School District Information and Privacy Officer

Business Address: 607 Cumberland Road, Courtenay, BC V9N 7G5

Telephone No.: 250-334-5500

If you wish to receive the above communication from the school or School Board Office, please return this form signed. Alternatively, you can email the school directly providing authorization. You may withdraw your consent at any time by communicating directly with the school in writing. **Failure to return the form, or provide alternative consent, will mean you will not receive certain communications from the school or School Board Office that would be considered Commercial Electronic Messages.**

Date: _____

Parent's Name: (Last) _____ (First) _____ *(please print)*

Parent's Email:

Parent/Guardian Signature: _____

Parent's Name: (Last) _____ (First) _____ *(please print)*

Parent's Email:

Parent/Guardian Signature: _____



School District #71 (Comox Valley)

Protocol and Consent Form



Please refer to the school's website at www.isfeldschool.com/schoolformsprocedures/ and review the documents linked below thoroughly. When you have finished this, we need you to check as appropriate below then sign off and return this form to your child's homeroom teacher.

Child's full legal name: _____

Homeroom Teacher: _____

- "I have read the **Code of Conduct** and understand my child's responsibilities".
- "I have read the **Technology Rights and Responsibilities** document and understand my child's rights and responsibilities".
- "I have read and understand the **School Emergency Program Guide**".
- "I have read the information on **Outside Media Consent**, and understand that outside media may from time to time be authorized by the school to be present at the school, at school events or at public events where students are present. I understand that the School does not control the images or material printed by external media, and that it is my responsibility to communicate with the School if I have a concern about the collection of my child's image or information by external media that are authorized by the school to be present on school property or at school events".
 - "Yes", I agree that my child's image may be published by outside media.
 - "No", please do not authorize outside media to have access to my child or any information or images of my child for publication. (I understand my child will not be in the Graduation insert in the newspaper, if applicable).
- "I have read the **Personal Information Consent** and understand that the School may from time to time collect photographs, video or electronic images of students or their work for publication on the School's website or in other publications for the purposes of recognizing student or school achievement, promoting school activities or events, or informing the school community and members of the public about school programs and activities".
 - "Yes", I consent to the collection, use and disclosure of my child's image and work product for the purposes described above and in the Personal Information Consent.
 - "No", Please do not use my child's work product or image as described above.

Further details we should know: _____

Full printed names of Parents/Guardians:

Parent/Guardian Signatures:

1. _____

2. _____

Student Signature(s): _____ Date: _____