



REGISTRATION CHECK-LIST

*email completed package to michelle.mehrer@abbyschools.ca

Please complete and return all documents at the same time. Incomplete registration packages will not be processed. **Use this checklist to make sure you have the complete package before submitting it.**

- ☐ Completed 4-page registration form. Please ensure the parent/guardian has signed all the necessary documents.
- ☐ Copy of the student's birth certificate or passport.
- ☐ Copy of parent/legal guardians' birth certificate, passport, or citizenship card.
- ☐ Copy of legal document to prove your address (1 of the following – *must contain the name and address of the parent/guardian*):
 - ☐ Mortgage Document
 - ☐ Property Sale Agreement
 - ☐ Utility Bill
 - ☐ Rental or Lease Agreement
 - ☐ Property Tax Notice
 - ☐ Home Insurance Document
- ☐ Copy of second document to prove your address (1 of the following – *must contain the name and address of the parent/guardian*):
 - ☐ Child Tax Credit
 - ☐ Vehicle Insurance
 - ☐ Current Income Tax Assessment
 - ☐ Current year T4 (*or another government issued document such as MSP bill*)
- ☐ Copy of students' CareCard.
- ☐ Copy of the student's most recent report card
- ☐ Every student is required to complete the following consent forms:
 - ☐ Request for Email Address Consent
 - ☐ Photograph/Video and Media Consent
 - ☐ Bring Your Own Device (BYOD)
 - ☐ Information and Communications Service User Agreement
- ☐ Course selection should also be done at this time. Course selection sheets are provided in this package and a complete course guide can be found online under the Parents & Students tab on our school website.

PARTIAL REGISTRATION PACKAGES WILL NOT BE ACCEPTED

Registration packages MUST be complete, meaning all the required documents are attached. Once you have submitted a complete package, the information will then be passed onto our administration team. Course availability will determine how many students will be accepted for the school year. You will be notified via email as to your potential acceptance once this information has been determined.

AP 336-1 School Registration Form

[Clear All Entries](#)

(use the Tab key to navigate the fields)

A child may only be registered in one school in the Abbotsford School District. In the case of a family registering with multiple children please use one form per child.

Catchment School _____

Requested Out-of-Catchment or District Program/Placed School _____

STUDENT INFORMATION

Gender Identity M=male, F=female, X=nonbinary _____

Legal Last Name _____ Legal First Name _____

Usual Last Name _____ Preferred First Name _____

Legal Middle Name _____ ☐ No Middle Name

Birth Date _____ (DD/Month/YYYY e.g. 24 May 2005)

Grade _____ Proof of Age ☐ Birth Certificate ☐ Passport ☐ Citizenship Paper

Home Phone _____

ADDRESS INFORMATION

Street Address _____

City _____ Prov. _____ Postal Code _____

Proof of Residence Provided ☐ Yes ☐ No (*see below)

Mailing Address (if different from above) _____

City _____ Prov. _____ Postal Code _____

* In order for a child to be registered in an Abbotsford school, proof of address must be shown by presenting one of the following legal documents: Mortgage Document, Rental or Lease Agreement, Property Sale Agreement, Property Tax Notice, Home Insurance, Utility Bill. In addition, one or more of the following documents containing the name and address of the parent/guardian is required: Government Document ie. MSP bill, Child Tax Credit, Income Tax Assessment, Vehicle Insurance, most recent T4.

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offense of perjury, contrary to Section 131 of the Canadian Criminal Code.

ADMISSION INFORMATION

Previous School _____

City & Province _____

Date left previous school _____ Expected start date _____

FOR KINDERGARTEN REGISTRATION ONLY
 Attended Preschool ☐ Yes ☐ No Attended Daycare ☐ Yes ☐ No Attended StrongStart ☐ Yes ☐ No

Previous School _____ City/Prov. _____

BUSSING (does not apply for District Programs)
 Is bussing needed ☐ Yes ☐ No If Yes, please request a school district transportation form.
INDIGENOUS ANCESTRY INFORMATION ☐ Yes ☐ No If yes,
☐ Inuit ☐ Metis ☐ First Nation Non-Status ☐ First Nation Status on Reserve ☐ First Nation Status off Reserve

Band Name _____ Band Number _____

PROGRAM
☐ French Immersion ☐ ELL ☐ Special Education ☐ *Designation ☐ *My child has an IEP

☐ *Was in an Alternate Program (title) _____
IMMIGRATION/CITIZENSHIP STATUS

Country of Birth _____ Language at Home _____

 Canadian Citizen ☐ Child ☐ Parent • Permanent Resident/Landed Immigrant ☐ Child ☐ Parent
 Refugee ☐ Child ☐ Parent • International Student (funding not eligible) ☐ Child ☐ Parent
 Student Visa ☐ Child ☐ Parent • Employment Authorization ☐ Child ☐ Parent
PARENTS/GUARDIANS

1. Last Name _____ First Name _____

Relationship to Student _____

 Living with Student ☐ Yes ☐ No Same Address as Student ☐ Yes ☐ No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

2. Last Name _____ First Name _____

Relationship to Student _____

 Living with Student ☐ Yes ☐ No Same Address as Student ☐ Yes ☐ No

Address _____

Home Phone _____ Cell _____

Work Phone _____ Ext. _____ Email _____

Employed at _____

 Are there any legal documents in force re: custody/guardianship/access? ☐ Yes ☐ No

 Have you provided a copy of these legal documents to the school? ☐ Yes ☐ No

Comments/details re submitted court order _____

*Please note that court orders cannot be followed or acted upon by the school unless a copy has been formally submitted to the school.

SIBLING INFORMATION (brothers/sisters including preschoolers in the same or a different school within the Abbotsford School District)

	Sibling 1	Sibling 2	Sibling 3
Last Name			
First Name			
Relationship			
School			
DOB			
Sex (Male/Female)			

CONTACT INFORMATION (other than parent/guardian)

1. Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

2. Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

OUT OF PROVINCE CONTACT INFORMATION (In case of Provincial disaster)

Last Name _____ First Name _____
 Relationship _____ Cell _____
 Home _____ Work _____ Ext. _____

MEDICAL INFORMATION

Doctor Name _____ Phone _____
 Care Card Number _____
 Allergies and Conditions _____
 Are any of these conditions life threatening? ☐ Yes ☐ No If so, which? _____
 Life Threatening Conditions/Medication or Treatment Required:

Condition _____ Treatment _____

(AP 327 – Medical Alert Conditions, AP 328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website.

Name (printed) _____ Signature (parent/guardian) _____

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

1. GRADE 8-12 STUDENTS ONLY

All students participating in secondary athletics in Abbotsford need to be registered with BC School Sports. I authorize disclosure of my child's name, birthdate, current grade, year my child entered grade 8 and previous school to BC School Sports for registration purposes.

Signature _____

2. COMPUTER AND INTERNET USAGE AND ACCESS

Access to and participation in the global network (Internet) carries with it a responsibility for adherence to established guidelines for acceptable use, as per AP 334 – Online Communications and Digital Learning.

Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. The procedure and parental consent form are available at the school office or on the District website. I will review this policy prior to signing my child's user agreement.

Signature _____

3. CANADA ANTI-SPAM LEGISLATION (CASL) COMPLIANCE FORM

To ensure that you consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district, please complete the accompanying Canada Anti-Spam Legislation (CASL) Compliance Form. (AP 336-2 Request for Email Address Consent)

4. PHOTOGRAPH/VIDEO AND MEDIA CONSENT FORM

To give your consent to the Abbotsford School District to collect, use and publicly disclose your child's name, voice and/or image for purposes consistent with AP 324, please complete form AP 324-1 Photograph/Video and Media Consent Form.

Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashionline.com> (it takes less than five minutes)

Office Use Only

Date Rec'd _____ Time Rec'd _____

Received By _____ Computer User Agreement Rec'd ☐ Yes ☐ No

School Entry Date _____ PEN _____ MyEd# _____

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the Freedom of Information Coordinator, District Administration Office, 604-859-4891.

AP 336-2 Request for Email Address Consent (CASL)

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, Abbotsford School District would like to ensure that we have your consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

- ☐ Yes, I CONSENT to receiving the above communications to my email address which I have provided below, and understand that I can withdraw this consent at any time.

Email Address: _____

- ☐ No, I DO NOT CONSENT to receiving the above communications to my email address.

Name: _____

Signature: _____

Date: _____

Your Child(ren)'s name(s): _____

This information will be kept on file at the school your child is attending in Abbotsford School District.

If you have any questions please contact us at:

info@abbyschools.ca

Abbotsford School District,

2790 Tims St,

Abbotsford, BC, V2T 4M7

www.abbyschools.ca

AP 324-1 –Photograph/Video and Media Consent Form

In accordance with the BC [Freedom of Information and Protection of Privacy Act](#), the Abbotsford School District is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the School District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

For example, student names and/or images may be used in:

- School and School District communications, such as newsletters, brochures and reports;
- School yearbooks
- School and School District websites, social media sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to school-related events);**
- Videos, CDs and DVDs designed primarily for educational use.

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

Please complete and return to your school:

I DO GIVE MY CONSENT for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year. I understand that images posted on the internet may be stored and accessed outside of Canada.

I DO NOT GIVE MY CONSENT for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year.

Student's Name: LAST _____ FIRST _____
(please print)

Student signature (for Secondary school students only) _____

Parent/Guardian Name: LAST _____ FIRST _____
(please print)

Parent/Guardian Signature _____

Parent/Guardian Phone #s _____ Date _____

School **Rick Hansen Secondary School** _____

District Freedom of Information and Protection of Privacy Officer:
Ms.Tracy Orobko,
Abbotsford School District,
tracy.orobko@abbyschools.ca

AP 334-1 Bring Your Own Device (BYOD) – Consent Form

This consent form is provided to parents/guardians and students so that an informed choice may be made with regard to consent to use a personal device, such as a laptop.

The Abbotsford School District recognizes that digital devices are valuable resources for learning. The Bring Your Own Device (BYOD) Program is an optional program available in some Middle and Secondary Schools, that allows students to use personal devices limited to laptops, Chromebooks or tablets. Smartphones are not included in the BYOD Program.

Participation in the BYOD Program requires district approval. The district expects that students should be using BYOD devices for educational purposes.

Although staff will endeavor to support students in the classroom, the district has no liability or responsibility at any time or location for technical support, device theft or damage, or loss of data. BYOD users are subject to school and class expectations, as well as AP 334 –Acceptable Use of Technology . The district, through school administrators, reserves the right to access any files on the device in case of misuse, suspicion of misuse, or other activities in violation of the district’s Student Code of Conduct. Misuse of devices may result in their removal from school networks and a request to remove the devices from school property.

Parents/Guardians may wish to include personal devices used on school property in their personal insurance coverage.

Student Consent

☐ I agree that I will use my device appropriately and for learning.

Name of Student: _____

Student’s abbyschools email address: _____

Student Signature: _____

Parent/Guardian Consent

Select **only one** of the following:

☐ I have read and understand the information above and consent to my child being involved in the Abbotsford School District BYOD Program. This consent will be considered valid from the date on which it is signed until completion of grade 12.

☐ At this time, I do not consent to my child being involved in the Abbotsford School District’s BYOD Program.

Name of Student: _____ Student ID: _____ Grade: _____

Type of Device (Tablet, Chromebook, Laptop): _____ (No phones)

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

AP 331-1 Rules Regarding Student Lockers: Conditions of Use

Most schools in the Abbotsford School District have lockers available for student use. Students are not required to have a locker assigned to them; lockers will only be assigned to students who complete this form. Lockers remain the property of Abbotsford School District. By applying for a locker the student agrees that **LOCKERS MAY BE SUBJECTED TO RANDOM SEARCHES BY SCHOOL DISTRICT STAFF, AND THAT THE SCHOOL DISTRICT MAY USE TRAINED DOGS TO SWEEP LOCKER AREAS FOR DRUGS.**

I _____, student, understand that this locker is assigned to me for use during the school year on the following conditions:

1. I am responsible for the locker that is assigned to me. No one else may use this locker. If I have been assigned to share this locker then only I and the other student to whom it has been assigned may use it.
2. I agree to use only an approved lock on this locker. I will register the combination of the lock at the office. I will not divulge my combination to anyone else.
3. I will only use the locker for purposes relating to school and my attendance at school. I understand that I may use the locker to store books, school supplies and equipment, clothing, school sports equipment, lunches and necessary personal items. I understand that nothing else is permitted in my locker unless the principal or vice-principal has permitted it in writing.
4. No controlled substances, weapons or prohibited or offensive material may be placed in the locker.
5. I understand and agree that School officials may search student lockers at any time and without prior notice in order to ensure compliance with the conditions of use and other school policies and rules, and that searches by school officials may include the use of trained dogs to detect the presence of drugs or prohibited materials in student lockers.
6. I understand that my permission to use the locker may be terminated if I do not comply with the conditions of use, school policies or rules.
7. I understand that it is the responsibility of all members of the school community to keep our schools safe. If I have reason to believe that any locker contains anything that would threaten the safety of other students, staff or any other person, I agree to immediately report the information to a teacher or administrator. I understand that the School District will keep my name confidential unless required by law to disclose it.
8. I agree to keep the locker clean and to remove foodstuffs on a regular basis.
9. I understand that I am responsible for cleaning and removing all material from my locker at the end of the year or when I leave the school.

Student Signature

Date

Parent's/legal guardian's acknowledgement and agreement

I _____ am the parent or legal guardian of _____ (the "student"). I agree to the terms and conditions of use set out in this document, and agree that the student may have a locker subject to these terms and conditions.

Parent/Legal Guardian

Date

AP 417-2 Information and Communications Services User Agreement

I understand and will abide by the terms and conditions of the Information and Communications Services User Agreement. I further understand that any violation of these terms and conditions will be subject to the disciplinary codes set out by the Abbotsford School District and will be handled in accordance with those codes. Depending on the severity of the violation, discipline could lead to suspension of computer privileges, suspension or expulsion from school. The appropriate legal authorities will be contacted if there is any suspicion of illegal activity.

(please print)

First Name: _____ Last Name: _____

School (if student) or Position (if employee): Student

Date: _____ Signature: _____

PARENT/GUARDIAN AGREEMENT

If the user is a student and is under the age of 19, a parent or guardian must also read and sign this agreement.

As the parent or guardian of the user named above, I have read this agreement. I have also taken reasonable steps to ensure that the child named above understands the terms and conditions of this agreement. I understand that access to the System is designed for educational purposes and that there are limitations on the use of the System. I recognize that, although the Abbotsford School District has taken reasonable measures to limit access to objectionable and illegal materials, the school district cannot guarantee that 100% of materials accessed via the Internet, either intentionally or unintentionally, will not include offensive or illegal content.

I hereby give permission for the child named above to access the System and certify that the information contained on this form is correct.

(please print)

First Name: _____ Last Name: _____

Relationship to student: _____

Date: _____ Signature: _____

AP 308-6 Extracurricular Athletics Consent and Participation Agreement

This Consent and Participation Agreement provides information about student participation in Abbotsford School District Extracurricular School Sports Programs (a “Sports Program”) along with the measures we have put in place to mitigate risks to students and our expectations of students and parents. Once you have reviewed this form, please ensure that both you, as the parent/legal guardian, and your student sign and return it to the school.

Your Responsibilities

It is the responsibility of students and their parents/guardians to (1) ensure students are physically and medically fit and able to participate in the Sports Program(s) (and to seek medical advice where appropriate); (2) to identify to school authorities any activities in which students are unable to safely participate; (3) refrain from any activities or conduct that may place other participants at risk; (3) refrain from participating in the school’s Sports Program and from entering school facilities, or any facilities used by the Sports Program if symptoms of Covid-19 or other communicable disease are present, (4) read the school’s athletic Code of Conduct and comply with all Sports Program and health & safety rules of the school, and the directions of the teachers and coaches; and (5) comply with all other public health guidance and requirements in place from time to time regarding attendance at sporting events and practices.

Nature of Risks

By signing this Participation Agreement parents and students acknowledge and agree that: (1) they consent to the student’s participation in such Sports Program(s) and all related activities, and understand and acknowledge that this may expose the student to risk, including through their attendance and participation in such Sports Program(s), which may include the use of the facilities and lands owned, occupied, or used by the School District; (2) the risks of injury and illness (e.g. communicable diseases such as influenza, Covid-19 and MRSA) are significant, and while particular rules, equipment, hygiene measures and personal discipline may reduce these risks, the risks of serious injury and illness do exist; (3) the student’s participation is voluntary and you understand and agree to assume any and all risks associated with his/her/their participation in such Sports Program, whether or not the School District has disclosed those risks to you, including the possibility of communicable disease illness, injury, psychological injury or stress, pain, suffering, permanent or temporary disability, property or economic loss, even death and other unforeseen risks (collectively the “Losses” and each a “Loss”).

Emergency Medical Care

In the event of injury or other medical emergency involving the student, the school may arrange to provide care to the student and/or transport the student to a medical facility. The School District will make efforts to contact the parents/legal guardians in such circumstances but may, if necessary, make arrangements for the delivery of first aid or medical care to the student before parents/legal guardians are contacted.

General

By completing this document, you acknowledge and agree that: (1) You have read and understand and agree to this Participation Agreement; (2) You will ensure that you and your student comply with any sporting rules and health and safety measures as communicated by school administration, teachers and coaches; (3) You have the legal authority to enter into this Consent and Participation Agreement on your own behalf or, as applicable, on behalf of your student; (4) By providing this Consent and participating in the above-referenced activities and events, you voluntarily assume all risks of the Losses described above, including the risk of Covid-19 infection; (5) You consent to the collection, use and disclosure of your personal information and your child's personal information for the purposes of participating in a Sports Program and, if necessary, providing related first aid or medical care as described above.

I am the parent/legal guardian of the Participant, and I accept this Agreement on my own behalf and on behalf of my student.

(Signature of Parent/Legal Guardian)

(Print Name of Parent/Legal Guardian)

Date

(Signature of Student)

(Print Name of Student)

Date

School name