



# STUDENT ENROLLMENT FORM

Enrolling School: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

## STUDENT INFORMATION

Legal FIRST Name \_\_\_\_\_ Legal LAST Name \_\_\_\_\_ Legal MIDDLE Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_  
Day - Month - Year

Usual First Name \_\_\_\_\_ Usual Last Name \_\_\_\_\_ Usual Middle Name \_\_\_\_\_

Home Language \_\_\_\_\_ Language Most Used \_\_\_\_\_ First Language \_\_\_\_\_

BC Personal Health Number \_\_\_\_\_

## PROPERTY ADDRESS

## MAILING ADDRESS

Same as Property Address

Street # & Name \_\_\_\_\_ Please complete if different than Property Address

Apt # \_\_\_\_\_ RR #/PO Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Street # & Name \_\_\_\_\_

City/Municipality \_\_\_\_\_ Apt # \_\_\_\_\_ Postal Code \_\_\_\_\_

Proof of Address Document \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_  Unlisted

## ADMISSION INFORMATION

### Previous School/Program

- First Time Entry  French Immersion  District Program
- Strong Start  Montessori  Transfer
- Fine Arts

Previous School \_\_\_\_\_

Previous District \_\_\_\_\_

Previous City/Province \_\_\_\_\_

Previous School Phone # \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Surname	_____	_____	_____
First Name	_____	_____	_____
Relationship to Student	_____	_____	_____
Custody	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared
Court Order in Effect?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Authority/ Guardian...	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls
<b>*If there are any custody arrangements with this student, legal documentation must be filed with the school</b>			
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
Work Phone	_____	_____	_____
Work Place	_____	_____	_____
Email Address	_____	_____	_____
Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address
Property Address (if not living with student)			
Street Address	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____
Mailing Address (if different than property address)			
Street Address	_____	_____	_____
RR#/PO Box	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____

## EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED)

Emergency Contact	_____	_____	_____
Relationship	_____	_____	_____
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student

**SIBLING INFORMATION (ONLY SCHOOL AGED IN BC)**

Legal Last Name				
Legal First Name				
Birth Date				
Relationship				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

**STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS ONLY)**

Description of Condition: \_\_\_\_\_  School Medical Plan Needed

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

Name of Physician: \_\_\_\_\_

**HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS STUDENT MAY BE USING)**

Description of Condition: \_\_\_\_\_

Is child currently on medication? If yes, please describe: \_\_\_\_\_

**STUDENT LEGAL ALERTS (COURT ORDERS ON FILE)  Yes  No**

Description of Court Order(s): \_\_\_\_\_

**OTHER FAMILY ALERTS**

Description of Family Alert(s): \_\_\_\_\_

**CITIZENSHIP**

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  Refugee Entry Date into Canada: \_\_\_\_\_

Visa Status: \_\_\_\_\_ Expiry: \_\_\_\_\_  Work Permit Expiry: \_\_\_\_\_  Study Permit Expiry: \_\_\_\_\_

**ABORIGINAL ANCESTRY**

Is your child of Aboriginal Ancestry?  Yes  No

If yes, please select appropriate status

<input type="checkbox"/> Metis	<input type="checkbox"/> Status On Reserve	Band of Origin: _____
<input type="checkbox"/> Inuit	<input type="checkbox"/> Status Off Reserve	Band of Residence: _____
<input type="checkbox"/> Non-Status		Status No.: _____

**OTHER INFORMATION**

Past Assistance:  Learning Assistance  Educational Assessment  District Counselor  Adaptations

Modifications  Individual Educational Plan  Hearing  Speech/Language

Physical Accommodation

Additional Information: \_\_\_\_\_

**PERMISSIONS**

*The information contained on this form is collected under the authority of the School Act, Section 13 and 79. This information will be used for educational programming 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 (FIOPPA). If you have any questions about the information recorded on this form, please contact your School Administrator.*

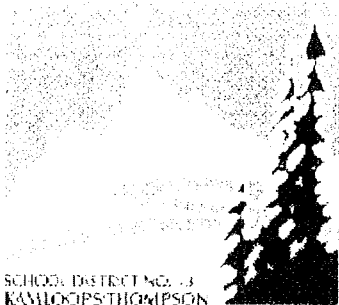
Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

- District Internet Agreement Form Completed (see attached)
- Release of info/Photos/Media outside of District Form Completed (see attached)
- Enrollment Interview Completed

Date: \_\_\_\_\_ Signature of Principal/Designate: \_\_\_\_\_

**OFFICE USE ONLY**

Proof of Age (1 required)	Proof of Address (1 required)	Proof of BC Residency (1 required)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver's License/Auto Registration	<input type="checkbox"/> BC Services Card/CareCard
<input type="checkbox"/> Passport	<input type="checkbox"/> Lease/Rental/Purchase Agreement	
Verified by: _____	Date: _____	
<small>(S) District Office Signature</small>		



**SCHOOL DISTRICT No. 73  
(KAMLOOPS / THOMPSON)**

1383 – 9<sup>th</sup> Avenue, Kamloops, BC V2C 3X7

Tel: 250-374-0679 Fax: 250-372-1183 www.sd73.bc.ca

2019 - 2020 School Year

Dear Aboriginal Parents/Guardians:

School Districts receive additional targeted funding for students who self-identify as being of Aboriginal ancestry. In School District #73, this funding is allocated to offer Aboriginal programs and services in schools.

If your son or daughter is of Aboriginal ancestry and you would like him/her to be included in our Aboriginal programs and services, please fill out the form below. Some of the programs include: TRU field trips, academic support, boys and girls groups, career fairs and First Nations Graduation.

For further information regarding Aboriginal Education in School District 73, you may contact Mike Bowden, District Principal of Aboriginal Education at 250-374-0679.

Yours truly,

Chris Preymak  
Principal – Westsyde Secondary School

once original signed - copy to Aboriginal Education Worker

\*\*\*\*\*

My signature confirms that I have identified my son/daughter as being of Aboriginal Ancestry and give my permission for him/her to access Aboriginal Education Programs and Services.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: Westsyde Secondary School Date: \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

Signature : \_\_\_\_\_

School District No. 73 (Kamloops/Thompson)  
**ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN**

PHOTO ID

MSP#: \_\_\_\_\_

**Anaphylactic Student Emergency Procedure Plan**

**Parent/Guardian please complete**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (M/M/C)

Sex  Male  Female

Parent/Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

**Physician please complete**

Physician's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Allergen (Do not include antibiotics or other drugs)

Peanuts  Nuts  Dairy  Other food \_\_\_\_\_

Insects  Latex  Other \_\_\_\_\_

Symptoms

- Skin - hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) - wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach) - nausea, pain/cramps, vomiting, diarrhea, dizzy/light headed, shock
- Other - anxiety, feeling of "impending doom", headache, uterine cramps in females

Additional symptoms \_\_\_\_\_

<p><b>Emergency Protocol</b></p> <ul style="list-style-type: none"> <li>• Administer <u>single dose, single-use auto-injector</u></li> <li>• Call 911</li> <li>• Notify Parent-Guardian</li> <li>• Administer second single-dose single-use auto-injector in 10 to 15 minutes, or sooner, if symptoms do not improve or if symptoms recur</li> <li>• Have ambulance transport student to hospital</li> </ul>	<p><b>Emergency Medication</b></p> <p>NOTE: Emergency medication must be a single-dose single-use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.</p> <p>Name of emergency medication: <u>Epipen</u></p> <p>Dosage: <u>0.3 mg</u></p>
<p>_____ Physician Signature</p>	<p>_____ Date (Y/M/D)</p>

**Anaphylactic Student Emergency Procedure Plan**

**Parent/Guardian please complete**

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?  Yes  No

Two single-dose single-use auto-injectors provided to schools?  Yes  No

Student aware of how to administer?  Yes  No

Auto-injector locations: \_\_\_\_\_

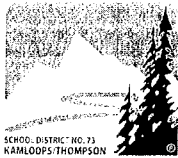
Your child's personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. The Board of Education may use your child's personal information for the purposes of

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the BC Anaphylactic and Child Safety Framework 2007) for the above purposes. This consent is valid and in effect until it is revoked in writing by you

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (Y/M/D)



# MEDICAL ALERT PLANNING FORM INFORMATION AND PLAN WHILE IN THE CARE OF THE SCHOOL

School District No. 73 (Kamloops/Thompson)



**Fill out page 1 for all conditions except anaphylaxis, fill out page 2 if child is anaphylactic.**

For School Year

MSP#

Student Name:  Birth Date:

Parent or Guardian  Home Phone:  Bus Phone:

Emergency Contact Name:  Phone:

Physician:  Phone:



Potentially life threatening medical condition diagnosed as:

1. New Condition:  Yes  No Date condition identified:

2. Describe the potential problem:

### PLAN WHILE IN THE CARE OF THE SCHOOL:

To be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician and reviewed with principal in consultation with the public health nurse as needed.

• Symptoms to watch for are:

• Preventative measures:

Medication needed:  Yes  No Name of medication:

(If yes "Request for Administration of Medication at School" form Parts A, B, & C must be completed and provided to the school).

### \*Emergency Plan school staff need to follow (step by step):

1.
2.
3.
4.
5.
6.
7.
8.
9.

### INFORMATION REVIEW by parent/guardian: (Review minimum annually)

1.   
Sign & Date
2.   
Sign & Date
3.   
Sign & Date
4.   
Sign & Date

### TRAINING REVIEW: (Review minimum annually)

1.   
Sign & Date
2.   
Sign & Date
3.   
Sign & Date
4.   
Sign & Date



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

**TECHNOLOGY: STUDENT ACCEPTABLE USE  
STUDENT USE & CONSENT FORM – SECONDARY SCHOOLS**

**1. STUDENT USE OF DISTRICT TECHNOLOGY RESOURCES**

I understand and will abide by the "Expectations for Students using District Technology Resources". I will use resources responsibly, respect the rights of others and will not use these systems for unethical or illegal activities. I further understand that any violation of the regulations is unethical and may constitute a criminal offence. Should I commit any violations, my access privileges may be revoked, school disciplinary action may be taken, and possible legal action may be taken. I understand that this document will remain in my school file for the school year.

Student's Name: \_\_\_\_\_

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

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

Student ID# \_\_\_\_\_

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

**2. PARENT PERMISSION FORM FOR ACCESSING ELECTRONIC COMMUNICATIONS SYSTEMS**

I have read the attached "Expectations for Students using District Technology Resources". I understand that my son/daughter may access District technology resource systems which allow him/her to access resources, communicate with others and to publish his/her work. I also understand that filtering or blocking software which may be applied to the district technology systems is not foolproof and cannot guarantee 100% effectiveness. I grant permission for my son/daughter to access the District technology resources and to publish his/her work until the completion of Grade 12.

I grant permission

I do not grant permission

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian e-mail address: \_\_\_\_\_

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

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

**PARENTS HAVE THE RIGHT TO REVOKE THE ABOVE PERMISSIONS AT ANY TIME  
BY CONTACTING THE SCHOOL AND COMPLETING AN UPDATED FORM**

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## **TECHNOLOGY: STUDENT ACCEPTABLE USE EXPECTATIONS FOR STUDENTS USING DISTRICT TECHNOLOGY RESOURCES**

The following are expectations for students accessing the Internet and e-mail through the District's/Schools' networks. Students agree to the following terms and conditions.

**Inappropriate material:** I will inform my teacher or principal if I come across any site, material information or situations that makes me feel uneasy or uncomfortable, or that I believe may contain inappropriate material. I will not respond to a message sent to me that makes me feel uneasy or uncomfortable. I will not post, send or download inappropriate material.

**Respect for other people's personal information:** I will not post personal information about other people, including family members, fellow students, teachers, District employees or friends. Personal information may include information such as full names, school locations, interests, extracurricular activities, occupations, home or business addresses or phone numbers.

**Posting student's own information on the Internet:** I will not post my personal information anywhere, including my homepage if I have one, through the District or School Internet server. I may however, post school projects and work on the Internet as approved by my teacher. Just as I have been warned in the past about not meeting or talking to strangers, the same is true for using the Internet -- I will not meet with anyone I talk to on the Internet without my parent or guardian present.

**Electronic Mail:** Electronic mail is an electronic messaging system which delivers messages through the Internet. Electronic mail allows any Internet user to communicate with another user or group of users through the District or School server. I understand that using e-mail will be at the discretion of the school. The students will ONLY communicate with District provided e-mail addresses.

**School rules apply:** As a student, I understand that all of the rules of expected conduct, appropriate language, fair and respectful comments, and responsible behaviour of a School District No. 73 student and the consequences for breaking those rules apply to my use of any District technology resource, including posting and using services on the Internet. I understand the consequences for breaking those rules may result in the limitation or withdrawal of the privilege of having access to the District or School technology systems and of having Internet access. More specifically, without limiting the above, I agree that:

- I will not do anything illegal.
- I will not breach my responsibilities as a student under the *Student Acceptable Use - Student Use of District Technology Resources Consent* when using the District's technology systems or the Internet.
- I will not break any regulations regarding student conduct established by the District or my School.
- I will use appropriate language on the Internet, and any statements of opinion that I make will be respectful, fair and not malicious.
- I will not engage in any financial transactions or cause any damage or losses to any person in using a District electronic communications system including posting and using services on the Internet.

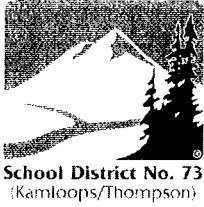
I understand that I am personally responsible for my actions, errors and omissions in using a District electronic communications system and accessing the Internet. I further understand the consequences for failing to comply with the terms and conditions of these regulations may well exceed school disciplinary actions, and may include criminal investigations, civil suits or both.

**Responsible Use of the Resources:** I agree to use my time on-line effectively, in posting and using services such as browsing and downloading files. I agree to keep my password secret.

**Plagiarism:** I agree that I will not copy information and claim it as my own.

**Copyright:** In the event that I wish to copy any copyrighted work, if I do not already have legal permission to copy that work, I will ask the original author for written permission to use the graphics or any copyrighted works, including works of art, compositions, text, symbols, sayings, cartoons, excerpts, and quotations. I agree that I will give written credit for sources of information for my work.

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**SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)**  
**Personal Information Consent**  
**SECONDARY SCHOOLS**

**For School Year:** \_\_\_\_\_

*For parents\* and high school students: Please complete, sign, and return to your school.*

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

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

Collection, use, and sharing of student personal information

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 No. 73 (Kamloops/Thompson) 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, 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.



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

Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

Parent/Guardian\* Signature: \_\_\_\_\_

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

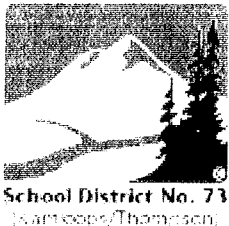
**For Students:**

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: \_\_\_\_\_

*\*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.*

If you have questions about this consent or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.



## SCHOOL DISTRICT NO. 73

### Notice to Parents and Students: Outside Media in Schools Secondary Schools

For School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

(Please print)

\_\_\_\_\_ Last name

\_\_\_\_\_ First name

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

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, video or conduct interviews with students, for the purpose 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;
- Inform your child's teacher of your wishes.

Please 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.).

I acknowledge the receipt of this Notice and have no objections.

I acknowledge the receipt of this Notice and **do not** want my child's image/name being published by outside media. I have told my child's teacher of my wishes. I request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. **I consent** to disclosure by the school district or its staff of the personal information that is necessary to give effect to this request. **I may** choose to override this Notice by giving my consent in a specific circumstance. This request applies during the current school year unless I expressly revoke it.

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

Parent's Name: \_\_\_\_\_

(Please print)

\_\_\_\_\_ Last name

\_\_\_\_\_ First name

Parent/Guardian\* Signature: \_\_\_\_\_

Parent/Guardian Contact Information (for contacts related to this notice)

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student: I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

Student Signature: \_\_\_\_\_

If you have questions about this notice or about the collection of student personal information, you may contact the school principal or the Superintendent's Office.

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