



**School District 5 (Southeast Kootenay)
Student Registration Form**

Copy of Birth Certificate, BC Care Card, and Proof of BC Residency MUST accompany this registration.

Information collected on this form is protected under the Freedom of Information and Protection of Privacy Act.

Catchment School _____ **Requested/Placed School** _____

STUDENT INFORMATION	ADDRESS INFORMATION
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input type="checkbox"/> X Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input type="checkbox"/> X Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Usual Last Name _____ Preferred First _____ Date of Birth _____ (DD/Month/Year for example 24 May 2021) Proof of Age/Legal Name Received and on File <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Canada documents <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Status (Status Card) Main Phone _____ Unlisted Y <input type="checkbox"/> N <input type="checkbox"/> Grade _____	Street Address _____ _____ Apt. No. _____ City _____ BC Postal Code _____ Proof of Residency <input type="checkbox"/> _____ Mailing Address (if different from above) _____ _____ Is bussing needed? Y <input type="checkbox"/> N <input type="checkbox"/> Permission to walk home? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, please request a school district transportation form) ADMISSION INFORMATION Have you previously attended a BC School or BC StrongStart? Y <input type="checkbox"/> N <input type="checkbox"/> Last School Attended _____ City & Province _____

PARENTS/GUARDIANS <small>(extra sheets are available if needed)</small>	PARENTS/GUARDIANS
First Name _____ Last Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input type="checkbox"/> X Relationship to Student _____ Contact can pick up Student Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____	First Name _____ Last Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input type="checkbox"/> X Relationship to Student _____ Contact can pick up Student Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____



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CUSTODY/GUARDIANSHIP/ACCESS	
Are there any legal documents in force regarding custody/guardianship/access?	Y <input type="checkbox"/> N <input type="checkbox"/>
If so, please briefly explain. _____ _____	
Have you provided a copy of these legal documents to the school?	Y <input type="checkbox"/> N <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION #1	EMERGENCY CONTACT INFORMATION #2
First Name _____	First Name _____
Last Name _____	Last Name _____
Relationship to Student _____	Relationship to Student _____
Contact can pick up Student Y <input type="checkbox"/> N <input type="checkbox"/>	Contact can pick up Student Y <input type="checkbox"/> N <input type="checkbox"/>
Main Phone _____	Main Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Work Phone _____	Work Phone _____

SCHOOL-AGED SIBLING INFORMATION				
	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Last Name				
First Name				
Relationship				
Date of Birth DD/Month/Year				
School				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input type="checkbox"/> X	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input type="checkbox"/> X	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input type="checkbox"/> X	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input type="checkbox"/> X

MEDICAL INFORMATION
Care Card Number _____
Allergies and Conditions _____
Are any of these conditions life threatening? Y <input type="checkbox"/> N <input type="checkbox"/>
Life Threatening Condition _____
If yes, please request the following forms:
<ul style="list-style-type: none"> • <i>Medical Alert Planning Form (AP 316 , Form 316-1)</i> • <i>Request for Administration of Medication at School (AP 316, Appendix Form 316-2)</i> • <i>Anaphylaxis Emergency Action Plan (AP 317 , Form 317-1) Allergies and Life-Threatening Allergies in School)</i>



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IMMIGRATION/CITIZENSHIP			STATUS/PROGRAMS
Country of Birth _____			<input type="checkbox"/> Indigenous Language & Culture <input type="checkbox"/> Indigenous Support Services <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> French Immersion <input type="checkbox"/> Special Education/Learning Services Designation, if known _____ My Child has an Individual Education Plan (IEP) Y <input type="checkbox"/> N <input type="checkbox"/> Was in an Alternate Program Y <input type="checkbox"/> N <input type="checkbox"/> Title _____
Language at Home _____			
<u>Status in Canada</u>	<u>Child</u>	<u>Parent</u>	
Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent Resident/ Landed Immigrant	<input type="checkbox"/>	<input type="checkbox"/>	
International Student	<input type="checkbox"/>	<input type="checkbox"/>	
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>	

INDIGENOUS ANCESTRY INFORMATION		
Do you have Indigenous Ancestry Y <input type="checkbox"/> N <input type="checkbox"/>		
If yes, would you like to receive Indigenous Support Services Y <input type="checkbox"/> N <input type="checkbox"/>		
Indigenous Ancestry	Band of Origin	Band of Residence
<input type="checkbox"/> Status – Off Reserve	<input type="checkbox"/> 0602 AQ'AM	<input type="checkbox"/> AQ'AM
<input type="checkbox"/> Status – On Reserve	<input type="checkbox"/> 0603 Yaqit ?a·knuqil'it	<input type="checkbox"/> Yaqit ?a·knuqil'it
<input type="checkbox"/> Metis	<input type="checkbox"/> 0604 ?AkisQ-Nuk 1 st Nations	<input type="checkbox"/> Other
<input type="checkbox"/> Inuit	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Non-Status	_____	_____
Status Card Number _____		

BC SPORTS
<i>Grade 8-12 Students Only</i>
All students participating in secondary athletics in School District No. 5 must be registered with BC School Sports . I authorize disclosure of my child's name, birth date, current grade, year my child entered Grade 8 and previous school to BC School Sports for registration purposes.
Signature _____

CONSENT FORMS WHICH ARE REQUIRED IF APPLICABLE
<input type="checkbox"/> Anti-Spam Legislation (required by all)
<input type="checkbox"/> Information and Technology (Internet) (required by all)
<input type="checkbox"/> Outside Media in Schools (required by all)
<input type="checkbox"/> Personal Information Consent (required by all)
<input type="checkbox"/> Release of Student Records from Previous School (required by all)
<input type="checkbox"/> Indigenous Education Information (required by Indigenous students)
<input type="checkbox"/> Bus Student Registration
<input type="checkbox"/> Curricular & Extra Curricular Travel (required as needed as per District Admin Procedures)
<input type="checkbox"/> Lockers (all middle/secondary students)
<input type="checkbox"/> Medical Alert Planning form/Request for Administration of Medication (required as needed as per District Admin Procedures)



School District 5 (Southeast Kootenay) Student Registration Form

The information on this form is collected under the authority of the [School Act](#), Section 13 and 79. The information provided will be used for educational programs 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](#). If you have any questions about the information recorded on this form, please contact the District Administration Office (250-426-4201).

DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT

I hereby certify the foregoing information to be true, correct, and complete.)

Signature

Date

ONLINE REGISTRATION INFORMATION

When registering your child, please note the following process

1. Use the [School Locator](#) to determine your catchment school
2. Complete this fillable PDF form
3. Ensure that your registration is submitted to your catchment school
4. Please note that registration acceptance at school of choice is based on availability

Please contact the catchment school directly to make an appointment. You may then take the completed form and documentation into the school.

Once your online form is processed, the school will contact you regarding documentation. The following documents are required:

- Proof of birth date for the student (birth certificate or passport).
- Proof of guardianship (as shown on child's birth certificate, or other appropriate legal documentation such as landed immigrant document or guardianship order).
- Proof of citizenship for both the parent and student (Canadian Birth Certificate, Citizenship Card, Passport, Indigenous Status Identification Card, Landed Immigrant Document, Permanent Resident Card, Enhanced Driver's License or Enhanced Identification Card).
- Proof of residence (e.g., ordinarily resident) of parent/guardian in BC (BC Driver's License, BC Services Card, BCID or BC Care Card of parent/legal guardian).

We do not recommend sending sensitive information or documents over email.

OFFICE USE ONLY

Date Received _____

Time Received _____

Grade _____ Home Room _____

Common Sis # _____

Consent Forms Received

- Anti-Spam Legislation (required by all)
- Information and Technology (Internet) (required by all)
- Outside Media in Schools (required by all)
- Personal Information Consent (required by all)
- Release of Student Records from Previous School (required by all)
- Indigenous Education Information (required by Indigenous students)
- Bus Student Registration
- Curricular & Extra Curricular Travel (required as needed as per School District AP)
- Lockers (all middle/secondary students)
- Medical Alert Planning form/Request for Administration of Medication (required as needed as per School District AP)

Transportation Information

Route Number _____ Bus Number _____ Stop Number _____

Stop Description _____



**School District 5 (Southeast Kootenay)
Request for Consent – Anti-Spam Legislation**

Mount Baker Secondary School

1410 Baker Street, Cranbrook, BC V1C 1B2

Phone: 250.426.5241 Email: mbss.mailing@sd5.bc.ca

Canada's anti-spam legislation came into force on July 1, 2014. As a result, Mount Baker Secondary School 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, dance tickets, or similar events and offers.

If you wish to receive the above communications from us, please do one of the following:

1. Complete the bottom of this form and return it to our school office.
2. Email our school secretary mbss.mailing@sd5.bc.ca and confirm that you would like to continue receiving electronic information from the school.

You may withdraw your consent at any time by contacting our school secretary 250-426-5241 or mbss.mailing@sd5.bc.ca.

If you have any questions, please contact me at your convenience.

Aaron Thorn
Principal, Mount Baker Secondary School
Phone: 250-426-5241
Email: aaron.thorn@sd5.bc.ca

Yes, I would like to continue receiving electronic information from the school, district, parent advisory council and district parent advisory council.

Name: _____
(please print)

Signature: _____

Name(s) of student(s): _____

Email: _____

Date: _____

School Use Only:



School District 5 (Southeast Kootenay)

Personal Information Consent

Mount Baker Secondary School

1410 Baker Street, Cranbrook, BC V1C 1B2

Phone: 250-426-5241 Fax: 250-426-5362 Email: mbss.mailing@sd5.bc.ca

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

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 5 Southeast Kootenay 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, yearbooks, 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.

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

Phone: _____ Email: _____

For Students (high school students only)

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: _____

If you have questions about this notice or about the collection of student personal information, you may contact:

School District 5 (Southeast Kootenay)
Phone: 250-417-2055

School Use Only:

- Permissions Tab – Release of Info/Photos Outside of District (mark yes or no)
- This form must be sent out before September 30 of the next school year

**For parents/guardians 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.*



School District 5 (Southeast Kootenay)
Notice to Parents and Students: Outside Media in Schools

Mount Baker Secondary School

1410 Baker Street, Cranbrook, BC V1C 1B2

Phone: 250-426-5241 Fax: 250-426-5362 Email: mbss.mailing@sd5.bc.ca

Please complete, sign, and return to your school.

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

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 or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education, and encouraging student achievement.

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. [AP 146 - Social Media Use](#)

For Parents: I acknowledge receipt of this Notice. If I have questions, I will contact the School District at 250-417-2055

Parent's Signature

For Students: I acknowledge that I am primarily responsible for protection of my personal privacy while at school and at school activities and will take appropriate steps to do so.

Student's Signature

If you do not want your child to be involved in such activities, you need to:

- Tell your child to avoid these situations,
- Tell your child's teacher of your wishes,
- Complete and return the form on the **back of this page** to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image, or personal information by outside media.

School Use Only:

Place an Information Alert "No Outside Media" in MyEducation BC. This alert will expire at the end of the academic school year unless indicated on page 2.

Notice to School District 5 (Southeast Kootenay) re: Outside Media

NOTE: To be completed only if you wish to register an objection to publication of your child's personal information by outside media at school events.

I do not want my child's image or name 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 or give consent to continue below.

Date: _____

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

Parent/Guardian* Signature: _____

Parent/Guardian Contact Information

Phone: _____ Email: _____

For Students

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: _____

*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 notice or about the collection of student personal information, you may contact:

School District 5 (Southeast Kootenay)
 940 Industrial Rd 1
 Cranbrook, BC V1C 4C6
 Phone: 250-417-2055

Confirmation to continue:

School Year	Parent Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**School District 5 (Southeast Kootenay)
Information and Communication Technology and Technology Services
Student Use Agreement**

**Mount Baker Secondary School
1410 Baker Street, Cranbrook, BC V1C 1B2
Phone: 250-426-5241 Fax: 250-426-5362 Email: mbss.mailing@sd5.bc.ca**

I have read and understand [Administrative Procedure 140](#) (Acceptable Use of Information and Communication Technology and Technology Services). I know that the school and the School District do not control the content of the Internet. I further understand that if my child violates the school rules, he/she will be subject to disciplinary actions.

This Student Use Agreement includes Office 365, Destiny, Scholantis, MyEducation BC, myBlueprint and other educational platforms.

This form must be signed and returned to the school. Once this form has been received and placed on file, **it will be valid while your child is in the school**, unless you wish to terminate your child’s access and privileges.

Student Name: _____

_____ I hereby authorize the school to allow the above-named child to access Information and Communication Technology and Technology Services. I acknowledge that should I wish to terminate my child’s privileges; I must do so in writing to the school administration.

_____ I do not wish my child to have access to Information and Communication Technology and Technology Services.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

School Use Only:

Permissions Tab – Allow Internet Access (mark yes or no) in MyEducation BC

Form 140-1

The District believes in the benefits that Information and Communication Technology (ICT) can bring to support learning. ICT and technology services supplied by the District will be used in an appropriate manner. This includes any device (District-supplied or personal) that connects to the District's network. All students who are given access are required to know and abide by Administrative Procedure (AP) 140 and use technology in a safe and responsible manner. Access to District ICT resources is a privilege, not a right, and may be withdrawn if individuals do not comply with Board policies and AP's.

Student Procedures:

- Keep passwords confidential. Accounts or personal information must never be shared.
- Never use another person's account.
- Use technology in a legal, ethical, responsible, and educational manner. (e.g., distributing obscene, abusive, racist, threatening, unsolicited e-mail messages, or sexual, harassing and/or bullying messages or material is unacceptable).
- The use of technology services is the property of the District and are subject to the Freedom of Information and Protection of Privacy Act.
- Parental written consent is required. Student access will be granted once both the parent and student have signed this form and are aware of AP 350 – Student Code of Conduct.
- Failure to comply with these AP's may result in disciplinary action.

By signing this form, students agree:

- I will inform school staff if I come across anything that makes me feel uneasy or uncomfortable, or that I believe may contain inappropriate material. I will not respond to messages I receive that make me feel uncomfortable. I will not post, send, or download inappropriate material.
- I will not post personal information about others (eg full names, school locations, interests, extracurricular activities, occupations, home or business addresses or phone numbers).
- I will not post my personal information anywhere through District ICT. I may however post school projects and work as approved by my teacher.
- I understand that the same rules of expected conduct, appropriate language, fair and respectful comments and responsible behaviour of a District student and the consequences for breaking those rules apply to my use of District ICT. I agree that:
 - I will not do anything illegal;
 - I will not breach my responsibilities as a student;
 - I will not break any student conduct procedures established by the District or my school;
 - I will use appropriate language and I will be respectful, fair and not malicious;
 - I will not engage in any financial transactions;
 - I will not cause any damage or losses to any person or equipment in using District ICT.
 - I will not access sites that have been made inaccessible by the District.
- I agree to use my time effectively, in posting and using services such as browsing and downloading files. I agree to keep my password secret.
- I agree that I will not copy information and claim it as my own.
- If I do not have legal permission to copy any copyrighted work, I will ask the original author for written permission to use it and I will give written credit for sources of information for my work.

Illegal acts committed on or through District technology may be reported to legal authorities. This includes hacking into systems or deleting files to which the student does not have access privileges, introducing viruses or downloading or copying copyrighted material. Using other means to access sites that have been made inaccessible by the District is also considered unacceptable.



**School District 5 (Southeast Kootenay)
Student Lockers**

Mount Baker Secondary School

1410 Baker Street, Cranbrook, BC V1C 1B2

Phone: 250-426-5241 Fax: 250-426-5362 Email: mbss.mailing@sd5.bc.ca

***PLEASE NOTE: STUDENTS WILL NOT BE ASSIGNED A LOCKER OR LOCK UNLESS THE FOLLOWING FORM IS SIGNED
BY BOTH THE STUDENT AND THEIR PARENT/GUARDIAN***

ACKNOWLEDGMENT CONCERNING USE OF STUDENT LOCKERS

I acknowledge and understand that:

1. Student lockers are the property of the School District.
2. Student lockers remain at all times under the control of the School District.
3. I am expected to assume full responsibility for my school locker.
4. The School District retains the right to inspect student lockers for any reason at any time without notice, without student consent and without a search warrant.
5. My child and I have discussed the School District's locker policy and they are aware of their obligation to only use the school locker for school-related activities.

Student's Signature

Student First and Last Name (please print)

Parent/Guardian's Signature

Student Grade

Date

Locker Number (to be filled out by school)



**School District 5 (Southeast Kootenay)
Request Release of Student Records to School District 5**

Mount Baker Secondary School

1410 Baker Street, Cranbrook, BC V1C 1B2

Phone: 250-426-5241 Fax: 250-426-5362 Email: sarah.barnett@sd5.bc.ca

ADMINISTRATIVE PROCEDURE 320 - STUDENT RECORDS

PARENTAL CONSENT

In accordance with the Freedom of Information and Protection of Privacy Act, School District 5 (Southeast Kootenay) requires consent to use personal information for purposes related to educational programs. For this purpose, we request parental consent for the following:

Student Records

I give _____ permission to release the student records (confidential student file) they have on file for my child/ren to **Mount Baker Secondary School** in School District 5 (Southeast Kootenay).

Student's Name: _____ Grade: _____ DOB: _____

Signature: _____
(Parent/Guardian)

Date: _____

PREVIOUS SCHOOL INFORMATION:

School Name: _____

City/Province: _____

Phone: _____

Email: _____

School Use Only:	
Date(s) requested:	_____
File(s) received:	_____