LALME' IWESAWTEXW 2020 – 2021 SEABIRD ISLAND COMMUNITY SCHOOL

	REGISTRA	ATION FORIVI	
Office Use Only	Admission Date:		Grade
☐ New Student	☐ Transferring Student	☐ Returning St	tudent
	Certificate	•••	☐ Care card OR ☐ Care card number
tudent Information			
			Name:
Legal Middle Name/s: _		Birthdate	
Last School Attended: _		SIN #	
■ Non-Status	Band of Registry		
☐ Status			-
	Status Number		
Mailing Address: (Whe	re all important letters, report c	ards etc. will be sen	nt)
Street Address/Box Nur	mber:C	City/Town	Postal Code:
Email Address:			
Home Address:			Cell #
Street Address/Box Nur	mber:C	city/Town	Postal Code:
	cated on reserve: YES NC) Proof of Residence	ce:(with current
house address) Do you require bus trai	nsportation†□ YES □†NO Ac	44.000.	
	Person(s) living with student and	<u>-</u>	e day to day care)
Parent Type :		Parent Type :	
☐ Mother ☐ Father	☐ Foster Parent ☐ Other	☐ Mother ☐ Fa	ather
Last Name:		Last Name:	
Do you have legal guard			guardianship of student?
☐ Yes ☐ No		☐ Yes ☐ No Court orders of any kind in place?	
Court orders of any kind Yes No	d in place?	Court orders of an Yes No	ny kind in place?
(if yes, please attach	court documents)	(if yes, please a	attach court documents)
Contact Numbers Home:		Contact Numbers Home:	
		Work:	
Cell:		Cell:	
Cell: Text Only No Home Phone		Cell: Text Only	
	rovide us with a number where		ase provide us with a number where
we can leave a phone r		we can leave a ph	
message number:		message number:	:
E-mail Address:		E-mail Address:	
egal Guardian/Social W	Jorker Contact Information	Not Applicable	
Last Name:	orker contact information	1	
First Name:	orker contact information	Last Name:	
Address:		First Name:	
		First Name: Address:	
		First Name: Address:	Postal Code

Email: _

Email:

Preferred method of contact: ☐ Email ☐ Phone ☐ Text STUDENT MEDICAL INFORMATION Student Name: Care Card No: ___ Family Doctor: Phone: **Life Threatening Health Condition Exists** Yes 🗖 No 🚨 (If yes, please describe) Other known health conditions Yes 🗖 No 🗖 (If yes, please describe) Yes 🗖 No 🗖 Letter of authority to administer any medications on file Yes 🗖 No 🚨 **Known allergies** (If yes, please describe) In the event that your child needs to be picked up from school due to illness, accident, behaviour etc. and parents/guardians are not available, please provide us names and phone numbers of those who have transportation and can pick up your child if requested. It is necessary to keep us informed of any contact changes through the year. Last Name: _____ Last Name: _____ First Name: _____ First Name: Home number: Home number: Cell number: ___ Cell number: ___ Relationship to student: Relationship to student: Last Name: _____ Last Name: First Name: _____ First Name: Home number: _____ Home number: Cell number: ____ Cell number: ____ Relationship to student: ___ Relationship to student: Email: _____

In the event of a natural disaster, such as an earthquake where you are unable to get access to the school, please indicate those individuals you are authorizing as pick-up designates at evacuation sites: (Only those identified will be allowed to pick up your child(ren). All designates will be required to show identification before child(ren) are released.

Full Name	Relationship	Phone Number	Cell or Email

Signature	Date

Personal Information Protection Act

Signature:

image for those purposes.

Seabird is committing to safeguarding the personal information of parents and students and to meeting or exceeding the privacy standards established by the British Columbia Personal Information Protection Act.

Seabird collects, uses, and discloses personal information about our students for the following purposes:

To communicate with students and parents, to process applications and to meet legal and regulatory requirements regarding student records

To develop and deliver the school's educational and extra-curricular programs including curriculum development and teacher training

To ensure the health and safety of our students, including the delivery or development of specialized services to meet particular mental or physical needs

To assess suitability scholarships, bursaries, and other financial awards

To provide references to support post-secondary or other applications by students

To document school activities, and to communicate information about school activities to students, parents, funders, potential students, our community and the general public

For additional purposes identified when or before information is collected

[as otherwise provided in Seabird's Personal Information Privacy Policy, a copy of which is available upon request]

I consent to Seabird's collection of personal information about my child, including student identification information, birth certificate, legal guardianship, court orders if applicable, parental contact information, doctor's name and number, health insurance number, and any similar information for the purposes listed above.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on the behalf of Seabird to Seabird's staff, funders, educational partners, agents, and contractors for the purposes outlined above.

I have been advised that from time to time, Seabird may collect my child's image in photographs, pictures, or videos for the purposes outlined above, and I hereby consent to Seabird's use and disclosure of my child's

Date: _

Permission for all field trips for the School year	
I give permission for my childschool for this school year.	to go on any field trip with the
Signature:	Date:
Note: There will be notices sent out prior to all field trips informing	ng you of all the details.

Yes I have received Policy 002: Student Code of Conduct
Yes I have received Policy 053: Student Transportation
Yes I have received the 2020-21 Student/Parent Handbook
Yes I have signed the Student/Parent Enrollment Agreement
Yes I would like to participate in PAC this Year

I hereby authorize the re	elease of appropriate information and records
Concerning :	
to	Seabird Island Community School
Signed:	(Parent/Guardian)
Date:	
If you have any questions	s please give me a call at :
Phone #	
Cell #	
Seabird Island Community S	chool
Mailing: PO Box 530	Phone : 604-796-3061
Agassiz BC	Fax: 604-796-3068

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