



Abbotsford School District
AP 336-1 School Registration Form

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/Placed School _____

STUDENT INFORMATION

Gender ☐ Male ☐ Female

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 or Utility Bill. In addition, one of the following three documents containing the name and address of the parent/guardian is required: Bank Statement, Credit Card Statement or Government Document (MSP bill).

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 ONLYAttended Preschool ☐ Yes ☐ No Attended Daycare ☐ Yes ☐ No Attended StrongStart ☐ Yes ☐ No

Previous School _____ City/Prov. _____

BUSSINGIs bussing needed ☐ Yes ☐ No If Yes, please request a school district transportation form.**ABORIGINAL ANCESTRY INFORMATION**☐ Inuit ☐ Metis ☐ Non-Status ☐ Status on Reserve ☐ 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

If so, please explain briefly _____

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

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			
Gender (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 417 – Information & Communication Services and AP 334 - Social Media. 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.

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 _____ MyBCEd# _____

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.