

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) _____

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

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 _____ 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.

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 **Eugene Reimer Middle School** _____

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

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 334-1 Google for Education – Consent Form

This consent form is provided to parents and students so that an informed choice may be made with regard to consent to use Google for Education.

Abbotsford School District provides teachers and students access to a district-managed Google for Education account. Each student may have their own secure login and password to access Google. Google for Education differs from consumer Google in that there is no tracking of user data or advertising. To use the Google for Education platform, personal information (student name, grade, and school) will be collected by the Abbotsford School District under the authority of the *Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about this collection, please contact the school principal.

As all account and content information is hosted by Google on servers outside of Canada, there are important limitations to the type of information that can be shared within Google for Education. Google tools are for educational use only, including content related to classroom assignments, projects, and curriculum related work. Since the servers are not located in Canada, steps must be taken by all users to ensure that sensitive, confidential and/or personally identifiable information is not shared in any emails, attachments, files, and documents created or uploaded into the district-managed Google for Education platform.

According to the Google for Education Terms of Service, all information shared with Google is owned by the school district and can be removed at any time. While stored outside the country, information in the Google account may be subject to the laws of foreign jurisdictions including, in the United States, the *USA Patriot Act*. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

Parent/Guardian Consent

Select **only one** of the following:

☐ I have read and understand the information above and **consent** to the use of Abbotsford School District's Google for Education services. This consent will be considered valid from the date on which it is signed until completion of grade 12.

☐ I have read and understand the information above and **I do not consent** to the use of Abbotsford School District's Google for Education services.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed (MM/DD/YYYY) _____

Student Consent:

☐ I agree that I will use the above services appropriately and for learning.

Name of Student: _____

School: **Eugene Reimer Middle School** Grade: _____

Student Signature: _____

AP 334-3 Bring Your Own Device (BYOD) – Consent Form

This consent form is provided to parents 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, Chromebook 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 - Online Communications & Digital Learning. 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 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 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: _____



Eugene Reimer
Middle School



PHYSICAL EDUCATION NOTICE AND CONSENT FORM

Dear Parents/Guardians:

The Physical Education department at Eugene Reimer Middle wanted to take an opportunity to welcome you back to school and give you some information about our program. We are happy to say that our department is rich with Physical Education experience and has teachers that are experts in a variety of areas. The department is looking forward to another excellent year.

Fitness off Campus

During the school year we plan to take your son/daughter on walks or longer runs throughout the streets and neighbourhoods surrounding Eugene Reimer Middle School. At all times students will be asked to stay off private property and use all crosswalks and streetlights to maximize their safety. Occasionally, we will also use the facilities at Rick Hansen Secondary, Harry Sayers Elementary, and Ridgeview Park (5 minute walk from Reimer). Parents will be notified of any other field trips through their individual teachers.

Lockers

The use of day lockers in the change room at Eugene Reimer Middle is recommended, as the department will not be responsible for any lost or stolen items. There have been thefts in previous years and the only way we can stop this problem is if students lock their clothes and belongings in a locker during their PE class! Students are requested to purchase a lock for their PE locker during gym times. (These locks are not to be used for their school hallway locker.) If students leave any lock on a PE locker for more than one day, the lock may be cut off and items will be put into a lost and found bin.

PE Strip

Students are to wear PE strip (athletic wear) that is different from the clothes they have worn to school that day. Students are expected to participate in activities outside in various types of weather. We expect students to have a pair of non-marking athletic shoes that are clean so we can maximize the life of the gym floor.

When a student does not bring their PE strip to school, it will be up to the individual teacher to decide the consequence for the day. However, students who forget their strip on a regular basis will lose marks and could be referred to the principal or vice-principal.

Evaluation

Students will be evaluated in a number of areas in the Physical Education Program. The goal of the department is to promote lifelong physical activity. Therefore our emphasis will be to create a program where students enjoy physical activity, see the benefit of it, and work to improving their overall

fitness. Evaluation of each student will be based upon (may vary with each individual teacher and grade level):

1. Participation and Safety: which includes cooperating, having a good attitude, being prepared with appropriate strip, keeping others in mind, and an ability to give their best effort on a daily basis.
2. Skill Development: which includes never giving up on developing their gross and fine motor skills.
3. Knowledge: which includes developing an understanding of the rules and general play of any chosen sport or activity.
4. Fitness: which includes trying to improve their personal fitness level on a daily basis and working towards achieving minimal fitness standards for their age and gender group.

****Very Important****

Please fill out the consent form below and return to your son's or daughter's PE teacher. If you have any questions, please do not hesitate to contact your child's teacher.

Physical Education Parent/Guardian Consent Form

I give my permission for my child, _____, to participate in Physical Education classes at the fields of Ridgeview Park, Harry Sayers Elementary, and Rick Hansen Secondary.

I also understand my child will be walking or running off campus and will be expected to stay off private property, obey all traffic signs, crosswalks, and streetlights.

Medical Concerns, if any: _____
(Please also include this information on BCeSIS Student Information Verification)

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



We are pleased to announce that our school has been accepted into the
BC School Fruit and Vegetable Nutritional Program

(Administered by the BC Agriculture in the Classroom Foundation and supported by the Province of British Columbia and the Provincial Health Services Authority)

Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh BC fruits and vegetables to our students *during class time*. Our students will receive these healthy treats 12 times over the school year at **no charge!**

For students in grades K-5, there is also the option to have milk delivered along with the fruit and veggies, again, at **no charge**.

(A percentage of +Milk delivery will be fortified soy beverage for people with lactose sensitivities)

To ensure every student's health and safety please return this consent form.

Student's Name: _____

Teacher's Name: _____

Grade: _____

YES I wish my child to participate in the BC School Fruit and Vegetable Program +Milk (as applicable)

NO I do not wish my child to participate in the BC School Fruit and Vegetable Program +Milk (as applicable)

MEDICAL ALERT My child has food allergies you need to be aware of and therefore he/she may not be able to participate in every offering. To assist you, below is information on my child's "allergy profile".

Please list allergy(s) and define allergy profile(s):

For Example:

- ☐ It is airborne
- ☐ It is by ingestion only
- ☐ It can be contracted through touch – the skin.

If you need further guidance in this area, please contact me at: _____

Parent/Guardian's Name: _____
(please print)

Signature: _____

COURSE & PROGRAM SELECTIONS

Second language, Band & Soccer Academy



Eugene Reimer
Middle School

*** Parent or Guardian must complete form ***

Dear Parent/Guardian,

We are currently in the process of planning schedules for the next school year and require some information about student course selections.

Student Name: : _____
(First Name) (Middle Name) (Last Name)

Grade level September: _____ Gender: _____ Birthdate: _____

Second Language Class Preference: *(check one only)*

FRENCH or PUNJABI

Please understand there will be no changes allowed after June 30th.

INTERESTED IN TAKING BAND?

Yes

No

INTERESTED IN SOCCER ACADEMY?

Yes

No

We appreciate your assistance in helping us plan for your child's successful education at Eugene Reimer Middle School. If you have any further questions, please do not hesitate to call the Principal or Vice-Principal.

Parent/Guardian Signature: _____ Date: _____

This is an important notice, please have someone translate it.

ਇਹ ਇੱਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਤੋਂ ਇਸ ਦਾ ਅਨਵਾਦ ਕਰਵਾਓ।

Office Date Stamp

3433 Firhill Drive
Abbotsford BC V2T 6X6

Tel: 604.504.5343
Fax: 604.852.0465

eugeneireimer.abbyschools.ca