



WJ Mouat
Secondary School



Welcome to W.J. Mouat Secondary School

STUDENT NAME: _____ GRADE: _____

Designation/IEP: _____ HOME LANGUAGE: _____

PARENT/LEGAL GUARDIAN - Please sign and complete the following

- Registration Form
- Confidential Release Form

ALL REGISTRATIONS MUST HAVE THE FOLLOWING ACCOMPANYING DOCUMENTS:

- A copy of the students most recent report card (as well as their IEP package if applicable)
- Proof of Parent's Cdn citizenship or PR (families on work/study permit must register at the School Board Office)
- A copy of the student's birth certificate or passport
- Custody papers (if applicable)
- Proof of address (2 required - see below)

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 (documents must show current date, address and parent/legal guardian name)

- Mortgage document, rental or lease agreement, property sales agreement, property tax notice, home insurance or utility bill.

In addition, one of the following documents containing the name, address of the parent/legal guardian and a current date is required:

- Government document ie: child tax credit, current income tax assessment, all pages of current vehicle insurance, most recent T4.

*The principal of a school may request a properly sworn statutory declaration from the enrolling parent/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.

PLEASE NOTE THAT INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

COURSE PLANNING information and details of programs offered are on our website under the tab "Students Services" <https://wj mouat.abbyschools.ca/students/student-services/course-selection>. Students are encouraged to take pride in, and ownership of their school by getting involved outside of the classroom.

- Any questions please email: sherri.draayers@abbyschools.ca

AP 336-1 School Registration Form

(use the Tab key to navigate the fields)

Clear All Entries



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) _____

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.

As parent(s)/guardians(s) of:

Date of Birth: _____
 year month day

Address: _____

<input checked="" type="checkbox"/> Custody/Restraining Orders	<input checked="" type="checkbox"/> Behaviour Assessments
<input checked="" type="checkbox"/> Legal Matters	<input checked="" type="checkbox"/> ESL/LAC Reports
<input checked="" type="checkbox"/> Medical/Health Reports	<input checked="" type="checkbox"/> Psychologist Reports
<input checked="" type="checkbox"/> Parent Release Forms	<input checked="" type="checkbox"/> School Based Team Reports
<input checked="" type="checkbox"/> Student Services Referrals/Reports	

Abbotsford School District #34

Date: _____

Date: _____