



## 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)
- Evidence of guardianship (long birth certificate) PLUS photo identification of the parent or legal documents showing guardianship plus photo identification.
- 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, evidence of guardianship and proof of residency must be provided. These documents include photo identification of the parent/legal guardian, evidence of guardianship as shown on the child's long-form birth certificate or another legal document, and the child's birth certificate. Evidence of residency is required by providing one primary source and one secondary source reflecting the parent/legal guardian's name and address as per Administrative Procedure, Section 2.

- Primary sources must be current-dated documents that include utility/electricity bills, Canada Revenue Agency documents, and BC Medical Services Plan invoice/statement.

- Secondary sources must be current-dated documents that include: internet service for the address, Subject-Free Home Purchase contract, Insurance statements/policies, Health documents (medical reports or letters) or Employment pay slips

\*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.

**COURSE PLANNING** information and details of programs offered are on our website under the tab "Students Services" <https://wjmouat.abbschools.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@abbschools.ca](mailto:sherri.draayers@abbschools.ca)

## 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 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, evidence of guardianship and proof of residency must be provided. These documents include photo identification of the parent/legal guardian, evidence of guardianship as shown on the child's long-form birth certificate or another legal document, and the child's birth certificate. Evidence of residency is required by providing one primary source and one secondary source reflecting the parent/legal guardian's name and address as per Administrative Procedure, Section 2. Primary sources must be current-dated documents that include utility/electricity bills, Canada Revenue Agency documents, and BC Medical Services Plan invoice/statement. Secondary sources must be current-dated documents that include: internet service for the address, Subject-Free Home Purchase contract, Insurance statements/policies, Health documents (medical reports or letters), Employment pay slips

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 and will result in the school principal repealing the student's placement.

### 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 \_\_\_\_\_

**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 323 – Support for Students with Type One Diabetes, 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, the 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. I will review this policy and expectations with my child

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)**

<b>Office Use Only</b>	
Date Rec’d _____	Time Rec’d _____
Received By _____	Computer User Agreement Rec’d <input type="checkbox"/> Yes <input type="checkbox"/> 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 112-1 Release of Confidential Information

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

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*year*
*month*
*day*

I (We) hereby authorize:

School Name \_\_\_\_\_, (Previous school)

Address: \_\_\_\_\_

to release the following confidential records concerning my above named child:

- |  |   |
|--|---|
| <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 |   |

to the following person(s) or agency.

W.J. Mouat Secondary

Abbotsford School District #34

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_