



STUDENT NAME: _____

GRADE: _____

DESIGNATION/IEP - Please choose one ☐ YES ☐ NO

HOME LANGUAGE: _____

PARENT/LEGAL GUARDIAN - Please sign and complete the following.

- Registration Package
- Release of Confidential Information

ALL REGISTRATIONS MUST HAVE THE FOLLOWING ACCOMPANYING DOCUMENTS**

- Student's most recent report card - *IEP package if 'Yes' was selected above.*
- Student's birth certificate or passport
- Parent's/Guardian proof of Canadian citizenship or PR - *Families on work permit must register via the International Department.*
- Parent/Guardian proof of guardianship (*ie. long birth certificate, custody agreement, landed immigrant document*)
- Parent/Guardian photo identification.
- Proof of address (2 required) - *Accepted proof of address listed below*

To ensure the child being registered qualifies for Ministry of Education funding, the biological parents/legal guardians' status and the biological parents/legal guardians' residency need to be established. 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.

ACCEPTED PROOF OF ADDRESS – *Must be current dated documents showing the address of residence with the name of parent/guardian. If 1 primary source cannot be provided, please supply 2 secondary sources*

1 Primary Source of Residence

Utility Bill (*gas/electricity*)
Canada Revenue Agency Document
BC Medical Services Plan (*invoice/statement*)

1 Secondary Source of Residence

Subject-Free Home Purchase contract
Insurance statement or policies
Health Document (*medical reports or letters*)
Employment Pay Slip
Government Document (*MSP bill, T4*)
Internet Service (*for residence*)

The Abbotsford School District **does not accept** rental agreements, online screenshots of addresses (as these can be easily altered), or banking information. The Driver's license is accepted for photo ID of the parent/guardian, but not for proof of address.

* If the school is not satisfied that the documentation adequately demonstrates that the stated address is the student's principal place of residence, further proof of residence, showing the same address may be required.

****INCOMPLETE REGISTRATIONS WILL BE RETURNED & NOT PROCESSED.**

Please email registrations/questions to wjmouat.records@abbyschools.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, 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) _____
SUPPORT NEEDS
 Does this student require additional supports for social and emotional needs? ☐ Yes ☐ No

 Does this student require additional supports? ☐ Yes ☐ No

 If yes, ☐ Behaviour intervention plan ☐ Safety plan

**This information will only be used to initiate a dialogue between the family and the school with the aim of better supporting the student and the family with a goal of successful transition to the school district.*

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.

AP 112-1 Release of Confidential Information (Red Folder)

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

Student Name: _____

Date of Birth: _____
DAY MONTH YEAR**Outgoing Information**

I (We) hereby authorize: **W.J. Mouat Secondary School**
32355 Mouat Dr. Abbotsford BC - School District No. 34

to release the following confidential records (if applicable) to a school my student is transitioning to or to an outside agency working alongside the above-named student.

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

Signature: _____

Date: _____

Request for Incoming Information

I (We) hereby authorize the school/agency my student is currently or previously registered with:

School / Agency Name: _____

to release the following confidential records (if applicable) to:

W.J. Mouat Secondary School
32355 Mouat Dr, Abbotsford V2T 4E9

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

Signature: _____

Date: _____