

# STUDENT REGISTRATION PACKAGE



WJ Mouat  
Secondary School

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

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

- Registration Package
- Release of Confidential Information
- Student Reunification Release Form

**REQUIRED DOCUMENTS** – *All registrations require the following documents*

- 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 - *long birth certificate, custody agreement, or landed immigrant document*
- Parent/Guardian photo id – *Driver's license, BC service card, Passport, or PR card*
- Proof of residence (2 required) - *Accepted proof of residence listed below*
- Student's most recent report card - *IEP package if applicable*
- Course Selection Sheet – *Available on Mouat website or at the Main Office*

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** – *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 Proof of Residence Examples**

Utility Bill (*electricity/gas/water*)  
Canada Revenue Agency documents (*child tax, income tax, ect*)  
BC Medical Services Plan (*invoice/statement*)

## **Secondary Proof of Residence Examples**

Subject-Free Home Purchase Contract  
Insurance Statements/Policies  
Employment Pay Slip  
Recent T4

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 NOT BE ACCEPTED\*\***

*Please email registrations/questions to [wjmouat.records@abbyschools.ca](mailto:wjmouat.records@abbyschools.ca)*

## AP 336-1 School Registration Form for Secondary School

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 register online at: <https://www.awinfosys.com/das/sd34/public/BussingRegistrationNew.asp>

**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) \_\_\_\_\_

**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 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) \_\_\_\_\_

## 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: \_\_\_\_\_

# Student Reunification Release Form - Secondary

 School: 

 Year: 

For the safety and well-being of students, the school may implement a "controlled release" in the event of an emergency or disaster. The school administrator may release the student if the situation is deemed to be safe and the student is considered not to be at risk. Upon release, a record shall be kept of the temporary guardian's name, or the fact the student was released into their own care, along with the date and time of their release, a contact phone number, and their expected destination(s). In light of this statement, you are asked to choose one of the following responses:

- If we are unable to reach the school, we authorize the release of our child(ren) into their own care, provided the situation is deemed safe and our child is not considered to be at risk.
- If we are unable to reach the school, we do not want our child to be released unless one of the adults authorized below is able to claim our child (with the exception of medical/response personnel).

## Release Information:

List of your children at this school (oldest to youngest)

First Name	Last Name	Grade

Parent(s)/Legal Guardian(s)

Name (First, Last)	Home Phone	Cell Phone	Email

Additional people authorized to pick up student(s)

Name (First, Last)	Home Phone	Cell Phone	Email

Out of Region Contact Person (within Canada)

Name:  Email:

Home Phone:  Cell Phone:  Province:

## Office Use Only - Release Confirmation

 Picture ID:  Confirmed  Not Available  Identification confirmed by staff 

 Destination:  Time:  Staff Initial: 

 Parent/Guardian/Designate Signature: 

### OFFICE USE ONLY

Last Name of Oldest Student

### Released to:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

### Released to own care:

<input type="checkbox"/>	Yes
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Please complete unshaded areas. Do not tear or remove this section.

Student Release List:

First Name	Last Name	Grade

### Released

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

- 1) Proceed to gate/table: \_\_\_\_\_
- 2) Show this form to the staff member at the gate/table
- 3) The staff member will locate the student(s) and bring them to you
- 4) Once you have the student(s), please exit the school grounds

Release Teacher Initials: \_\_\_\_\_

## Instructions to Complete this Form

1. ONLY custodial parent(s) or guardian(s) may complete and submit this form.
  - In the event of a serious emergency, via this form you are authorizing school staff to release your child(ren) to the custody of the individual(s) listed on the other side of this form
  - The school may in the event of a serious emergency release your child to medical/response personnel as necessary.
2. Please complete all sections of this form except the shaded areas (including the bottom section).
  - **Important: Please leave the shaded areas blank**
3. Complete 1 form for each SCHOOL that your children attend.
  - For example: If you have children in elementary school and secondary school, you will complete 2 forms.
4. Please **DO NOT** tear or remove the bottom of this form.
5. Fill in the names of parent(s)/guardian(s) or authorized others as they appear on their identification.
6. Return the completed form to the school.
7. Inform EVERY authorized person you have listed that they are to pick-up your child(ren) at the school in the event of a significant emergency, such as a damaging earthquake. Share with them the school's processes and your family's emergency plan in the event of a major disaster.

**This email contains important information.  
Please have it translated.**

ਇਸ ਈਮੇਲ ਵਿੱਚ ਮਹੱਤਵਪੂਰਣ ਜਾਣਕਾਰੀ ਹੈ।  
ਕਿਰਪਾ ਕਰਕੇ ਇਸਦਾ ਅਨੁਵਾਦ ਕਰੋ।

يحتوي هذا المستند على معلومات مهمة حول مدرسة طفلك. يرجى ترجمته.

매우 중요한 공지문이니, 반드시 번역하여 내용을 숙지하십시오.

Hãy dịch nó sang tiếng Việt. Đây là một thông báo quan trọng.

Este documento contiene información importante sobre la escuela de su hijo/hija. Háganlo traducir por favor.

## Additional Information

### Emergency Reunification Background

In the rare event of a significant emergency or disaster, the school may use its emergency student reunification process. Examples of disasters where emergency student reunification may be used include but are not limited to:

- A major locally damaging earthquake,
- Overland flooding, or
- Other life-threatening regional or school emergencies.

### Additional People Authorized to Pick-Up Students

While we don't like to contemplate it, during major emergencies some parent(s)/guardian(s) may not be able to get to the school to pick-up their child(ren), either because they are unable, or roads/bridges are blocked. Therefore, all parent(s)/guardian(s) are encouraged to authorize 3 additional adults to pick-up their child(ren) in the event of a major emergency, such as a damaging earthquake. When considering authorizing these people, they ideally should be:

- An adult (over 19 years of age).
- A trusted individual, such as a close friend, family member, or neighbour.
- Physically able to travel to the school despite some obstacles in the community.
- Located near the school during much of the school day (on average).
- Able to speak English (Optional: An asset post-disaster as translators will likely be limited).

**\*\*Those authorized to pick up students will require a piece of identification upon arrival at the school. \*\***

### Out of Region Contact

This is a trusted adult who resides outside of the area impacted by the disaster; typically, someone who lives outside of Metro Vancouver. They can be important as a central contact for all members of your family following a major disaster, such as an earthquake. It is an asset for this person to be competent using computers and technology and to be live within Canada.