

K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?

☐ YES ☐ NO



TO BE COMPLETED BY OFFICE: (Please ensure Proof of Age and Residency are provided and initial in allocated area)

CATCHMENT SCHOOL: _____	Date: _____	STAFF INITIALS <div style="border:1px solid black; width:100px; height:40px; display: inline-block;"></div>
Information Verified By (Staff Name): _____		
<input type="checkbox"/> Current Year: Enrollment Date: _____	Grade: _____	
<input type="checkbox"/> Next Year: Date of Registration: _____	Time of Registration: _____	Current/Next Grade: _____
<input type="checkbox"/> Cross Boundary: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Name of Cross Boundary School Requested: _____		

REGISTRATION DOCUMENTATION:

Proof of Legal Guardianship:	Proof of Residency (Parent/Guardian):	Proof of Physical Address (for catchment):
<input type="checkbox"/> Birth Certificate (LONG Version with Parent Names) <input type="checkbox"/> Landed Immigrant Document <input type="checkbox"/> Guardianship Order <input type="checkbox"/> Income Tax Statement (Children are Declared)	<input type="checkbox"/> BC Driver's License <input type="checkbox"/> BC Services Card (PHN) <input type="checkbox"/> ICBC Registration Document <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas or <input type="checkbox"/> Cable Bill <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Employment Pay-Slips (Current)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas or <input type="checkbox"/> Cable Bill <input type="checkbox"/> Mortgage Statement
Proof of Child's Age: <input type="checkbox"/> Canadian Birth Certificate / <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License / BC Services Card (if over 19)		

TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):

STUDENT INFORMATION:

LEGAL Name:	_____	_____	_____
	(Last Name)	(First Name)	(Middle Name)
USUAL Name:	_____	_____	_____
	(Last Name)	(First Name)	(Middle Name)
Date of Birth: _____	Age: _____	Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F / Preferred Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
	(MM-DD-YYYY)		
Phone(s)/Email:	_____	_____	_____
	(Student Home)	(Student Cell)	(Student Work – if applicable)
Address: _____	_____	_____	_____
	(Apt. #, Street Name)	(City)	(Province, Postal Code)
Mailing Address (if different from above): _____			

CITIZENSHIP (Student and Parent):

<i>Student:</i>	Country of Birth: _____	Citizen of: _____	Immigration Status: _____
<i>Parent:</i>	Country of Birth: _____	Citizen of: _____	Immigration Status: _____

LANGUAGE:

First Language: _____	Used at Home: _____	Most Used: _____
-----------------------	---------------------	------------------

INDIGENOUS ANCESTRY: ☐ NO ☐ YES / If YES, please tick the applicable ancestry below:

<input type="checkbox"/> Inuit	<input type="checkbox"/> Metis	<input type="checkbox"/> Non-Status	<input type="checkbox"/> Status-Off Reserve	<input type="checkbox"/> Status-On Reserve
Band of Origin: _____ Band of Residence: _____				

FORMER SCHOOL / STRONGSTART:

Name of Former School: _____	School District #: _____	City: _____
Has student ever attended a Mission School or StrongStart Program ? <input type="checkbox"/> NO <input type="checkbox"/> YES: School Name: _____		

MEDICAL:

Personal Health Number (PHN): _____

Does the student have a life-threatening medical condition? ☐ NO ☐ YES / If YES, please provide details below:Does the student have any other medical or health concerns? ☐ NO ☐ YES / If YES, please provide details below:**DISABILITIES and/or DIVERSE ABILITIES (please provide any applicable documentation):**Identified Disability and/or Diverse Ability (including supports for Social and Emotional Needs): ☐ NO ☐ YES

If YES, please provide details:

Student currently has an **Individualized Education Plan (IEP)** ☐ NO ☐ YES: If YES, Current Designation(s):**PARENTS/LEGAL GUARDIANS:****Parent/Legal Guardian #1.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Living with Student? ☐ YES ☐ NO / Has Custody? ☐ YES ☐ NO / Can Pick-Up? ☐ YES ☐ NO / Speaks English? ☐ YES ☐ NO

Address if Different from Student's: _____

Parent/Legal Guardian #2.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Living with Student? ☐ YES ☐ NO / Has Custody? ☐ YES ☐ NO / Can Pick-Up? ☐ YES ☐ NO / Speaks English? ☐ YES ☐ NO

Address if Different from Student's: _____

CUSTODY:Are there any legal documents in force re: Custody / Guardianship / Access? ☐ YES ☐ NOIf YES, have you provided the school with a copy of these legal documents? ☐ YES ☐ NO**CUSTODY-Agency Representative: (e.g., MCFD)**☐ Continuing Custody Order ☐ Temporary Custody OrderIf YES, have you provided the school with a copy of these legal documents? ☐ YES ☐ NO**EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)****Contact #3.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____ Can Pick-Up? ☐ YES ☐ NO / Speaks English? ☐ YES ☐ NO
(Check Those That Apply: ☐ HOME / ☐ CELL / ☐ WORK)**Contact #4.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____ Can Pick-Up? ☐ YES ☐ NO / Speaks English? ☐ YES ☐ NO
(Check Those That Apply: ☐ HOME / ☐ CELL / ☐ WORK)**Out of District Contact:**First and Last Name: _____ Contact No.: _____ Can Pick-Up? ☐ YES ☐ NO**I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE
and acknowledge that it is my responsibility to ensure I notify the school of any changes to this information.**

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature (if student is under 19): _____ Date: _____

Date: _____

ATTN: STUDENT RECORDS

School: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

RECORDS REQUEST:The following student(s) has/have registered to attend our school effective: _____
(MM-DD-YYYY)1. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)2. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)3. Student Name: _____ Date of Birth: _____ Grade: _____
(MM-DD-YYYY)

Additional Information: _____

Please forward all pertinent student information with their G4 file(s) (including Transcripts, Permanent Record Card, Report Cards, Assessments, Individual Education/Behaviour Plans, etc.) whether considered confidential or privileged, to:

School/Address: _____

Phone/Fax No's: _____ Email: _____

Attention: _____, Administrative Assistant

PARENT/GUARDIAN AUTHORIZATION FOR FILE RELEASE:

I/We hereby authorize the release of the student G4 file/information as indicated above.

Signature of Parent/Guardian: _____ Date: _____

Phone: _____ Cell: _____ Email: _____

Signature of Parent/Guardian: _____ Date: _____

Phone: _____ Cell: _____ Email: _____

Digital Tools, Platforms, Media & Internet Consent Form



The personal information on this form is collected by Mission Public Schools under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to:

Information and Privacy Coordinator, Mission Public Schools, 33046 4th Avenue, Mission, BC V2V 1S5 | 604-826-6286 | privacy@mpsd.ca.

STUDENT INFORMATION

STUDENT'S LAST NAME	STUDENT'S FIRST NAME
PARENT / GUARDIAN'S LAST NAME (*not needed for adult students)	PARENT / GUARDIAN'S FIRST NAME (*not needed for adult students)

CONTACT INFORMATION

PARENT/ GUARDIAN/ ADULT STUDENT DAY PHONE	ALTERNATE PHONE	EMAIL ADDRESS
---	-----------------	---------------

SCHOOL NAME

A – Consent for Digital Tools & Platforms Use

Your (adult student) /Your child's school may be using one or more of the following tools to enhance their learning experience ([further info at: http://www.mpsd.ca/Programs-Services/it-help](http://www.mpsd.ca/Programs-Services/it-help)).

(*Elementary schools use some different platforms from Middle/Secondary schools)

- **My Blueprint (Education Planner):** A career education tool for personal exploration.
- **Microsoft 365:** A platform for managing school assignments and collaboration, including access to Office Online and OneDrive.
- **Spaces EDU:** A digital portfolio to document learning through notes, pictures, videos, and self-assessments (Elem/Middle only)
- **Brightspace** (Secondary schools only): A cloud-based Learning Management System supporting online and blended learning.

Key Information:

- Accounts comply with [FOIPPA regulations](#), ensuring secure data storage.
- Digital portfolio content is password-protected and accessible only to students, teachers, and parents/guardians.
- Alternative assignments will be provided for students without consent. (*MyBlueprint (Education Planner), and Brightspace ONLY)

By signing below, I acknowledge and consent to the following:

- Myself (adult student)/My child using the above mentioned tools and platforms:
My Blueprint (Education Planner), Microsoft 365, Spaces EDU, and Brightspace.
- Teachers, administrators, and myself accessing my (adult student)/my child's work on these platforms.
- Respecting the privacy of other students when viewing shared work.
- My (adult student)/My child's participation in media-related activities (if permitted).
- Collaborative images/videos may feature my (adult student)/my child and other students. **I agree not to post names or likenesses of other students on social media.**
- My (adult student)/My child's image may appear in other students' portfolios: ☐ YES ☐ NO

B – Consent for Photographs, Video, and Media

Mission Public Schools cannot control media coverage at public events where students voluntarily attend.

Student names, images, or audio recordings may be used for the following purposes:

- Class Photos, School Yearbooks**

- ☐ YES, I consent to the release of my child's picture and information for the class photo/yearbook.
- ☐ NO, I do not consent to the release of my child's picture and information for the class photo/yearbook.

- School/District Website, Newsletters, Social Media, or Special Event Presentations**

- ☐ YES, I consent to the release of my (adult student)/my child's picture and information for these purposes.
- ☐ NO, I do not consent to the release of my (adult student)/my child's picture and information for these purposes.

C – Consent for Internet, Network and Wi-Fi Access

By signing below, both the student and parent/guardian agree to abide by the [Internet, Network, Wi-Fi Access for Students Administrative Procedure](#) (click to read). *Adult students sign for themselves

Student Agreement

I, _____ (Student Name), have read and understood the procedure and agree to follow the rules and regulations. I understand that violating these rules may result in disciplinary action, including the termination of my network access.

Student Signature: _____ Date: (MM-DD-YYYY) _____

Parent/Guardian/Adult Student Consent

I have read the [Internet, Network, Wi-Fi Access for Students Administrative Procedure](#) and consent to my/ my child's use of the Mission Public Schools Network, Internet, and Wi-Fi. I understand that these services are intended for educational purposes.

In consideration of the privilege of using the MPSD.CA Network, I hereby release Mission Public Schools, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my/my child's use of, or inability to use, the MPSD.CA Network, including, but not limited to, claims that may arise from the unauthorized use of the system to purchase products or services. I am aware of (adult student)/I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the [Internet, Network, Wi-Fi Access for Students](#). I am aware of (adult student)/I will emphasize to my child the importance of following the rules for personal safety and understand that it is impossible for Mission Public Schools to restrict access to all controversial materials, and I will not hold Mission Public Schools responsible for materials acquired via its networks.

- ☐ YES, I give consent to (adult student)/my child to access the MPSD.CA Network, Internet, and Wi-Fi.
- ☐ NO, I do not give consent to (adult student)/my child to access the MPSD.CA Network, Internet, and Wi-Fi.

PARENT/ADULT STUDENT SIGNATURE, CONSENTING TO SECTIONS A, B AND C:

SIGNATURE

DATE

Walking Field Trip Permission Form

PLEASE READ CAREFULLY AND COMPLETE, SIGN, DATE AND SUBMIT TO THE CLASSROOM/HOMEROOM TEACHER OR OFFICE

(The consent is in effect for the duration of your child's attendance at a school. PLEASE NOTE: the consent can be revoked at any time by contacting the school)

STUDENT NAME <i>(Print Usual First and Last Name)</i>	GRADE	SCHOOL

From time to time during school hours, teachers find opportunities to enhance student learning with walking field trips outside the classroom. These 'walking field trips' may be spontaneous, taking advantage of the weather or to collect or see something in the neighbourhood, and may also occur on a regular basis. Such field trips may include, but are not limited to, the following:

- Nature Walks
- Neighbouring School Events
- Terry Fox Run
- Neighbourhood Improvement Projects
- Fitness Breaks / Walks or Runs for Physical Education Classes
- Use of a Local Community Playing Field, Park, or Tennis Court
- Sketching Classes

SUPERVISION:

The classroom teacher will directly supervise walking field trips. Depending on the grade level and the nature of the activity, additional supervision may be provided by teachers, education assistants, or parents/guardians to meet the supervision requirements outlined in [Field Trips Administrative Procedure](#). At all times, teachers will endeavour to ensure the safety of students during these excursions.

RISK REDUCTION:

Although walking field trips are considered low risk for accidents, or personal injury to students, there are risks that could occur, including falling, danger from cars, and not following teacher instructions/directions. Classroom teachers will discuss behavioural expectations with students and take the appropriate safety precautions before embarking on the walking field trip, to minimize risk and enhance the safety of each student.

PARENT/GUARDIAN WALKING FIELD TRIP CONSENT:

Walking field trips are impromptu in nature, and as such, the school is seeking in advance, informed consent for your child to participate in walking field trips within our school community. Your child's teacher may or may not provide you with notice in advance. These walking field trips are optional and alternate arrangements will be made for students who do not have consent.

Please complete the areas below and submit the full page to the classroom/homeroom teacher or office:

First and Last Name of Student *(PLEASE PRINT)*: _____

☐ **YES**, I CONSENT to my child participating in Walking Field Trips

☐ **NO**, I DO NOT CONSENT to my child participating in Walking Field Trips

Name of

Parent/Guardian: _____ Signature of Parent/Guardian: _____
(PLEASE PRINT)

Contact

No.: _____ Email: _____ Date: _____
(MM-DD-YYYY)

Welcome to SchoolCashOnline

Fast. Safe. Convenient.

Mission Public School District uses School Cash Online to pay for all school fees. Please join the thousands of parents who have already registered and are enjoying the convenience of paying ONLINE! It takes less than 5 minutes to register. Please follow these step-by-step instructions so you will begin to receive email notifications regarding upcoming events involving your child.



Step 1
Register



Step 2
Confirm Email



Step 3
Add a Student

Go to
<https://mpsd.schoolcashonline.com>

and click on **Register**.

- ✓ Enter in your first name, last name, email and create a password.
- ✓ Select a security question.
- ✓ Check YES to receive email notifications

A registration confirmation email will be forwarded to you. **Click on the link provided inside the email** to confirm your email and School Cash Online account (**check spam**).

The confirmation link will open the School Cash Online site, prompting you to **sign into your account**. Use your email address and password to log in.

This step will connect your child to your account.

- a) Enter the **School Board Name**.
- b) Enter the **School Name**.
- c) Enter Your Child's **First Name, Last Name and Date of Birth**.
- d) Select **Continue**.
- e) On the next page confirm that you are related to the child, check in the **Agree** box and select **Continue**.
- f) Your child has been added to your account.

Fast. Safe. Convenient.

Welcome to *School Cash Online*

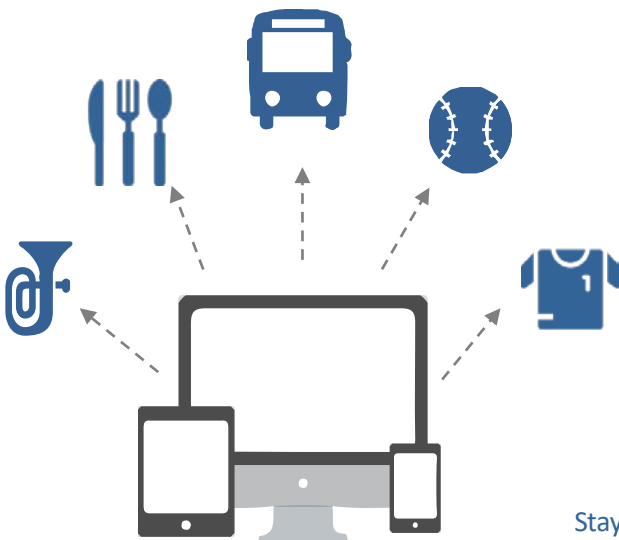
What is School Cash Online?

School Cash Online is an online parent portal that offers a safe, fast and convenient way to pay for school activity fees. The portal is customized to meet your school's needs and allows you as a parent, to add your students, make payments, check current balance/account history, print or view receipts, and receive notifications about upcoming events.

Why Use School Cash Online?

With School Cash Online, you can pay all your student's school fees with the click of a button. Wherever. Whenever. Trips to the school to drop-off cash or sending your student with money will be a thing of the past. School Cash Online also enables you to keep track of your student's school items and activities.

Purchase these items and more online.



Which Payment Methods are Accepted?



Credit Card

Pay with Visa or MasterCard on School Cash Online by entering your credit card number, CVV number (the three digits on the back of your card), card expiry date, and billing information.



eCheck

An electronic version of a paper cheque used to make payments online. Anyone with a chequing or savings account can pay by eCheck through School Cash Online.

How to Register

Follow these instructions to create your School Cash Online account today.

1

Create Your Profile:

Go to <https://mpsd.schoolcashionline.com> and click on "Get Started Today".

2

Confirm Your Email:

Check your inbox for the email confirmation and click on the link inside. Sign in with your new login details.

3

Add a Student

Click "Add Student" and fill in the required fields with your child's details.

Stay connected by selecting "Yes" to email notifications about upcoming fees.



I want to receive email notifications for new fees assigned to my student and updates on school-related activities.

For more information contact Parent Helpdesk at
parenthelp@schoolcashionline.com or 1.866.961.1803



Indigenous Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (Status or Non-Status), Métis or Inuit Ancestry. No documentation is required, and the ancestry can go back several generations.

Parent & Caregiver Consultation Form

Please sign this form and return it to the Indigenous Liaison Worker assigned to the school your child attends.

Date (dd/mm/yyyy): _____

Child's Legal Name: _____ Birth Date: _____ (dd/mm/yyyy)

☐ First Nations- Status or ☐ First Nations - Non-Status Band Affiliation: _____
☐ Métis ☐ Inuit

School: _____ Grade: _____

Indigenous Services & Programs

Please see below for a list of services and programs that are offered. Not all services and programs are available in all schools.

Culture, Language & Wellbeing Services:

Cultural Ancestry, Identity and Belonging
Cultural Gatherings & Presentations
Culture Clubs
Cultural Field Trips
Indigenous Elder & Knowledge Holder Connections
Language Awareness
Development of Sense of Place & Community
Healthy Living & Wellbeing (includes food supports)
Social-Emotional Learning
Home-School Liaison/Support (emails, phone calls, meetings etc.)

Enhanced Support Services:

Attendance Services
Academic Services & Resources
Leadership Opportunities
Student Advocacy
Course Selection/Credit development
Graduation/Scholarship/Bursary
Post-Secondary Information Session
Transportation Services
Grade-to-Grade Transitions
Liaison with Community Services & External Agencies

The information on this form is collected under the authority of the *School Act* and the *Freedom of Information and Protection of Privacy Act (FIPPA)*, in accordance with Mission Public Schools' Corporate Policy on Access to Information, and Protection of Privacy and Personal Information. This information will be used by the School District to offer, deliver, and/or administer Indigenous Education programs and services to students. If you have any questions or concerns regarding the collection, use, or disclosure of this personal information, please contact Vivian Searwar at vivian.searwar@mpsd.ca. Please check off the box below indicating you have read this information.

I, _____ (print name) as the parent, caregiver or legal guardian of this student, have read and understood the above information and give my consent to the collection, use and disclosure of the personal information included in this form. I acknowledge that my child is of Indigenous Ancestry (First Nations, Métis or Inuit) and I am aware of the programs and services available through Siwal Si'wes Indigenous Education Department. I give permission for my child to participate in services and programs offered by Siwal Si'wes Indigenous Education Department in Mission Public School District.

Parent Signature: _____ Date Signed (dd/mm/yyyy) _____

Email: _____ Contact #: _____

Special Notes about my Child (use extra paper if needed):



For Indigenous Liaison Workers Office Use Only

Name(s) of Indigenous Liaison Worker(s):

Welcome Letter sent to Parents and Caregivers ☐

Consult Form sent home and returned to ILW (Yes/No):

Consult Forms completed in-person (Yes / No)

Consultation by email/electronic messaging: _____ (email address, if applicable)

Date (dd/mm/yyyy): _____

- ☐ see attached electronic messaging evidence (i.e., copy/screenshot of email or messaging conversation)

Consultation by phone: _____ (phone number)

Date (dd/mm/yyyy): _____

As per _____ (print name of parent/caregiver)

Three Attempts, student is automatically enrolled in Siwal Si'wes Indigenous Education Program.

First Attempt Date (dd/mm/yyyy): _____

Second Attempt Date (dd/mm/yyyy): _____

Third Attempt Date (dd/mm/yyyy): _____

Additional Information (attach documentation):

Date (dd/mm/yyyy): _____

- ☐ Notes (indicate if the family has declined service)