



Bernard Elementary School Registration Form



For Office Use Only:

Date Received: _____ Time Received: _____
 School Start Date: _____ Catchment School: _____
 PEN: _____ Siblings in School: Y N Waitlist: Y N
 Grade: _____ YOG: _____ Records Requested: Y N Records Received: Y N
 Teacher: _____ DIV: _____ Requested Date: _____ Received Date: _____

A child may only be registered in one school in the Chilliwack School District. In the case of a family registering with multiple children, please use one form per child.

STUDENT INFORMATION

Legal Last Name: _____
 Legal First Name: _____
 Legal Middle Name: _____
 Usual Last Name: _____
 Usual First Name: _____
 Usual Middle Name: _____
 Gender: Male Female
 Preferred Gender: Male Female
 Birthdate: _____
 Birth Certificate Passport
 Citizenship Papers Other Legal Document
 Home Phone: _____
 Who has custody? _____
 Grade Level: _____
 Care Card Number: _____

ADDRESS INFORMATION

Unit Number: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Proof of Residence (type) _____
In order for a child to be registered in a Chilliwack school, proof of address must be shown by presenting one of the following legal documents: BC Drivers Licence, BC Identity Card, BC Services Card, or Permanent Resident Card. Should there be an incorrect address on the ID one of the following documents with the correct address must also be supplied: Mortgage Document, Rental or Lease Agreement, Property Sale Agreement, Property Tax Notice or Utility Bill.
 Mailing Address (if different from above)

ADMISSION INFORMATION

Previous School: _____
 City & Province: _____
 Date Withdrawn: _____

BUSSING

Is bussing needed? Yes No *If "Yes" please request Chilliwack School District On-Line registration information*

PARENTS/GUARDIAN INFORMATION *(additional space on reverse for step parent/guardian information)*

First Name: _____
 Last Name: _____
 Gender: Male Female
 Relationship: _____
 Parental Auth/Guardian? Lives with Student?
 Can pick up? Receive grade mailing?
 Receive other mailing? Receive email?
 Has family portal access? Access to IEP?
 Home Phone: _____ Cell Phone: _____
 Place of Employment: _____
 Work Phone: _____ Extension: _____
 Primary Email: _____
 Speaks English: Yes No
 Address (if different than student address):
 Unit Number: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____

First Name: _____
 Last Name: _____
 Gender: Male Female
 Relationship: _____
 Parental Auth/Guardian? Lives with Student?
 Can pick up? Receive grade mailing?
 Receive other mailing? Receive email?
 Has family portal access? Access to IEP?
 Home Phone: _____ Cell Phone: _____
 Place of Employment: _____
 Work Phone: _____ Extension: _____
 Primary Email: _____
 Speaks English: Yes No
 Address (if different than student address):
 Unit Number: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____

Are there any legal documents in force regarding custody/guardianship/access? Yes No
 If yes, please explain briefly: _____

 Have these documents been supplied to the enrolling school? Yes No
 Are these documents available in the student's school file? Yes No

STEP PARENT/GUARDIAN INFORMATION

Name: _____
Gender: Male Female
Relationship: _____
Parental Auth/Guardian? Lives with Student?
Can pick up? Receive grade mailing?
Receive other mailing? Receive email?
Has family portal access? Access to IEP?
Home Phone: _____ Cell Phone: _____
Place of Employment: _____
Work Phone: _____ Extension: _____
Primary Email: _____

Name: _____
Gender: Male Female
Relationship: _____
Parental Auth/Guardian? Lives with Student?
Can pick up? Receive grade mailing?
Receive other mailing? Receive email?
Has family portal access? Access to IEP?
Home Phone: _____ Cell Phone: _____
Place of Employment: _____
Work Phone: _____ Extension: _____
Primary Email: _____

EMERGENCY CONTACT INFORMATION *(other than parent/guardian)*

Emergency Priority: 1
First Name: _____
Last Name: _____
Gender: Male Female
Relationship: _____
Can pick up? Lives with Student?
Home Phone: _____ Cell Phone: _____
Place of Employment: _____
Work Phone: _____ Extension: _____

Emergency Priority: 2
First Name: _____
Last Name: _____
Gender: Male Female
Relationship: _____
Can pick up? Lives with Student?
Home Phone: _____ Cell Phone: _____
Place of Employment: _____
Work Phone: _____ Extension: _____

SIBLING INFORMATION *(brothers and sisters including preschoolers in the same district)*

	Sibling 1	Sibling 2	Sibling 3
Sibling Name:	_____	_____	_____
Relationship:	_____	_____	_____
Date of Birth:	_____	_____	_____
Gender (M/F)	_____	_____	_____
School:	_____	_____	_____

MEDICAL INFORMATION

Allergies and Conditions: _____

Are any of these conditions life threatening? Yes No *(If "yes" indicated, a doctors diagnoses letter is required)*

Life Threatening Conditions/Medication or Treatment Required

Condition: _____ Treatment/Medication: _____

Is there medication administered at school? Yes No *(please request a copy of the medical alert form from the school office)*

Parent Name: _____ Parent Signature: _____

CITIZENSHIP / IMMIGRATION / LANGUAGE

Country of Birth: _____
Country of Citizenship: _____
Citizenship Code:
Canadian Citizen Landed Immigrant
Refugee Intl Funding Eligible
Intl Funding Not Eligible Student Visa
Length of Stay: Long Term Short term
Language at Home: _____
Language Most Used: _____
First Language: _____

CURRENT PROGRAMS

Learning Assistance Speech/Language ELL/ESD
 Has IEP
Further Info _____

ABORIGINAL ANCESTRY INFORMATION

To be completed by Aboriginal families only

Inuit Metis Non-Status
 Status On Reserve Status Off Reserve

Band of Origin: _____

Band of Residence: _____

"The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator."



Bernard Elementary Consent Forms



Student Name: _____ Date: _____

STUDENT INFORMATION RELEASE

In accordance with the *Freedom of Information and Protection Act*, School District 33 requires consent to use personal information for purposes unrelated to educational programs. Please indicate for each item below if you authorize disclosure as described.

Student Images – Your child’s photograph may be used for administrative and identification purposes consistent with providing an educational program. In addition, your child’s name, photograph and comments may be published in the school yearbook, school newsletter or brochure, school video, or in a district annual report, calendar or website.

Yes No I consent to use my child’s name, photograph and comments for purposes consistent with the above.

Students cannot be photographed in classroom or in school yards during school hours without student or parental consent. However, at various times throughout the school year, the school may invite spectators – including parents or media – to certain school events (school play, concert, sporting event, special classroom activities).

Yes No I consent to the publication of my child’s name, photograph and comments in the news media, and outside of Chilliwack School District 33, for purposes consistent with the above.

Parent Name: _____ Parent Signature: _____

Student ACCEPTABLE USE AGREEMENT FOR TECHNOLOGY Consent Form

Parent Consent & Signature:

Please read our AUA here: <http://technology.sd33.bc.ca/acceptable-use-agreement>

I have read the District Acceptable Use Agreement (AUA).

I am aware that although the District has taken reasonable steps to ensure access to Internet is supervised and monitored, my child may be exposed to inappropriate material on the Internet due to the daily use of the district system.

I am also aware that my child may face disciplinary action similar to that defined in the AUA if caught intentionally accessing information in ways that violate the AUA. I give permission for my child to receive access and certify that the information contained in this consent form is correct.

Please print name and relationship to student

Parent/Guardian Signature

Student Signature*

This signed document is valid during the time this student is registered at the school noted above. Upon transition to different school within the Chilliwack School District, a new form must be completed. The Acceptable Use Agreement for Technology Consent Form will be kept in the Students G4 file.

*Student signature is recommended where student is mature enough to comprehend the agreement.



Bernard Elementary Consent Forms



My Child has permission to walk home from Bernard Elementary at dismissal or after any after school activities held after school hours. Parent Signature _____

BC School Fruit and Vegetable Nutritional Program

(Administered by the BC Agriculture in the Classroom Foundation and supported by Healthy Families BC)

Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh BC fruits and vegetables to our students during class time. Our students will receive there healthy treats 13 times over the school year at **no charge!** For schools with K-2 grades, we are also provided with milk delivery along with the fruits and vegetables, again, at **no charge.**

To ensure every student’s health and safety we ask that you complete the form below.

Student’s Name: _____

- NO** I do not wish my child participate in the BC School Fruit and Vegetable Nutritional Program +Milk
- YES** my child is able to participate in the BC School Fruit and Vegetable Nutritional Program +Milk
- MEDICAL ALERT:** my child has food allergies you need to be aware of and therefore he/she may not be able to participate in every offering. To assist you, below is information on my child’s “allergy profile”.

Please list allergy(s) and define (airborne, ingested, through skin/touch) profile(s):

Parent Name: _____ Parent Signature: _____

Student Field Experience and Special Activities Parental Consent

The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one-time approval. Students who do not participate in field trips will be provided supervised study.

Purpose: Daily Physical Activities – Miscellaneous off campus daily physical activities to give students the opportunity to participate in various activities as part of a group. (note: all school rules are in effect during this activity.)

Destination: Various neighborhood daily physical walks/activities

Time: Times may vary depending on activity

Accidents can be the result of the nature of the activity and can occur with our without any fault on either part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

Principal’s Signature

I give _____ permission to participate in the various Daily Physical Activities for my child’s duration at Bernard Elementary School. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

Student Care Card Number: _____

Parent Signature: _____

If the terms of this agreement change at any time, please notify Bernard Elementary’s Office. Thank you.

Parent/Guardian Initials