



Byrne Creek Community School

7777 – 18th Street, Burnaby, B.C. V3N 5E5

604-296-6885 Fax: 604-296-6888

Welcome to Byrne Creek Community School. The items listed below are to help you complete the registration process. If needed, please try to bring an interpreter.

REGISTRATION INTERVIEW

Contact the school that serves the attendance area in which you reside and make an appointment to register. Students must reside with their parents or legal guardian. (To register as an international student, visit studyinburnaby.ca.)

Parents or guardians **must** accompany their child to the registration appointment and bring the following original documentation:

1. **Proof of birth date for the student** (birth certificate or passport)
2. **Proof of guardianship** (parents' or guardians' as shown on birth certificate or other appropriate legal documentation such as landed immigrant paper or guardianship order). Note that a notarized custodial guardian appointment is not the same as a guardianship order granted by the courts
3. **Proof of citizenship for both the parent and the student** (Canadian birth certificate, citizenship card, passport, landed immigrant document, permanent resident card)
4. **Proof of residency of the parent or guardian and the student.** This must include two items, at least one being from *Category A* below:
Category A: proof of ownership of dwelling or long-term lease or rental of dwelling; legal documents indicating BC residence; parent or guardian filing income tax returns as a BC resident
Category B: BC hydro bill, BC cable bill, Provincial driver's licence, provincial registration of automobile, Canadian bank accounts or credit cards
5. **Immunization records**
6. A completed Burnaby School District Student Information Form
7. A completed Burnaby School District Medical Information Form
Note: Severe Health Concerns require additional forms. These can be obtained from the school that you are applying to attend.
8. **Copy of the student's most recent school marks** (including summer school), such as:
 - a) an official copy of marks from the student's Permanent Record Card; or
 - b) the student's most recent report card; or
 - c) a transcript of academic record; or
 - d) a transfer form with marks
9. **An emergency telephone contact number** of a local person who is available during school hours
10. **The name and telephone number of the family doctor or medical clinic**

ELL TESTING (if required)

- reading, writing and mathematics
- information given to school counsellor

STUDENT INFORMATION FORM



For Office Use Only

School _____ Registration Date _____
MyEdBC # _____ PEN # _____
Grade _____ Division _____

Student Information *(please print)*

Gender MALE FEMALE

LEGAL

Last Name

USUAL

Last Name

LEGAL

First Name

Preferred

First Name

LEGAL

Middle Name

Birthdate

(DD/MM/YY)

Home Phone

Unlisted? YES NO

Address

Apt. #

City

Province

Postal Code

Name of Previous School

District

Prov/Country

Has Student attended a Burnaby school or StrongStart Program? YES NO

Name of School

Identified Learning Needs/Special Needs (diagnosis, Ministry of Education Designation) YES NO

Student currently has an Individualized Education Plan (IEP)

YES NO

Country of Birth

Citizen of

First Language Spoken

Language Spoken at Home

Aboriginal Ancestry? YES NO If yes, please specify: On Reserve Off Reserve Metis Inuit Non Status

For Office Use Only

International Student – Funding Eligible
(work/study permit)

International Student Funding Not Eligible
(fee paying)

Parents Work Permit - Expiry Date _____

Parents Study Permit - Expiry Date _____

Parent/Guardian Information *(please print)*

Parent/Guardian 1

Relationship to Student

Lives with student? YES NO Has custody? YES NO

Citizenship Status: Canadian Citizen Permanent Resident/Landed Immigrant Refugee/Claimant International

LEGAL Last Name

LEGAL First Name

USUAL Last Name

USUAL First Name

Address (if different from student)

Home Phone

Work

Cell

Email

Parent/Guardian 2

Relationship to Student

Lives with student? YES NO Has custody? YES NO

Citizenship Status: Canadian Citizen Permanent Resident/Landed Immigrant Refugee/Claimant International

LEGAL Last Name

LEGAL First Name

USUAL Last Name

USUAL First Name

Address (if different from student)

Home Phone

Work

Cell

Email

Emergency Contact Information

Emergency Contact 1 (if parents/guardians cannot be reached)

Can pick up student? YES NO

Last Name

First Name

Relationship to Student

Home Phone

Work

Cell

Language Spoken

Emergency Contact 2 (if parents/guardians cannot be reached)

Can pick up student? YES NO

Last Name

First Name

Relationship to Student

Home Phone

Work

Cell

Language Spoken

Out-of-Area Contact (sequence 88)

Last Name

First Name

Relationship to Student

Contact Phone

City/Country

Student Medical Health Information

Doctor (sequence 99)

Doctor Name

Phone

Care Card #

Special Medical Concerns? YES NO

If yes, please list details on the District Medical Information Forms

Immunization Records – copies attached?

YES NO

Sibling Information (only for siblings attending schools or StrongStart programs within the Burnaby School District)

Sibling 1 Last Name

First Name

M F Birthdate

Sibling 2 Last Name

First Name

M F Birthdate

Sibling 3 Last Name

First Name

M F Birthdate

The information on this form is collected under the authority of the *School Act*, Sections 13 and 79. The information provided will be used for educational programs 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 the School Administration.

I certify that the information provided on this form is correct and valid of this date:

Parent/Guardian Signature

Date

Administrator's Signature _____

Date _____

Information and Documentation – For Office Use Only

Admission Status

- Student Resides in School Attendance Area
- Student Attends Licensed Childcare in School Attendance Area
- Cross District Transfer
- District Language Program Applicant

Documents/Attachments

- Proof of Citizenship/Immigration Status
- Proof of Age: Birth Certificate Passport Other
- Proof of Residency Proof of Licensed Childcare Address
- Copy of Legal Alert/Court Orders
- Medical Alert Forms completed (if applicable)

English Language Assessment Required

MEDICAL INFORMATION FORM

Must be completed for all medical conditions

A. STUDENT INFORMATION

Wears Medic Alert ID

Student Name _____ Birth Date: year/month/day _____

Parent/Guardian Name(s) and Contact Phone # _____

Parent/Guardian Business Phone # _____ Parent/Guardian Home Phone # _____

Emergency Contact Name/Phone # _____ Physician Name/Phone # _____

B. HEALTH

Please indicate with a ✓ if your child has any of the following medical conditions or any other serious health concerns, or requires medication to be administered at school.

1. Medical Condition

- Hearing Impairment specify: _____
- Visual Impairment specify: _____
- Physical Impairment specify: _____

2. Serious Health Concerns

- Anaphylaxis **(parent required to fill out form A)** Allergic to: _____
- Diabetes **(parent required to fill out form B)**
- Asthma **(parent required to fill out form C)**
- Seizure Disorders **(parent required to fill out form D)**
- Other serious health concerns **(parent required to fill out form E)**

3. Medication that is essential for school staff to give students during school hours

- My child requires medication to be administered by school staff **(parent required to fill out form F)**

IF ANY CONDITIONS TO YOUR CHILD'S HEALTH IN RELATION TO THE ABOVE CONDITIONS OCCUR, PLEASE DISCUSS WITH YOUR PRINCIPAL.

C. IMMUNIZATION

It is important to protect your child against certain communicable diseases. In addition to recommended childhood immunizations that most children have received, the following immunizations are provided for grade 6 and grade 9 students at a school clinic: Hepatitis B, Meningococcal C and Chickenpox. Human Papillomavirus (HPV) vaccine will be offered to students in grade 6.

A request for parental consent will be sent home prior to the school clinic. Following an immunization clinic at school, your child will be given a notice of immunization that can be added to medical records at home.

Parent/Guardian Signature _____ **Date Completed** _____

Copies to: _____ Parent(s)/Guardian(s) _____ School Health Resource Binder (red binder) _____
Nursing Support Care Plan (if necessary) _____ Student's Emergency Kit



Byrne Creek Community School

7777 – 18th Street, Burnaby, B.C. V3N 5E5
604-296-6885 Fax: 604-296-6888

STUDENT PERSONAL INFORMATION CONSENT

This consent form pertains to the collection, use, and sharing of student personal information. Please review, sign, and return it to the school. It will be effective immediately, and will be valid for the duration of your child's enrollment at Byrne Creek.

STUDENT NAME: _____
(please print) (Last) (First)

Schools and districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education related purposes, parental or student consent is required.

Burnaby School District is seeking your consent to collect, keep, use and share photographs, videos, images, work and/or names of students in a variety of publications and/or on school or district websites, for education related purposes (e.g. recognizing/encouraging student achievement), building the school community, and informing about school/district programs.

For example, student names, images or work might be used in:

- school or district communications (e.g. newsletters, brochures, yearbooks and/or reports) in limited or public circulation;
- school or district websites, social media sites (e.g. Facebook), and/or online video channels (e.g. YouTube), with limited or public access;
- videos, CDs, and DVDs designed for educational use only.

I CONSENT to the collection, use, and sharing of my child's name, work and/or image for use by the school or district for purposes as outlined above. I am aware that images/information posted on the worldwide web may be stored/accessed outside of Canada.

(Note: This consent may be withdrawn at any time. However, this does not require the school or district to withdraw from publication any previously published material.)

I DO NOT CONSENT to the use and disclosure of my child's name, work and/or image for use by the school or district this school year for purposes outlined above.

PARENT/GUARDIAN NAME: _____
(Last) (First)

***PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____

**see previous page regarding parental rights court orders*

If you have questions about this consent form or about the collection of student personal information, please email communications@sd41.bc.ca.

- READ & SIGN MEDIA NOTICE ON NEXT PAGE >

NOTICE TO PARENTS REGARDING MEDIA IN SCHOOLS

STUDENT NAME: _____
(please print) (Last) (First)

Media (radio, television, newspapers, and other print or online media) are sometimes invited or permitted to come to the school. They may want to conduct interviews with students, or take photos or video, for the purposes of promoting public understanding of school programs, building support for public education, and encouraging student achievement.

PLEASE CHECK ONE:

- If your child **IS ALLOWED** to be photographed or interviewed by media, please check this box, sign and return this notice to the school.
- If you **DO NOT** want your child's name, image, or personal information published by media, please check this box, advise your child and their teacher and initial that you have done this (Steps 1 & 2 below), sign below, and return this notice to the school.
- 1) I have asked my child to avoid media situations. **Initial:** _____
 - 2) I have advised the teacher that I want my child to avoid media situations. **Initial:** _____
 - 3) I request that school and district staff will take all reasonable steps to avoid having my child's image, work or name collected or published by media.
 - 4) I consent to disclosure by the school/district staff of the personal information that is necessary to give effect to this request.
 - 5) I am aware that I can override this notice, and give consent in a specific circumstance.

I acknowledge receipt of this notice regarding media and understand that it will be effective immediately, and will be valid for the duration of their enrollment at Byrne Creek.

PARENT/GUARDIAN NAME: _____
(Last) (First)

*PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**This form must be signed by the parent who has the right to exercise their child's privacy protection rights if there is a parental rights court order. Please attach a copy of this documentation.*

PLEASE NOTE: School and district staff cannot control photos/videos taken by the media or others in public locations (eg. field trip) or school events open to the public (eg. sports events, student performances, school board meetings, etc.)

READ & SIGN STUDENT PERSONAL INFORMATION CONSENT ON NEXT PAGE >



Byrne Creek Community School

7777 – 18th Street, Burnaby, B.C. V3N 5E5
604-296-6885 Fax: 604-296-6888

District Technologies & Information Systems DIGITAL RESPONSIBILITY GUIDELINES FOR STUDENTS

STUDENT NAME: _____
LAST FIRST

Burnaby School District provides students with access to Digital Technologies and Information Systems as a means to enhance their learning. Students have access to, amongst other things, public websites, secure virtual classrooms, discussion boards, video files, digital pictures, audio files, library systems, e-mail, file storage, printing, encyclopaedias, wikis, blogs, texting, social media and messaging tools.

The District will endeavour to:

- ensure safe, orderly, and caring physical and digital learning spaces;
- impose guidelines on what students may see and do in digital environments;
- inform parents of potential risks.

Digital Responsibility Guidelines apply to all students using District Technologies or technological devices within Burnaby School District. Students are expected to review and adhere to these guidelines or in the case of younger children, parents/guardians are expected to review these guidelines with your child. To be issued access privileges to District Technologies and Information Systems, all users must fill out the District Technologies & Information Systems Student Acceptable Use Agreement.

DIGITAL RESPONSIBILITY GUIDELINES

DO

- Use District and personally-owned devices and digital tools for educational purposes
- Follow copyright laws and acknowledge and respect the ownership of others for their creative works
- Keep your personal information (last name, home address, phone numbers, picture, passwords) private
- Respect the privacy of other students and adults
- Report uncomfortable, unsafe, or inappropriate behaviour or messages to your teacher or principal
- Treat others fairly and with respect
- Understand that digital tools such as e-mail, messaging, social networks, websites, wikis, blogs, texting are not guaranteed to be private

DO NOT

- Share your passwords
- Take and use someone else’s identity (their name, password)
- Falsify your identity
- Take pictures or videos of others and share them without their permission
- Hurt or mistreat others by what you create or share
- Harass, stalk, bully, threaten, insult, abuse, or attack others
- Damage computer systems, networks, digital tools or content
- Access secure information owned by others without their permission
- Use information or work of others as your own without their permission
- Use software programs that are not provided by the District or that are not free or purchased by you for your personally-owned device
- Use District or personally-owned devices for commercial, illegal, or malicious purposes
- Use District or personally-owned devices to operate file sharing services
- Access or distribute pornographic or obscene pictures, videos, audio or text
- Meet with someone you met online without your parent(s) or guardian(s) approving

Parents/Guardians: As the parent or guardian of this student, I have read and understand the District Technologies & Information Systems - Digital Responsibility Guidelines for Students. I understand that this access is designed for educational purposes. I also recognize that it is impossible for the District to restrict access to controversial materials and I will not hold the District responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child’s use is not in a school setting. I hereby give permission to issue an account for my child.

Parent/Guardian Name: _____

Signature: _____

User: I understand and will abide by the District Technologies & Information Systems Digital Responsibility Guidelines for Students. Should I commit any violation, I may lose my access to privileges, and other disciplinary and/or legal action may be taken.

Student Name: _____

Signature: _____

For more information on District Technologies and Information Systems, parents are encouraged to review Burnaby Board of Education Policy 7.90.01e



CONSENT TO SEND COMMERCIAL ELECTRONIC MESSAGES

Canada’s Anti-Spam Legislation (CASL) came into effect on July 1, 2014. As a result, the school requires your consent to send electronically (email) any newsletters, community announcements, performance/sport notices, event invitations, surveys, etc. These emails may include advertising or promotions regarding school fundraisers, student photos, field trips, yearbooks, team uniforms, classroom book orders, cafeteria sales, dance tickets, graduation events or other non-profit community sports or event opportunities.

Our sustainability mandate is to reduce our environmental footprint whenever possible, which includes using electronic communication. We hope you will allow us to send or continue to send these important notices via email. Please be assured that your contact information is securely stored and notices are distributed by authorized school personnel only. We also do not share these lists with anyone.

We remain committed to providing you with information that is directly related to your child’s educational experience. If you have any questions, please contact: Communication Services at communications@sd41.bc.ca

Please complete, sign and return this consent form to the school.

Yes, I give my consent for the school to send me electronic messages as outlined above to the email address indicated below. I understand that my consent is considered to be ongoing however I can withdraw my consent at any time by clicking on the unsubscribe link in any electronic message I receive.

No, I do not wish to receive electronic messages from the school as outlined above.

DATE: _____ **PARENT/GUARDIAN NAME:** _____

EMAIL ADDRESS: _____

HAVE YOU EVER BEEN ON OUR EMAIL LIST BEFORE? **YES** **NO**
IF YES, IS THIS THE SAME EMAIL ADDRESS WE CURRENTLY HAVE ON FILE? **YES** **NO**

PARENT/GUARDIAN SIGNATURE: _____

Student Name:	Grade:	Student Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Child's Name: _____ Student # _____

STUDENT EMERGENCY RELEASE FORM

MEDICAL INFORMATION DETAIL:

STUDENT RELEASE – FOR SCHOOL USE ONLY (Print):

Released To:	Signature:
Destination:	
Authorized By (staff):	Date / Time:
Notes:	