



Mt. Boucherie Secondary

Waitlist :

Registration #:

Time:

Date of Return:

Entering Grade Level: _____ English Program French Immersion Program (if available) Work Experience

SCHOOL HISTORY

Last school attended: Name: _____ City: _____ Prov.: _____ Phone: () _____

Previously attended any school in SD No. 23?: Yes No If yes, what school and year attended: _____

Siblings attending schools in SD 23? Name: _____ School: _____ Date of Birth: _____

Name: _____ School: _____ Date of Birth: _____

Choice of School(s) in priority order: 1. _____ 2. _____

To register for bus transportation as an eligible or courtesy rider living within the catchment area for this school, please complete the *Student Bus Registration Form*.

STUDENT INFORMATION

| | | | | | | |
|--|---|---|---|--|---|--|
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | House # / Street | | | | |
| Legal Last | | City/Province | Postal Code | | | |
| Legal First | | Home Phone | Unlisted: <input type="checkbox"/> | | | |
| Legal Middle | | <i>If mailing address is different, please enter below:</i> | | | | |
| <i>If legal name is different from preferred name - please indicate:</i> | | Mailing Address | | | | |
| Preferred Last | | Aboriginal Ancestry | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Preferred First | | If yes, please indicate: | Inuit <input type="checkbox"/> Métis <input type="checkbox"/> | | | |
| Birth Date | Day: _____ Month: _____ Year: _____ | | First Nations <input type="checkbox"/> (Status <input type="checkbox"/> Non Status <input type="checkbox"/> | | | |
| Birthplace | | Band | On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> | | | |
| Language spoken at home | | Aboriginal Program Involvement Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Citizenship | Canadian Citizenship <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student VISA <input type="checkbox"/> Exchange Student <input type="checkbox"/> | | | | | |
| Has the student received any of the following? | Learning Assistance support: Yes <input type="checkbox"/> | Behavioural support: Yes <input type="checkbox"/> | Counselling support: Yes <input type="checkbox"/> | Speech Therapy support: Yes <input type="checkbox"/> | ESL support: Yes <input type="checkbox"/> | Gifted/Enrichment Yes <input type="checkbox"/> |

PARENT(S)/GUARDIAN(S) INFORMATION - LIVING WITH STUDENT

| | | | |
|---|--|--|--|
| Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> | First Parent/Guardian living with student: | Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> | Second Parent/Guardian living with student: |
| Relationship | Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> | Relationship | Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> |
| Last Name | First Name | Last Name | First Name |
| Home Phone | Cell Phone | Home Phone | Cell Phone |
| Employment | | Employment | |
| Business Phone | Extension | Business Phone | Extension |
| E-mail | | E-mail | |
| 1st Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____ | | 2nd Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____ | |
| For Separated/Divorced parents: Custody: Joint <input type="checkbox"/> Sole <input type="checkbox"/> Guardianship: Joint <input type="checkbox"/> Sole <input type="checkbox"/> copy of legal documents must be provided | | | |
| Legal restrictions regarding access: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, copy of legal documents must be provided. | | | |
| Home-stay/Custodianship arrangement? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, a notarized <i>Acceptance of Custodianship Responsibilities S.D. No. 23</i> form must be completed) | | | |
| <i>Non-custodial parents are entitled to access students, records, and school personnel unless legal documents are provided that state otherwise.</i> | | | |

PARENT(S)/GUARDIAN(S) INFORMATION - NOT LIVING WITH STUDENT

| | |
|---|---|
| Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/> | Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/> |
| Relationship | Relationship |
| Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> | Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> |
| Last Name | Last Name |
| First Name | First Name |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Employment | Employment |
| Business Phone | Business Phone |
| Extension | Extension |
| E-mail | E-mail |
| House # /Street | House # /Street |
| City/Postal Code | City/Postal Code |
| 3rd Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____ | |
| 4th Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____ | |

SCHOOL DISTRICT No. 23 (CENTRAL OKANAGAN) APPLICATION FOR REGISTRATION

Mt. Boucherie Secondary

ALTERNATE EMERGENCY CONTACT INFORMATION

| #1 - Alternate Emergency Contact (Not Parent/Guardian) | | | #2 - Alternate Emergency Contact (Not Parent/Guardian) | | |
|--|------------|--|--|------------|--|
| Last Name | First Name | | Last Name | First Name | |
| Relationship | | | Relationship | | |
| Home Phone | Cell | | Home Phone | Cell | |
| Business Phone | Extension | | Business Phone | Extension | |
| Employment | | | Employment | | |

HEALTH INFORMATION

| | | | |
|---|-----|-------|-----------------------|
| Physician | Dr. | Phone | B.C. Care Card Number |
| MEDICAL ALERT (Must Be Physician Diagnosed and Potentially Life Threatening) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If you have indicated yes to Medical Alert, YOU MUST COMPLETE a "Medical Alert Planning Form" available from the office.</i> | | | |
| Medical condition that may require immediate action: | | | |
| Allergies that may require immediate action: | | | |

A valid copy of the student's birth certificate (or other government issued proof of age and citizenship), a copy of one parent/guardian's driver's license and one parent/guardian's BC CARE Card MUST be attached to this form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY INFORMATION

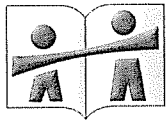
The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form 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 the principal of your school or to the Information and Privacy Coordinator, School District No. 23 (Central Okanagan), 1940 Underhill Street, Kelowna, B.C., V1X 5X7, (250) 860-8888.

PARENT/GUARDIAN APPLICATION SIGNATURE and/or AUTHORIZATION FOR RECORDS

By signing this Application for Registration, I the undersigned, also authorize the previous school to forward all student records to Mt. Boucherie Secondary.

| | |
|--------------------------|------------|
| Parent / Legal Guardian: | Signature: |
| Please Print | |
| Date: | |

| | | | | | |
|------------------------|-------------------------------------|------------------------------|-------------------------------|-----------------------------|--|
| OFFICE USE ONLY | Student # | Start Date | | | |
| | Teacher: | Homeroom | | | |
| | For students in Grade 10 or Above | Grade 10 Entry Year | 3 Year Rule Completion Date | | |
| | Program Placement (if applicable) | SSA <input type="checkbox"/> | BCIT <input type="checkbox"/> | OC <input type="checkbox"/> | Young Parents <input type="checkbox"/> |
| | Enrolling Administrator's Signature | | Date | | |



FREEDOM OF INFORMATION



AND PROTECTION OF PRIVACY

The Freedom of Information and Protection of Privacy legislation came into effect for schools in the fall of 1994. To ensure that the School District complies with the legislation, we ask that you please read the following information carefully, complete and return this form.

On occasion our school would like to have contact with parents to consult with them directly about school issues or meetings, or to plan school related activities. The school will normally **make your name, home address and phone number as well the child's name and grade available**, on occasion, to Parent Advisory Councils (PAC), PAC members or others responsible for organizing these types of activities. Your personal information will not be disclosed directly to anyone for business or commercial purposes.

To the release of my personal information to the PAC, PAC members or others responsible for school related activities.

(check one only)

I agree

I DO NOT agree

The School District has traditionally allowed district staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the School District. On occasion pictures may be used in print and electronic media to acknowledge successes or make the text information more enjoyable and personal. While photographs add to the community life of our school, they are not required for education purposes. **Students' names, photographs and comments may be published in the school yearbook, newsletter or webpage, and on occasion, in the School District calendar, annual report, brochures or webpage, as well as in the news media.** Parents must provide the School District with permission to allow the publication of your child's full name or photograph.

To the publication of my child's name, photograph and comments for purposes consistent with the above.

(check one only)

I agree

I DO NOT agree

Date: _____

Parent's Signature: _____

Student's Name: _____

PLEASE NOTE: The information on this form will be retained on file and be considered current while your child attends Mount Boucherie Secondary School. Should the information provided require amendment, please contact the school.

(Please complete **one form for each student** and submit to the school.)



SCHOOL DISTRICT No. 23 (CENTRAL OKANAGAN) Student Network Account and Internet Agreement

Complete Guidelines & Further Information

For students and parents, complete Acceptable Use Guidelines are available on the School District No. 23 (Central Okanagan) website at <http://www.sd23.bc.ca/> under Parent Information. Print copies of these guidelines are also available from the School Board Office and from your local school. These guidelines explain in detail the terms and conditions of this agreement, expectations of student users, acceptable use, prohibited use, liabilities, privacy and confidentiality and consequences for the violation of network and Internet guidelines. In addition, your school and your teachers will provide you with additional information and appropriate instruction to fully explain the **Acceptable Use** of your computer workstation and school, District and Provincial networks and the Internet.

Educational Purpose

School District No. 23 (Central Okanagan) and your local school, through computer workstations, school Local Area Networks, the District Wide Area Network, and the Provincial Learning Network provides access for students to network services and to the Internet. The purpose for using the network and the Internet in your school is to support your educational program by providing access to unique learning resources and educational tools. Educational use includes classroom instructional activities, information literacy programs, student career programs, and limited high-quality self-discovery activities and research.

Acceptable Use Guidelines

Network and Internet Acceptable Use Guidelines apply to all District networks within all schools, offices and District departments of School District No. 23 and include computer and network connection to school Local Area Networks, school and District Intranets, Provincial networks, and the Internet or the World Wide Web.

Use of the computer and school and District networks is a privilege, not a right, and we may discipline you and/or take away your right to use school networks and the Internet if you misuse this privilege. You are also expected to follow the rules set forth in your **School Code of Conduct** and Provincial and Federal laws. You are responsible for your own actions while you are using computer workstations on school networks and the Internet and are also accountable for any online activities by others because you have allowed them to use your network account.

Responsible Use

This Network and Internet Agreement requires you, as a student to:

- **Act responsibly** when accessing the school computer networks, District networks and the Internet in your school.
- Not engage in **unacceptable activity** contrary to the acceptable use guidelines of your school and of School District No. 23 (Central Okanagan). Student activity on school, District and Provincial networks and the Internet is subject to each school's existing Code of Conduct.
- Be aware of the need for **personal safety** and not provide personal contact information about yourself or others in your class or school.
- Use appropriate **network and classroom etiquette** when using the computer and the network.
- Respect the **resource limits** of the computer network and not engage in activities which will jeopardize the integrity of the school, District and Provincial network.
- Understand the need for **system security** and take all reasonable precautions when accessing your network account.

Consequences and Violations

Depending on the severity of the violation, infractions of provisions set forth in this ***Student Network Account and Internet Agreement***, in the detailed guidelines available from your school and the School District and your school **Code of Conduct** may result in suspension of network access privileges and/or other disciplinary action or consequences as determined by your school.

STUDENT AGREEMENT

I have read the ***Student Network Account and Internet Agreement*** and additional information provided to me by my school. If I did not understand the meaning of any part of these guidelines or rules, I asked my teacher or my parents or guardian to explain it to me. I agree to follow these guidelines at all times when I access the school networks, the Internet or use Electronic Mail at school. I understand that if I use school network and Internet services for inappropriate activities, my access privileges may be suspended or removed and/or other disciplinary action or consequences may occur in accordance with the school **Code of Conduct** and School District No. 23 guidelines.

AGREEMENT OF PARENT OR GUARDIAN

I acknowledge that my son or daughter understands the rules that he or she is to follow in order to use school, District, and Provincial networks and the Internet. I have read the ***Student Network Account and Internet Agreement*** and I have talked to him or her to make sure that those rules are understood. By signing the attached signature sheet, he or she acknowledges that they understand the agreement. I realize that in the event that my son or daughter engages in any inappropriate activities, that his or her privileges to access school and District networks may be revoked and other disciplinary measures following School District No. 23 guidelines and the School Code of Conduct may result. By signing the attached signature sheet, I give my permission for my son or daughter to use school, District and Provincial networks and the Internet, including Electronic Mail while on school property.

PLEASE NOTE: YOU AND YOUR CHILD MUST SIGN A SIGNATURE SHEET PROVIDED BY THEIR SCHOOL AND RETURN THE SIGNED DOCUMENT TO THE SCHOOL BEFORE YOUR CHILD WILL BE PROVIDED WITH ACCESS TO SCHOOL, DISTRICT AND PROVINCIAL NETWORKS, THE INTERNET AND ELECTRONIC MAIL.



SCHOOL DISTRICT No. 23 (CENTRAL OKANAGAN)
Student Network Account and Internet Agreement

SIGNATURE SHEET
To be Returned to Your School

Student Signature

Student Name (Print) _____ Grade _____

School _____

I have read and understand the **Student Network Account and Internet Agreement**. I agree to follow the guidelines and limitations contained in this Agreement. I understand that if I violate these guidelines and rules, my account can be terminated and school disciplinary action and/or appropriate legal action may be taken.

Student Signature _____ Date _____

Parent or Guardian Signature

- I have read and understand the **Student Network Account and Internet Agreement**. I understand that access to School District No. 23 (Central Okanagan) networks including school, District and Provincial networks and the Internet is designed for **educational purposes** only.
- I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use the District networks.
- I give permission to the District to provide access to school, District and Provincial networks and the Internet and to provide, if required for educational purposes, a network account and network access for my child.

Parent or Guardian's Name (Print) _____

Parent or Guardian's Signature _____ Date _____