REGISTRATION FORM – STRONG START

FOR SCHOOLS IN SCHOOL DISTRICT NO. 91 (NECHAKO LAKES)

Related Policy: Policy No. 501.1 – School Attendance Area; Policy No. 501.4 – Ordinarily Resident

Name of Strong Start Centre: _____ **Registration Date:** _____

First Child's Information:	Second Child's Information:
Legal Last Name: _____	Legal Last Name: _____
Legal First Name: _____	Legal First Name: _____
Legal Middle Name: _____	Legal Middle Name: _____
Usual Last Name: _____	Usual Last Name: _____
Usual First Name Name: _____	Usual First Name Name: _____
Usual Middle Name: _____	Usual Middle Name: _____
What is your child's gender identity? ***	What is your child's gender identity? ***
☐ Female ☐ Male ☐ Non-Binary ☐ Prefer not to answer	☐ Female ☐ Male ☐ Non-Binary ☐ Prefer not to answer
Does your child's gender identity align with their sex assigned at birth?	Does your child's gender identity align with their sex assigned at birth?
☐ Yes ☐ No ☐ Prefer not to answer	☐ Yes ☐ No ☐ Prefer not to answer
Date of Birth: _____ *(dd-mmm-yyyy)*	Date of Birth: _____ *(dd-mmm-yyyy)*
Medical/Allergies: _____	Medical/Allergies: _____
_____	_____
_____ Is allergy life-threatening? ☐ Yes ☐ No	_____ Is allergy life-threatening? ☐ Yes ☐ No

****We are asking for and collecting information about gender identity so we can better serve the richness and diversity of the student population, especially vulnerable parts of the community. The school district strives to improve our spaces, programs, and interaction informed by robust data. We ask for gender in a two-step process based on emerging best practices. We recognize that for some of our students, their gender identity does not align with their sex assigned at birth. Please feel free to ask our staff about questions you may have regarding this issue.*

Physical Address	Mailing Address
Home Phone No.: _____	☐ Same as Physical Address
Unlisted: ☐ Yes ☐ No	P.O. Box No.: _____
Street Name & No.: _____	Town/Prov.: _____
Town/Prov.: _____	Postal Code: _____
Postal Code: _____	

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
Legal First Name: _____	Legal First Name: _____
Legal Last Name: _____	Legal Last Name: _____
Relationship to Student: _____	Relationship to Student: _____
Cell Phone No.: _____	Cell Phone No.: _____
Work Phone No.: _____	Work Phone No.: _____

Emergency Contact Information

Name *(Last, First)*: _____

Relationship to Student: _____

Home Phone No.: _____ Cell Phone No.: _____ Work Phone No.: _____

Permissions

School District No. 91 (Nechako Lakes) adheres to provincial Freedom of Information and Protection of Privacy Legislation.

I Permit:

- the School to send email and auto-dialer calls

and acknowledge:

- that schools are required to share demographic information with Provincial Health and Social Services agencies if requested (*as per the School Act - Part 6, Division 2, Section 79 (2)*)

☐ **I have signed the 'Student Photograph/Video/Audio and Media Consent' form** *(page 2 of the registration form)*

Note: If you take exception to any of the above, please discuss your objections with the Principal/Vice Principal.

_____ _____

Parent/Guardian Signature *Date*

STUDENT PHOTOGRAPH/VIDEO/AUDIO AND MEDIA CONSENT FORM

Related Policy: Policy No. 604.2 – Student Photograph/Video/Audio and Media Consent

To Be Completed by Parents/Guardians
AND Students (13 years and older)

Please complete and return to your school

In accordance with the *BC Freedom of Information and Protection of Privacy Act*, School District No. 91 (Nechako Lakes) is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the schools' and/or School District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

For example, student names and/or images may be used in:

- School and School District communications such as newsletters, brochures and reports;
- School yearbooks;
- School and School District websites, social media sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to school-related events);***
- Videos, CDs and DVDs designed primarily for educational use.

****Please note that school and district staff cannot control news media access and photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.*

Personal information will be collected by the School District for the above noted purposes under the authority of Section 26 (c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). While stored outside the country, information may be subject to the laws of foreign jurisdictions, such as the United States. If you have any questions about this collection, please contact your child's principal directly.

☐ **I DO GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above. I understand that images posted on the internet may be stored and accessed outside of Canada.

☐ **I DO NOT GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above.

School Name: _____

Student's Full Name: _____

Student's Signature: _____ *(Students 13 years and older)*

Parent's Name: _____

Parent's Signature: _____

Date: _____

To be Completed by the School Administrative Assistant

☐ Copy of student's Care Card and Birth Certificate or BC Service Card attached

☐ Registration form signed by parent/guardian *(page 1)*

☐ Student Photograph/Video/Audio and Media Consent form signed by parent/guardian *(page 2)*

Provided Parent/Guardian with: ☐ directions to access the Codes of Conduct on-line **OR**
☐ a paper copy of the District Code of Conduct for Students & School Code of Conduct

School Administrative Assistant: _____ _____
Name *Date*