



Vancouver School Board Student Registration Information

Complete the attached Student Application Form and bring it to your neighbourhood school, along with the required original documents as listed below.

Go to www.vsb.bc.ca/schools to search for your neighbourhood school by postal code or by map.

Who should register at neighbourhood schools?

Kindergarten to Grade 12 students born in Canada, who speak English at home as the home language.

Checklist of original documents required for registration

Bring the following:

- 1. Your Child
- 2. Proof of address in Vancouver
Home Owners:
 - Recent property tax statement
 - or
 - Purchase agreement if you just bought a new home with subject removed and a copy of deposit receiptRenters:
 - Formal rental or lease agreement and hydro or cable statement
- 3. Child's original birth certificate
 - Shows parent names with certified translation in English if needed
- 4. Canadian immigration or citizenship documents (including Canadian Citizens)
 - For parents and children
 - Please bring passports if available
- 5. Original school report cards with certified translation in English if needed
 - Elementary school: Report cards from two most recent school years
 - Secondary school: All report cards from Grade 7 to current year
- 6. Child's immunization records since birth and, if necessary, any other important health documents
- 7. Any other relevant documentation involving guardianship, court orders, etc.
- 8. Care Card



STUDENT APPLICATION FORM

VANCOUVER BOARD OF EDUCATION

Catchment School: _____
Date Application Received: _____
BCeSIS Pupil #: _____
PEN: _____ OFFICE USE ONLY
Grade: _____ Home Room: _____
Program: _____
School Currently Attending: _____

There is a separate form for applying to Elementary District programs.
You will find it here: <http://www.vsb.bc.ca/programs>

STUDENT INFORMATION

Gender: (Check one) Male Female

Legal Last Name: _____

Legal First Name: _____

Usual Last Name: _____

Preferred First Name: _____

Legal Middle Name: _____

Birth Date: _____ DD-MMM-YYYY

Address: _____

City: _____

Province: _____ Postal Code: _____

Home Phone #: _____ Check if unlisted:

Mobile Phone#: _____ Check if unlisted:

Proof of Address (Check one and attach when submitting)

Municipal Tax Bill Rental Agreement

Proof of Age (Check one and attach)

Birth Certificate Certificate of Citizenship Court Order Passport Other

STUDENT CITIZENSHIP INFORMATION

Country / Prov of Birth: _____ First Language: _____

Citizen of: _____ Language at home: _____

If not a Canadian Citizen, Language most used: _____

Date of entry into Canada: _____ DD-MMM-YYYY Interpreter Required? Yes No

Citizenship Status: OFFICE USE ONLY	
International Funding Eligibility	Yes <input type="checkbox"/> No <input type="checkbox"/>
International Funding Not Eligible	Yes <input type="checkbox"/> No <input type="checkbox"/>
Out of Province Canadian Not Eligible	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permanent Resident/Landed Immigrant	Yes <input type="checkbox"/> No <input type="checkbox"/>
Refugee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Study Permit #: _____	
Permit Expiry Date: _____	

Student attended a Strong Start Centre?

Yes No

If yes, name of school: _____

Citizenship Information (Check one and attach)

Canada Immigration Record Immigration Canada Permit

Immigration Canada VISA Passport

Permanent Resident Card Permanent Resident Form

Aboriginal Ancestry

Do you have Aboriginal Ancestry? Yes No

If YES, would you like to receive Enhanced Educational Services? Yes No

Will your child be applying for an Elementary District Program?
Yes No

Is there a sibling already in the program?
Yes No

PARENT/GUARDIAN INFORMATION

Living with student Yes No

Emergency Contact Yes No

Speaks English Yes No

Willing to Volunteer? Yes No

Relation to student: (Check one)

Mother Father Grandparent

Guardian Aunt Uncle

Homestay Other Family Services

Who has legal custody? _____

Legal Last Name: _____

Legal First Name: _____

Home Telephone #: _____

E-mail Address: _____

VISA/Work/Study Permit Number: _____

Same as Student's Address Yes No

If **not** living with student provide address: _____

Mobile Phone #: _____

Business Phone # if available at work: _____

Continue on next page

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Mother Father Grandparent
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E-mail Address: _____

VISA/Work/Study Permit Number: _____

Same as Student's Address Yes No

If not living with student provide address: _____

Mobile Phone #: _____

Business Phone # if available at work: _____

SIBLING INFORMATION (School age siblings 5-18 yrs.) (Check one)

1. Name: _____ Male Female Birth Date: DD-MMM-YYYY
2. Name: _____ Male Female Birth Date: DD-MMM-YYYY
3. Name: _____ Male Female Birth Date: DD-MMM-YYYY

EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT

Legal Last Name: _____

Relationship: _____

Does this person speak English? Yes No

Home Phone #: _____

Legal First Name: _____

Address: _____

Work Phone #: _____

Mobile Phone #: _____

EMERGENCY CONTACT: OUT OF PROVINCE / COUNTRY (Call in the event of a Natural Disaster)

Legal Last Name: _____

Does this person speak English? Yes No

Legal relationship to student: _____

Home Phone #: _____

Legal First Name: _____

Work Phone #: _____

Mobile Phone #: _____

STUDENT MEDICAL HEALTH INFORMATION

Doctor Name: _____

Dentist Name: _____

Care Card #: _____

Hospital: _____

Is an Immunization Record attached?

Yes No

Phone #: _____

Phone #: _____

Allergies and Health Conditions (Check one)

Allergies/Conditions Yes No

If yes, What? _____

Life Threatening? Yes No

What? _____

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 Administrator.

(Please sign in front of school staff listed below)

I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.

Parent / Guardian Signature: _____ Date: _____ Verified by: _____

Administrator's Signature: _____ Date: _____

INTERNET SAFETY AGREEMENT AT TUPPER SECONDARY SCHOOL

ATTENTION PARENT/GUARDIANS: Please read and review the following with your child. Sign & return to Tupper by September 14th.

These Privileges and Responsibilities are based on the Vancouver School Board's Guidelines for Online Learning:

PRIVILEGES:

- ▶ Student users have the right to be safe on-line.
- ▶ Student users have the right to access information that is free from hate propaganda, sexism, homophobic, racist, pornographic or obscene content.
- ▶ student users have the right to access selected educational network resources.

RESPONSIBILITIES:

- ▶ When accessing on-line information all users will maintain the behaviour outlined in Tupper's Code of Conduct located in the Student Agenda.
- ▶ Safe Behaviour: Students will not reveal or post personal information (last name, address, phone number, pictures, passwords or school name) on the Internet.
- ▶ Respect to others: Students will be polite and use appropriate language. Students will refrain from making comments that will offend others.
- ▶ responsible Participation: Students will refrain from accessing resources not selected or approved by their teachers. Students will exit any inappropriate resources accidentally accessed. Students will inform a teacher if inappropriate resources are accidentally accessed.
- ▶ Work cooperatively. Students will work with peers and staff to create a positive environment to enhance learning.
- ▶ Students will not use chat rooms, Instant Messaging, Hotmail or other anonymous server programs unless directed by their teacher.

Students who do not adhere to these rules risk losing Internet privileges at school.

The Provincial Learning Network (PLN) & Vancouver School Board (VSB) have taken precautions to protect our staff and students and schools by restricting access to controversial and inappropriate materials. The schools and teachers are also teaching students about responsible and appropriate behaviour when on the Internet.

As the Internet is an open and constantly changing environment the potential dangers always remain and PLN or VSB cannot guarantee that the access will be free from all controversial or inappropriate materials. The VSB will do their best to provide a safe and secure online learning environment for Vancouver Schools and their students.

=====SIGN, DETACH & RETURN TO TUPPER BY SEPTEMBER 14TH=====

I have reviewed Tupper's Internet Safety Agreement and understand that my child will be using the Internet for his/her learning.

STUDENT'S NAME: _____

ST. # _____

Student's Signature

Parent/Guardian's Signature

Date



Vancouver School Board

www.vsb.bc.ca

IMPORTANT NOTICE FOR PARENTS AND/OR GUARDIANS

MEDIA CONSENT FORM

In accordance with the Freedom of Information and Protection of Privacy Act, the Vancouver Board of Education is seeking your consent to take, retain, use and disclose photographs, videos, images and/or names of students and groups of students in a variety of publications and on the school and/or district's website and Blog/Vlog for educational purposes and for the purpose of informing others about the school district and its programs and activities. This could include the following:

- District and/or school communications such as newsletters, brochures, newspapers, magazines and reports;
- District and/or school websites, Blog/Vlog and social media channels;
- External media communications such as newspapers, television, radio or on-line publications, including media photographs and interviews for events relating to the district and/or school;
- Videos, CDs, podcasts, DVDs for educational use only.

 I DO give my consent for the school district to collect, use and publicly disclose my child's personal information for purposes consistent with the above for this school year. I understand that images posted on the internet may be stored and accessed from outside Canada.

 I DO NOT consent to the use and disclosure of my child's personal information for the above purposes for this school year.

Name of Student _____

School _____

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date _____

For school purposes only:

Please retain this copy for your records.

Important Information – Please Translate

这是一份重要信息 — 请找人为您翻译

這是一份重要資訊 — 請找人為您翻譯

这是一份重要信息 — 请找人为您翻译

Thông tin quan trọng - Xin phiên dịch

Mahalagang Impormasyon - Paki salin sa sariling wika

Información importante - Por favor traducir