

School District No. 22 (Vernon) Student Registration Form



OFFICE USE: Date Received: _____ Time: _____

School: _____ Grade: _____

STUDENT INFORMATION:

Legal Last Name:	Legal First Name:	Legal Middle Name:
Usual Last Name:	Usual First Name:	No Middle Name? <input type="checkbox"/>
Gender Identity: <input type="checkbox"/> M Man/Boy <input type="checkbox"/> W Woman/Girl <input type="checkbox"/> X Non-Binary <input type="checkbox"/> U Prefer Not to Say/Unknown		
Date of Birth (mm/dd/yyyy):	Proof of age used: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship Paper	Grade:
Student Cell Phone:	Student Email:	
Street Address:	City:	Postal Code:
Mailing Address (if different than above):	City:	Postal Code:
Has the student ever received: <input type="checkbox"/> Learning Support / <input type="checkbox"/> ELL Support / <input type="checkbox"/> Counselling / <input type="checkbox"/> Behavioural Support / <input type="checkbox"/> My child has an IEP		
Has the student previously attended a school in BC? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please name school:		
Last school attended:	Parent approval to request student file from previous school? <input type="checkbox"/> Y <input type="checkbox"/> N	

KINDERGARTEN REGISTRATION ONLY:

Has the student ever attended a Strong Start program? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please list name of Strong Start School:
Has the student ever received outside support from any other agency, specialist or program (ex. NONA, SLP etc.) <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, complete Kindergarten Disclosure Form	

CITIZENSHIP/IMMIGRATION STATUS:

Country of Birth:	Country of Citizenship:	
Canadian Citizenship: <input type="checkbox"/> Child <input type="checkbox"/> Parent	International Student (Funding Not Eligible)	
Permanent Residency: <input type="checkbox"/> Child <input type="checkbox"/> Parent	Expiry(mm/dd/yyyy):	Refugee Status: <input type="checkbox"/> Child <input type="checkbox"/> Parent
Study/Work Visa Expiry Date: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please provide expiry date (mm/dd/yyyy):	Exchange Student?: <input type="checkbox"/> Y <input type="checkbox"/> N
Language Spoken at Home:	Language Most Used:	First Language:

INDIGENOUS SELF-DECLARING:

Self-declaring Indigenous: <input type="checkbox"/> Y <input type="checkbox"/> N	If yes: <input type="checkbox"/> Inuit / <input type="checkbox"/> Metis / <input type="checkbox"/> Non-Status / <input type="checkbox"/> Status Off Reserve / <input type="checkbox"/> Status On Reserve
Band of Origin:	
I would like this self-declaring Indigenous Student to access Indigenous programs and services? <input type="checkbox"/> Y <input type="checkbox"/> N	

SIBLINGS ATTENDING SCHOOL DISTRICT NO 22:

Name:	School:	Birthdate:
Name:	School:	Birthdate:
Name:	School:	Birthdate:

LEGAL CUSTODY(**Court documents MUST be provided for Sole Custody or Legal Guardianship):

<input type="checkbox"/> Both Parents / <input type="checkbox"/> Joint Custody (separate homes) / <input type="checkbox"/> Sole Custody / <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Other
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MEDICAL INFORMATION:

Student-BC Services Card #:		
Medical Conditions? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please list:	Treatment, if available:
Life threatening allergies? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please list:	Treatment, if available:
Non-life-threatening allergies? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please list:	Treatment, if available:

LEGAL PARENT/GUARDIANS:

Legal Parent/Guardian #1 First Name:		Last Name:	
Primary Phone:		Cell Phone:	
Work Phone:		Email:	
Lives with student?	<input type="checkbox"/> Y <input type="checkbox"/> N	Legal Guardian?	<input type="checkbox"/> Y <input type="checkbox"/> N
Relationship:			
Address if different from student:		Can pick up student? <input type="checkbox"/> Y <input type="checkbox"/> N	
Legal Parent/Guardian #2 First Name:		Last Name:	
Primary Phone:		Cell Phone:	
Work Phone:		Email:	
Lives with student?	<input type="checkbox"/> Y <input type="checkbox"/> N	Legal Guardian?	<input type="checkbox"/> Y <input type="checkbox"/> N
Relationship:			
Address if different from student:		Can pick up student? <input type="checkbox"/> Y <input type="checkbox"/> N	
Legal Parent/Guardian #3 First Name:		Last Name:	
Primary Phone:		Cell Phone:	
Work Phone:		Email:	
Lives with student?	<input type="checkbox"/> Y <input type="checkbox"/> N	Legal Guardian?	<input type="checkbox"/> Y <input type="checkbox"/> N
Relationship:			
Address if different from student:		Can pick up student? <input type="checkbox"/> Y <input type="checkbox"/> N	
Legal Parent/Guardian #4 First Name:		Last Name:	
Primary Phone:		Cell Phone:	
Work Phone:		Email:	
Lives with student?	<input type="checkbox"/> Y <input type="checkbox"/> N	Legal Guardian?	<input type="checkbox"/> Y <input type="checkbox"/> N
Relationship:			
Address if different from student:		Can pick up student? <input type="checkbox"/> Y <input type="checkbox"/> N	

EMERGENCY CONTACT:

#1: First/Last Name:	#2: First/Last Name:
Relationship:	Relationship:
Phone Number:	Phone Number:
Can pick up student? <input type="checkbox"/> Y <input type="checkbox"/> N	Can pick up student? <input type="checkbox"/> Y <input type="checkbox"/> N

SIGNATURE FROM BOTH LEGAL PARENTS/GUARDIANS (required):

#1:	#2:
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OFFICE USE:

<input type="checkbox"/> Birth Certificate <input type="checkbox"/> BC Services Card <input type="checkbox"/> Court Order/Custody Agreement <input type="checkbox"/> Proof of Residence <input type="checkbox"/> Parent Citizenship document
Received: <input type="checkbox"/> Student and Legal Parent/Guardian Release of Contact Information form
Received by: _____
Medical: (Appropriate medical form/safety plan completed? <input type="checkbox"/> Y <input type="checkbox"/> N

STUDENT AND LEGAL PARENT/GUARDIAN RELEASE OF CONTACT INFORMATION/INTERNET ACCESS:

In accordance with the Provincial Freedom of Information and Protection of Privacy Act, School District No. 22 (Vernon) requires consent to use personal information for purposes unrelated to education.

Student Name: _____ Legal Parent/Guardian Name(s): _____

Media Release of Students' Information:

It is the practice in our school district to allow district staff and the media to photograph (including the use of video) individuals and groups of students in order to celebrate achievements and to promote educational, sport and cultural events taking place in the district. Students' names, photographs and comments may be published in school district publications: newsletters, web sites, social media, the yearbook, and/or in the news media or other forms of communication.

- ☐ Yes, I give consent for the release of my child's name, photograph and comments as explained above.
☐ No, I do not permit the release of my child's name or photograph.

SD22 Internet Access Agreement:

School District No. 22 (Vernon)(the "School District") requires that legal parents/guardians provide a signed Consent, Waiver and Indemnity form if they wish their child to have access to the internet at school. Please read the Consent, Waiver and Indemnity Terms and Conditions and the SD22 Acceptable Use Policy and fill in the applicable portions of this form. A copy of the policy 351 is available online at www.sd22.bc.ca or from your child's school.

- ☐ Yes, I give permission for my child to have access to the internet.
☐ No, I do not give permission for my child to have access to the internet.

For the Legal Parent/Guardian:

I have read the Consent, Waiver and Indemnity Terms and Conditions and the School District's Acceptable Use Policy carefully. I understand the benefits and risks of student access to the Internet and give permission for my child to have access to the internet at school on the conditions outlined therein.

Name of relationship to student: _____

Signature: _____ Date: _____

School and District Email Communication:

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, we would like to ensure that we have your consent to receive electronic newsletters, school, and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

- ☐ Yes, I CONSENT to receiving the above communications to my email address which I have provided below.
☐ No, I DO NOT CONSENT to receiving the above communications to my email address.

Parent Advisory Council (P.A.C.)

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 or email as well as the student's name and grade available to the Parent Advisory Council, 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.

- ☐ Yes, I give consent for the release of my home address, phone number or email for the purposes explained above.
☐ No, I do not give consent for the release of my home address, phone number or email address.

Grade 8-12 Students only

All students participating in secondary athletics in Vernon need to be registered with BC School Sports. I authorize disclosure of my child's name, birthdate, current grade, year my child entered grade 8 and previous school to BC School Sports for registration purposes.

- ☐ Yes, I give consent for the release of my child's information to BC School Sports
☐ No, I do not give consent for the release of my child's information to BC School Sports

For the Student:

- I have read the Consent, Waiver and Indemnity Terms and Conditions and the School District's Internet Acceptable Use Policy carefully and agree to abide by the conditions outlined therein.

Student Signature: _____ Date: _____

Photo Vendor (applicable only if "NO", I do not permit the release of my child's name or photograph") was selected above to the Media Release of Students' Information

I authorize disclosure of my child's name, current grade, pupil #, and homeroom to the school's photo vendor so a current yearly picture can be taken of my child.

- ☐ Yes, I give consent for the release of my child's information to the Schools photo vendor
☐ No, I do not give consent for the release of my child's information to the Schools photo vendor.

Legal Parent/Guardian Signatures: _____ Date signed: _____

This Access Agreement and Consent, Waiver and Indemnity Form is effective for the period the student is attending school in the School District unless revoked in writing by the student or their legal parent/guardian.



DIGITAL TOOLS/SOFTWARE ANNUAL REVIEW

Throughout the school year we will be looking to use various software (including web tools, apps (Windows, iOS, or Chrome), extensions, or add-ons) to support student learning. School District #22 is required to follow British Columbia's [Freedom of Information and Protection of Privacy Act](#) (FIPPA) to assess the suitability of all software used. We value privacy and where possible have selected software that:

- Provides a secure, private, and ad-free environment
- Permits no scanning or data mining of student information
- Permits no sharing or selling of information to third parties
- Permits ownership of data by the school district
- Allows the ability for a school district to control, monitor, and filter student use for safety and security
- Provides ease of use with any technology platform

There is however software that is designed to enhance educational outcomes and is created for educational purposes that requires personal information to be shared. This personal information will be collected by your child's school under the authority of the [Freedom of Information and Protection of Privacy Act](#) (FIPPA). Our classrooms, schools, and district may use such software to upload, share, and store some personally identifiable information for the purpose of promoting district and school-based initiatives, celebrating student success, and engaging in public discussion.

Some software involves the storing and accessing of the following information:

- Student name, display username, grade level and school name
- Progress using the software to help personalize experience
- School email address
- Login time/IP address/technical data to provide technical support
- Age (not birthdate) – US privacy regulations differ for children < 13 years of age
- Content created in and/or uploaded to the software by the student. Content will typically take the form of assigned projects, presentations, documents, multimedia, and calendar entries created by students (e.g. students working together on a group project). This content may contain personal student information reasonable for education purposes (for example, student names on written assignments).

It is important to be aware that many of the software services are online services hosted outside of British Columbia, and possibly Canada. When stored outside the country, information in your child's accounts may be subject to the laws of foreign jurisdictions.

Consent and access can be revoked at anytime by a mature student or legal parent/guardian request and will result in the deletion of student information, data, and content in accordance with the Office of the Chief Information Officer procedures. Please note, the use of software applications is not an educational requirement for students. Students will not be required to use digital tools. All school activities and learning standards that rely on the use of digital tools will allow for and accept alternate and equivalent means of student participation. At no time will a student be denied participation in a teacher directed activity as the result of a student or legal parent/guardian declining consent to use of a software application.

As a general safe practice, when interacting with any online service, students should take care and avoid posting personal information or personal location that could be used to identify them or other persons. Students are further expected to follow [SD 22 Code of Conduct](#) when creating and sharing online as well as the [Acceptable Use of Technology](#) procedure. Training for staff and students will provide instruction on how to use software in ways that protect confidential and sensitive personal student information.

Examples of software used in classrooms across the district are:

- | | |
|--|--|
| <input type="checkbox"/> Google Apps for Education (Slides, Docs, Sheets, Classroom, etc.) | <input type="checkbox"/> IXL Math and English |
| <input type="checkbox"/> Digital Portfolio Platforms (Spaces/Seesaw) | <input type="checkbox"/> Padlet |
| <input type="checkbox"/> Kahoot! | <input type="checkbox"/> Hour of Code |
| <input type="checkbox"/> Desmos | <input type="checkbox"/> Minecraft for Education |
| | <input type="checkbox"/> Grammarly |

Note this list is not exhaustive but is meant to give families a better idea of what software/digital tools their child's teacher might be using.

To see the list of approved software used in School District #22, please visit [Software & Digital Tools - SD22 Learns](#). Note the list on the website is updated in September of each school year. You may also contact Joshua Vance (SD#22 Director of Innovation and Technology) with specific questions about data collection at jvance@sd22.bc.ca.

Legal Parent/Guardian Permission

If you do not consent on behalf of your child, to your child's information being stored in, or accessed from, a location inside or outside of Canada, please inform your child's school administration in writing. If you opt-out, your consent will be recorded and considered valid indefinitely from the date on which it is indicated. If you choose to change your consent, you must inform your child's school administration in writing.



Indigenous Education Department

School District No.22

1401-15th Street, Vernon BC V1T 8S8 250-549-9291 www.sd22.bc.ca

Legal Parent/Guardian Yearly Consultation Form

As required by the Ministry of Education, we require **yearly confirmation** that you have been consulted regarding enhanced supports from the Indigenous Education Department. Please complete the Indigenous Education Legal Parent/Guardian Consultation form and return to the school.

Student name		Grade	
School		Date	

Indigenous ancestry is determined on a voluntary basis through self-identification. No documentation is required.

Please check off the boxes below to indicate Indigenous Ancestry for your child (if known):

☐ **First Nations – Status**

- Band name: _____
- ☐ On Reserve ☐ Off Reserve

☐ **First Nations – Non-Status**

- Name of nation (if known): _____

☐ **Metis**

☐ **Inuit**

As a part of the enhanced services in the Indigenous Education program, what programs and supports would you like to see at your child's school?

My child is of Indigenous ancestry, and my signature acknowledges I have been consulted by the Indigenous Education Department regarding enhanced services and supports for Indigenous students.

Legal Parent or Guardian Signature

Date

To be filled in by SD22 staff member only if verbal or email consultation about enhanced Indigenous Education supports was provided.

Date: _____



Legal Parent/Guardian name: _____

☐ Consultation via email

☐ Consultation via phone

SD22 Staff member: _____



School District No.22

Kindergarten Registration – Disclosure and Consent Form

To help us best support and prepare for your student as they enter kindergarten, please answer the following:

Student Name: _____ **Date of Birth:** _____

1. Does your child currently receive (or have they recently received) support from any of the following agencies, specialists or programs? If so, please check and write the name of the agency, provider, or specialist.

☐ Occupational / Physical Therapist: _____
(Name of Agency / Provider)

☐ Speech Language Pathologist: _____
(Name of Agency / Provider)

☐ Behaviour Support: _____
(Name of Agency / Provider)

☐ NONA Early Intervention: _____
(Name of Key Contact)

☐ Friendship Centre: _____
(Name of Key Contact)

☐ Other: _____
(Name of Agency / Provider)

2. Has your child been assessed / diagnosed with anything that may impact their transition to kindergarten?

3. Is your child currently on a waitlist for assessment? ☐ Yes: _____ ☐ No

4. Does your child currently attend (or have they recently attended) a licensed childcare / preschool or Strong Start Program? If so, please provide the following information: ☐ Not Applicable

Program Name: _____

Primary Contact: _____ Phone or email (if known): _____

My child has a care plan: ☐ Yes ☐ No

Do we have your permission to contact and / or collaborate with any of the above organizations to support your child's transition to kindergarten? Information collected on behalf of School District No. 22 is confidential and is only shared with relevant staff members on an as-needed basis.

☐ Yes, I give permission for School District No. 22 staff members to contact and collaborate with the organizations or individuals listed above.

☐ I would like to discuss this more before I give permission. Please contact me at: _____

Parent Name (Please Print): _____ Date: _____

Parent Signature: _____

BX Elementary School

Home of the Bears

5849 Silver Star Road

Vernon, BC V1B 3P6

Telephone: 250-542-4013

Safe Arrival: 250-503-0210

Website: <https://bx.sd22.bc.ca/>



Principal: Lance Johnson



Vice-Principal: Cordell Ware

Annual BX Fire Hall Parent/Caregiver Notice – 2026-2027

In accordance with School District 22 Field Trip guidelines, we ask that all parents/caregivers complete the *Parent/Caregiver Field Trip Consent Form Levels 1 & 2* for their student(s) to participate in Level One and Level Two field trips this 2026-2027 school year.

In addition to that consent form, we also want to notify families in advance that throughout the school year, BX classes will occasionally use the field and playground at the BX Fire Hall, which is across the street from the school grounds. Using the BX Fire Hall might be spontaneous, and giving prior notice may not be possible.



FIELD TRIP INFORMATION

Participation on a team sport

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1

Please list additional emergency contacts in the event that a family member cannot be reached:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

By signing this I agree to the following:

I am aware and understand that participation in field trips may involve inherent risks, dangers and hazards. I am aware that certain additional dangers and risks exist, including, but not limited to, injury, damage to personal property, varying weather, encounters with wildlife, falls, exposure to the elements, amongst other unforeseeable events. I agree the activities described in this form are suitable for my child.

I understand this activity may have a cost. I will be informed of this in advance of the excursion.

Both my child and I understand that the SD22 code of conduct applies on all field trips. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours may be sent home at their family's expense.

I understand that this form will cover all Level 1 or 2 school excursions as explained above, and that if I do not want my child to participate, I may request that they not attend the excursion.

Parent/Caregiver signature

Date