

Date: _____

Eke Me-Xi Learning Centre Registration Form

Grade: _____

PEN # _____

The information on this form is collected under the authority of the School Act. Information is used for Ministry of Education reporting: demographic, enrollment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the Freedom of Information and Protection of Privacy Act.

Student Demographics

Legal First Name: _____ Birthday (dd/mm/yy): _____

Legal Last Name: _____ Gender: Male _____ Female _____

Legal Middle Name: _____ Siblings who currently
attend: _____

Usual Name *if different*: _____ Previous School Attended: _____

Home Phone Number: _____ Student Email: _____

Street Address: _____

Mailing Address *if different*: _____

Aboriginal Ancestry? (Y/N) : _____ Non-Status: Status-on-reserve: Status-off-reserve:

Band of Origin: _____ Band of Residence: _____

Student Lives With? _____ Legal Custody of Student? _____

Health Information- Please provide a copy of your student's birth certificate.

BC Care Card # _____

Allergies and Health Conditions: _____

Life Threatening? (Y/N) _____ Comments: _____

Any Other Alerts To Be Made Aware Of? _____

Legal Information

Is there a court order? (Y/N) _____ If yes, please specify: _____

If there is a court order, please provide to the office, so a copy can be made and placed in your student's file.

For Office Use Only

Date of request for records made: _____ Date Records Received: _____

Copy of Birth Certificate Received: _____ FOIPPA Received: _____ AB ID Received: _____ Court Order Received: _____

Revised: Feb. 2017

Contact Information

1: Name: _____ **Relationship to Student:** _____

Contact Type (Parent/Guardian, Emergency etc.): _____

Hm Phone #: _____ Wk Phone # _____ Ext. _____

Cell Phone # _____ Email: _____

Address if different: _____

2: Name: _____ **Relationship to Student:** _____

Contact Type (Parent/Guardian, Emergency etc.): _____

Hm Phone #: _____ Wk Phone # _____ Ext. _____

Cell Phone # _____ Email: _____

Address if different: _____

3: Name: _____ **Relationship to Student:** _____

Contact Type (Parent/Guardian, Emergency etc.): _____

Hm Phone #: _____ Wk Phone # _____ Ext. _____

Cell Phone # _____ Email: _____

Address if different: _____

4: Name: _____ **Relationship to Student:** _____

Contact Type (Parent/Guardian, Emergency etc.): _____

Hm Phone #: _____ Wk Phone # _____ Ext. _____

Cell Phone # _____ Email: _____

Address if different: _____

Comments: _____

"I certify that the information I have provided on this form is correct."

Parent/ Guardian Signature

Date



School District No. 85 Vancouver Island North



Aboriginal Programs
6975 Rupert Street (Box 90)
Port Hardy, B.C. V0N 2R0
Phone: (250) 949-6618
Fax: (250) 949-8792

Self Identification of Aboriginal Ancestry

Parent/Guardian Consultation

Aboriginal Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (Status or Non-Status), Métis or Inuit Ancestry. No documentation other than this self-identification is required and the ancestry can go back several generations.

Student Name: _____ Birth Date: ____/____/____
(month/day/year)

School: _____ Grade: _____ E-mail: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

- On Reserve Off-Reserve Status
Non-Status Métis Inuit

Aboriginal Education Programs/Services

(Not all programs/services are available in all schools)

- Cultural learning activities Academic support
School to Home communication (phone calls, texts, etc.) Cultural programs (Elementary)
Monitoring of academic progress and attendance Role Model Program/Elders in Residence
Special events, presentations, field trips Scholarship/Bursary information events

Academic /Homework Support Requested Other Requests

I acknowledge that my son/daughter is of Aboriginal Ancestry (First Nations, Metis or Inuit) and I am aware of the programs and services available through the Aboriginal Education Program.

In order to meet accountability guidelines and ensure the best available ongoing support to each of our Aboriginal learners, School District No. 85's Aboriginal Programs team members use the US based SurveyMonkey program to document services to our students. To ensure as much privacy as possible for our students, information included will only show first name and initial of last name, along with services received, and relevant notes.

(Please check one)

I consent to Aboriginal Programs' use of SurveyMonkey I do not consent to Aboriginal Programs' use of SurveyMonkey

X
Parent/guardian signature

X
Date signed

FOR OFFICE USE ONLY: (If consultation is other than in person):

Consultation via: Phone E-mail Fax Other

PARENTS/GUARDIANS: PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL

If you have any questions or require further clarification, please call (250) 949-6618

Consulted with (name): _____ Relationship to Student: _____

SD85 Staff Signature

Date of Consultation

School: _____

Comments: _____

Academic/Homework Support Requested

Other Request: _____

FOR OFFICE USE ONLY: (If consultation is other than in person):

Consultation via: Phone E-mail Fax Other _____

Consulted with (name): _____ Relationship to Student: _____

SD85 Staff Signature

Date of Consultation

School: _____

Comments: _____

Academic/Homework Support Requested

Other Request: _____

FOR OFFICE USE ONLY: (If consultation is other than in person):

Consultation via: Phone E-mail Fax Other _____

Consulted with (name): _____ Relationship to Student: _____

SD85 Staff Signature

Date of Consultation

School: _____

Comments: _____

Academic/Homework Support Requested

Other Request: _____



Parental Consent – Freedom of Information and Protection of Privacy Act

In accordance with the Freedom of Information and Protection of Privacy Act and the School Act.
School District #85 requires consent to use personal information for purpose unrelated to educational programs.

1. Publication of Name, Photograph, Video Images or Comments

At times, staff, district staff, and the media may photograph or videotape individual students and groups of students to commemorate events and promote various educational, sports and cultural events taking place in the District. While photographs add to the community like of our school, they are not required for educational purposes. As such, consent for the release of my/student’s name, photograph and comments is required before anything may be published in the yearbook or newsletter, and on occasion, in the school calendar, school district newsletter, annual report, or in the news media.

- Yes: I give my consent for publication of my/student’s photograph/video-images, and comments for purposes consistent with the above.
- No: I do not permit the publication of my/student’s name, photograph/video-images, and comments for purposes consistent with the above.

2. School District Website

There may be occasions where your child’s photograph may appear as part of a group in a school activity that is placed on the school district website.

- Yes: I give my consent for the publication of my/student’s photograph/video-images for purposes consistent with the above.
- No: I do not permit the publication of my/student’s photograph/video-images for purposes consistent with the above.

3. School Related Activities - Access to Information

There are occasions when 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. To contact you for these purposes, we then need consent for the disclosure of your name, home address, email address and phone number to Parent Advisory Councils or others responsible for these types of activities. Your personal information **will not be disclosed** to anyone for business or commercial purposes.

- Yes: I give my consent for the release of my home address and phone number for purposes consistent with the above.
- No: I do not permit the release of my home address and phone number for purposes consistent with the above.

4. Student Access to Technology

School District #85 has provided staff and student access to the Internet. Parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using the Internet, Policy 2/20. The role of the school’s teaching staff includes guiding students’ access to network learning resources and monitoring student use of the network to ensure students are following acceptable guidelines. It is expected that the Internet will be used to support and enrich the curriculum.

- Yes: I give my consent for my/student’s to have access to the network.
- No: I do not permit my/student’s to have access to the network.

5. Parent Consent to Release Name and Phone Number to the Port Hardy Public Health Unit.

This information would be release to the Public Health Unit when information is needed by the Public Health Nurse. (i.e. student in grade 9 getting their immunization shots by the Public Health Unit).

- Yes: I give my consent for my/student’s name and address to be released to the Public Health Unit.
- No: I do not give permission to release any information on my/student’s to the Public Health Unit.

Student’s Name _____

Parental/Guardian Signature _____ Date: _____



EKE ME-XI LEARNING CENTRE
PO Box 90, 146 Ba'as Road, Port Hardy, BC V0N 2P0
Telephone (250) 949-8332 * Facsimile (250) 949 8349
Website emx@sd85.bc.ca

SCHOOL SPONSORED TRIP CONSENT FORM

1. Throughout the school year, there will be occasions when students will have the opportunity to participate in local, school related activities off of school property. These trips can help provide enriched learning activities for students and allow for strengthened community connections. Trips may include, but are not limited to: hiking on local trails in PE, berry picking, visiting Port Hardy Secondary School, local businesses, the Harvest Food Bank, the library, the swimming pool and arena. We would like to have your permission to allow your child to participate in these local activities throughout the school year.
2. Your child may be walking in these activities or being driven in a staff member's vehicle. All staff driving students have provided School District required documentation that has been approved by the Principal.
3. Your child will be accompanied by school staff, but will not necessarily be supervised by an adult at all times.
4. For trips that take more than one class period or require a bus ride within the school catchment area (ie. Fort Rupert Big House) an information letter will be sent home with students prior to the trip taking place.
5. For trips beyond the catchment area, or that are perceived to have any increased risk factors, students will be given a separate field trip permission form for you to sign and return.
6. If at any time you do not wish to have your child accompany his or her class on an outing off the school property, please contact Leah Hubbard, Principal who will arrange an alternate educational program. If there are any questions or concerns regarding these types of school outings, please inform the school as soon as possible. You can either send this form back with your concerns or you can phone the school at 250 949 8332.
7. The school district does not provide any accidental death, disability, dismemberment or medical expense insurance on behalf of students.

I give permission for _____ to participate in school sponsored trips in the local catchment area of Eke Me-Xi Learning Centre. I understand that my child may be exposed to certain risks while participating in activities associated with local trips off school property. Accidents and injuries may occur.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Comments/Concerns: _____

EKE ME-XI LEARNING CENTRE

PERSONAL DEVICES CLASSROOM POLICY

Personal devices (phones, iPods, iPads, laptops, MP3s, etc) will be used to enrich, expand and explore in the classroom environment. Using personal devices in school is a privilege that comes with expectations, rules and consequences. Personal devices ARE NOT learning requirements—they are tools that when used responsibly enhance learning. Please review the information below, discuss it with your guardian, and return the signatory page to school.

Expectations for usage in the classroom:

- Devices will be used only at times and for purposes directed by the teacher.
- No headphones unless directed by a staff member.
- Devices will be used to seek relevant information (research, question or inquire) that is connected to classroom activities.
- Devices will be used to text discussions to secure and student-privacy-protected, message boards or online classroom platforms .

Rules for usage in the classroom:

- Devices will not be used to text/message/or take photos for personal or social reasons during class.
- When used for classroom purposes, devices will only be used for relevant classroom activities.
- When used for classroom purposes, students are permitted to use school-appropriate text abbreviations and slang.

Consequences for misuse: Staff at Eke Me-Xi will use a *progressive scale* should a student engage in activities that are contrary to the Centre's personal device policy and are clearly a misuse in the classroom.

Warning: Staff issues a warning(s) with a direct instruction.

Staff directed instruction: Phone is turned off / place phone in a location identified by the teacher/place phone in personal backpack or cubby/place phone in the front office. Phone is returned at the end of the class.

Staff directed instruction & Contact with home: Consequences to be discussed include whether student will be permitted future use of a personal devices in class.

This policy places learning, student safety and the responsible use of personal devices as our Learning Centre's priorities. Please ensure that you add our **Learning Centre's phone number 250-949-8332** and our **school cell phone 250-230-0917** to your personal list of contacts. If you need to contact the school or your child these are the numbers that are staffed throughout the school day. Please do not hesitate to call the Centre if your student is going to be ill, late, absent, has an appointment during school hours or has missed transportation to school.

.....
Please fill out below and return it to your teacher.

Students

I have reviewed the Personal Devices Policy and agree to follow the rules for responsible and appropriate usage in class. I understand that not following the policy will result in a series of applicable consequences and may result in the temporary or permanent banning of personal device use in school.

Student name – please print

Student signature & date

Parents/Guardians

I, _____ (parent/guardian name) have read and support the Eke Me-Xi Learning Centre Personal Device Policy.

My contact information is:

Phone: _____

Cell: _____

Email: _____

My preferred method of contact (circled) regarding my child's personal device use during school hours is:

#1 choice. Phone/ cell/ email

#2 choice. Phone/cell/email

The best time (circled) to contact me is:

Mornings/ Afternoons/Evenings

Other: _____

Parental signature: _____ date: _____