



School District # 73 (Kamloops/Thompson)

STUDENT ENROLLMENT FORM

Enrolling School: _____

Enrollment Date: _____

Start Date: _____

STUDENT INFORMATION

Legal **FIRST** Name _____ Legal **LAST** Name _____ Legal **MIDDLE** Name _____
 Current Grade _____ Gender Male Female Date of Birth _____
Day / Month / Year
 Usual First Name _____ Usual Last Name _____ Usual Middle Name _____
 Home Language _____ Language Most Used _____ First Language _____
 BC Personal Health Number _____

PROPERTY ADDRESS

MAILING ADDRESS

Same as Property Address

Street # & Name _____
 Apt # _____ RR #/PO Box _____ Postal Code _____
 City/Municipality _____ Apt # _____ Postal Code _____
 Proof of Address Document _____ City _____
 Home Phone _____ Unlisted

Please complete if different than Property Address

ADMISSION INFORMATION

Previous School/Program
 First Time Entry French Immersion District Program
 Strong Start Montessori Transfer
 Fine Arts

Previous School _____
 Previous District _____
 Previous City/Province _____
 Previous School Phone # _____

PARENT/GUARDIAN INFORMATION

Surname	_____	_____	_____
First Name	_____	_____	_____
Relationship to Student	_____	_____	_____
Custody	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared
Count Order in Effect?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Authority/ Guardian...	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls
*If there are any custody arrangements with this student, legal documentation must be filed with the school			
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
Work Phone	_____	_____	_____
Work Place	_____	_____	_____
Email Address	_____	_____	_____
Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address
Street Address	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____
Street Address	_____	_____	_____
RR#/PO Box	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____
Mailing Address (if different than property address)	_____	_____	_____

EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED)

Emergency Contact			
Relationship			
Cell Phone			
Home Phone			
	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student

SIBLING INFORMATION

Legal Last Name			
Legal First Name			
Birth Date			
Relationship			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS)

Description of Condition _____ School Medical Plan Needed

Phone Number _____

Name of Physician _____

HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS STUDENT MAY BE USING)

Description of Condition _____

Is child currently on medication? If yes, please describe _____

STUDENT LEGAL ALERTS (COURT ORDERS ON FILE) Yes No

Description of Court Order(s) _____

OTHER FAMILY ALERTS

Description of Family Alerts) _____

CITIZENSHIP

Country of Birth _____ Citizenship _____ Refugee Entry Date Into Canada _____

Visa Status _____ Expiry _____ Work Permit Expiry _____ Study Permit Expiry _____

ABORIGINAL ANCESTRY

Is your child of Aboriginal Ancestry? Yes No

If yes, please select appropriate status

<input type="checkbox"/> Metis	<input type="checkbox"/> Status On Reserve	Band of Origin _____
<input type="checkbox"/> Inuit	<input type="checkbox"/> Status Off Reserve	Band of Residence _____
<input type="checkbox"/> Non-Status		Status No. _____

OTHER INFORMATION

Past Assistance: Learning Assistance Educational Assessment District Counsellor Adaptations

Modifications Individual Educational Plan Hearing Speech/Language

Physical Accommodation

Additional Information: _____

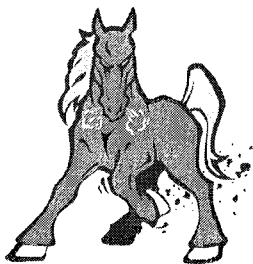
- District Internet Agreement Form Completed (see attached)
- Release of Info/Photos/Media outside of District Form Completed (see attached)
- Enrollment Interview Completed

Date _____ Signature of Principal/Designate _____

OFFICE USE ONLY

Proof of Age (1 required)	Proof of Address (1 required)	Proof of BC Residency (1 required)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver's License/Auto Registration	<input type="checkbox"/> BC Services Card/Carecard
<input type="checkbox"/> Passport	<input type="checkbox"/> Lease/Rental Agreement	
Verified by _____	Date _____	

SDS Employee Signature



BROCKLEHURST MIDDLE SCHOOL

985 Windbreak Street
Kamloops, B.C. V2B 5P5
Telephone (250) 376-1232 Fax (250) 377-2263
Web Address: <http://brockmiddle.sd73.bc.ca>

Consent For Release

Agency Receiving Information: Brocklehurst Middle School

Address of Agency: 985 Windbreak Street, Kamloops, BC V2B 5P5

I, _____, hereby consent to the release of the following information:

- ✓ Individual Education Plan
- ✓ Reports of School Psychologist, Speech Language and/or Occupational Therapists
- ✓ Behavioural Plans
- ✓ Report Cards
- ✓ Attendance Records
- ✓ Progress Reports
- ✓ Any other information you may have that will assist us in working with this student.

This information is considered confidential and will be treated accordingly.

Student Name: _____

Date of Birth: _____

I certify that I am the parent or legal guardian of the above named student:

Date: _____

Signature: _____

Address: _____

Relationship to Student: _____



BROCKLEHURST MIDDLE SCHOOL

985 Windbreak Street
Kamloops, B.C. V2B 5P5
Telephone (250) 376-1232 Fax (250) 376-3463
Web Address: <http://brocksec.sd73.bc.ca>



BC School Fruit and Vegetable Nutritional Program

(Administered by the BC Agriculture in the Classroom Foundation and supported by Healthy Families BC)

Our school is involved in a province-wide healthy living initiative. One of the goals is to encourage healthy eating by providing fresh BC fruits and vegetables to our students *during class time*. Our students will receive these healthy treats 13 times over the school year at **no charge!**

To ensure every student's health and safety please return this reverse consent form

ONLY

If you do **NOT** wish your child to participate

AND/OR

If you need to alert us to certain **FOOD ALLERGIES**.

Student's Name: _____

Teacher's Name: _____

Grade: _____

NO I do not wish my child to participate in the BC School Fruit and Vegetable Program

MEDICAL ALERT My child has food allergies you need to be aware of and therefore he/she may not be able to participate in every offering. To assist you, below is information on my child's "allergy profile".

Please list allergy(s) and defined allergy profile(s):

For Example:

- It is airborne
- It is by ingestion only
- It can be contracted through touch – the skin

If you need further guidance in this area, please contact me at: _____

Parent/Guardian's Name _____ (Please Print)

Signature: _____

TECHNOLOGY: STUDENT ACCEPTABLE USE

EXPECTATIONS FOR STUDENTS USING DISTRICT TECHNOLOGY RESOURCES

The following are expectations for students accessing the Internet and e-mail through the District's/Schools' networks. Students agree to the following terms and conditions.

Inappropriate material: I will inform my teacher or principal if I come across any site, material information or situations that makes me feel uneasy or uncomfortable, or that I believe may contain inappropriate material. I will not respond to a message sent to me that makes me feel uneasy or uncomfortable. I will not post, send or download inappropriate material.

Respect for other people's personal information: I will not post personal information about other people, including family members, fellow students, teachers, District employees or friends. Personal information may include information such as full names, school locations, interests, extracurricular activities, occupations, home or business addresses or phone numbers.

Posting student's own information on the Internet: I will not post my personal information anywhere, including my homepage if I have one, through the District or School Internet server. I may however, post school projects and work on the Internet as approved by my teacher. Just as I have been warned in the past about not meeting or talking to strangers, the same is true for using the Internet - I will not meet with anyone I talk to on the Internet without my parent or guardian present.

Electronic Mail: Electronic mail is an electronic messaging system which delivers messages through the Internet. Electronic mail allows any Internet user to communicate with another user or group of users through the District or School server. I understand that using e-mail will be at the discretion of the school. The students will ONLY communicate with District provided e-mail addresses.

School rules apply: As a student, I understand that all of the rules of expected conduct, appropriate language, fair and respectful comments, and responsible behaviour of a School District No. 73 student and the consequences for breaking those rules apply to my use of any District technology resource, including posting and using services on the Internet. I understand the consequences for breaking those rules may result in the limitation or withdrawal of the privilege of having access to the District or School technology systems and of having Internet access. More specifically, without limiting the above, I agree that:

- I will not do anything illegal.
- I will not breach my responsibilities as a student under the *Student Acceptable Use - Student Use of District Technology Resources Consent* when using the District's technology systems or the Internet.
- I will not break any regulations regarding student conduct established by the District or my School.
- I will use appropriate language on the Internet, and any statements of opinion that I make will be respectful, fair and not malicious.
- I will not engage in any financial transactions or cause any damage or losses to any person in using a District electronic communications system including posting and using services on the Internet.

I understand that I am personally responsible for my actions, errors and omissions in using a District electronic communications system and accessing the Internet. I further understand the consequences for failing to comply with the terms and conditions of these regulations may well exceed school disciplinary actions, and may include criminal investigations, civil suits or both.

Responsible Use of the Resources: I agree to use my time on-line effectively, in posting and using services such as browsing and downloading files. I agree to keep my password secret.

Plagiarism: I agree that I will not copy information and claim it as my own.

Copyright: In the event that I wish to copy any copyrighted work, if I do not already have legal permission to copy that work, I will ask the original author for written permission to use the graphics or any copyrighted works, including works of art, compositions, text, symbols, sayings, cartoons, excerpts, and quotations. I agree that I will give written credit for sources of information for my work.



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

**TECHNOLOGY: STUDENT ACCEPTABLE USE
STUDENT USE & CONSENT FORM – ELEMENTARY & MIDDLE SCHOOLS**

1. STUDENT USE OF DISTRICT TECHNOLOGY RESOURCES

I understand and will ensure that my son/daughter will abide by the attached "Expectations for Students using District Technology Resources". I will ensure that he/she uses resources responsibly, respects the rights of others and will not use these systems for unethical or illegal activities. I have read the attached "Expectations for Students using District Technology Resources". I understand that my son/daughter may access District technology systems which allows him/her to access resources, communicate with others and to publish his/her work.

I grant permission for my son/daughter to access the District technology resources and to publish his/her work until Grade 6 for middle school streams and until Grade 7 for regular school streams.

- I grant permission
 I do not grant permission

2. STUDENT NAME AND PHOTOGRAPH/VIDEOTAPING CONSENT

It is traditional in the school to allow district staff and occasionally 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 district. While photographs add to the community life of the school, they are not required for educational purposes. As such, consent for the release of your child's name and photograph to the general public is required.

- I grant permission for the release of my child's photograph
 I grant permission for the release of my child's photograph and name
 I do not grant permission
- I grant permission for the videotaping of my child and release of the video
 I grant permission for the videotaping of my child and the release of the video with my child's name
 I do not grant permission

Student Name: _____

School: _____

Student I.D.: _____

Date: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian e-mail address: _____

**PARENTS HAVE THE RIGHT TO REVOKE THE ABOVE PERMISSIONS AT ANY TIME
BY CONTACTING THE SCHOOL AND COMPLETING AN UPDATED FORM**



BROCKLEHURST MIDDLE SCHOOL

985 Windbreak Street

Kamloops, B.C. V2B 5P5

Telephone (250) 376-1232 Fax (250) 377-2263

Web Address: <http://brockmiddle.sd73.bc.ca>

Dear Parent/Guardian:

Re: Aboriginal Programs and Services:

School Districts receive additional targeted funding for students who self identify as being of Aboriginal ancestry. In School District #73, this funding is allocated to offer Aboriginal programs and services in schools.

According to our records, your son/daughter has been identified as being of Aboriginal ancestry and we would like to include your son/daughter in our Aboriginal programs and services for the 2016-2017 school year.

If you are in agreement, please sign the permission form below.

If you do not wish your son/daughter to participate, or if our information is incorrect, please contact the school.

For further information regarding Aboriginal Education in School District #73, you can also contact Cheryl Sebastian, District Principal - Aboriginal Education at 250-374-0679.

Yours truly,

Vessy Mochikas
Principal

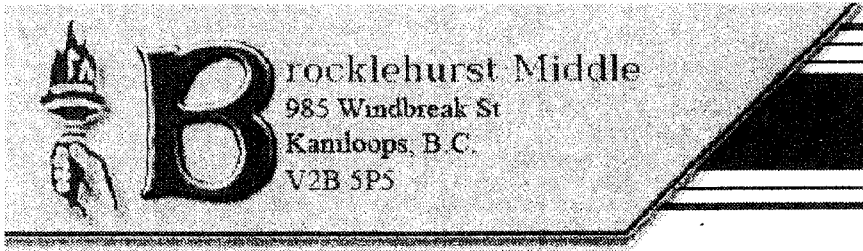
My signature confirms that I have identified my son/daughter as having Aboriginal ancestry. I want him/her to access Aboriginal education programs and services.

Son/Daughter Name: _____ Grade _____

School _____

Parent/Guardian Name: Please print _____

Signature: _____



School Supply Lists

Getting ready for school? Brock Middle School has adopted a school wide organizational strategy of 'One Binder'. This One Binder system has been proven to work and is founded in 30 years of research practice. The necessary components for the One Binder are as follows:

- 2 ½ Binder with zipper
- Pencil pouch that snaps into the binder
- 2 pencils/2 pens/1 highlighter/1 eraser/ 1 ruler /calculator/ manual pencil sharpener.
- Lined paper
- 5-8 coloured subject tabs

Individual teachers may require additional items. Any needed items are usually discussed in your first class.

