



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 _____
 Proof of Address Document _____
 Home Phone _____ Unlisted

Please complete if different than Property Address
 Street # & Name _____
 Apt # _____ Postal Code _____
 City _____

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
Court 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
Property Address (if not living with student)			
Street Address	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____
Mailing Address (if different than property address)			
Street Address	_____	_____	_____
RR#/PO Box	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____

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

Emergency Contact	_____	_____	_____
Relationship	_____	_____	_____
Home Phone	_____	_____	_____
Cell 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 (ONLY SCHOOL AGED IN BC)

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	<input type="checkbox"/> Male <input type="checkbox"/> Female

STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS ONLY)

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 Alert(s) _____

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 Band of Origin _____
 Metis Status On Reserve Band of Residence _____
 Inuit Status Off Reserve Status No _____
 Non-Status

OTHER INFORMATION

Past Assistance: Learning Assistance Educational Assessment District Counsellor Adaptations
 Modifications Individual Educational Plan Hearing Speech/Language
 Physical Accommodation
 Additional Information: _____

PERMISSIONS

The information contained on this form is collected under the authority of the School Act, Section 13 and 79. This information will be used for educational programming 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 with the Freedom of Information and Protection of Privacy Act (FIOPPA). If you have any questions about the information recorded on this form, please contact your School Administrator.

Date _____ Signature of Parent/Guardian _____ 

- 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"/> Gas/Hydro Bill	<input type="checkbox"/> BC Services Card/CareCard
<input type="checkbox"/> Passport	<input type="checkbox"/> Lease/Rental/Purchase Agreement	
Verified by _____	Date _____	



BROCKLEHURST MIDDLE SCHOOL

985 Windbreak Street

Kamloops, B.C. V2B 5P5

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

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

Consent For Release - to Brock Middle School

Date: _____

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 the 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 (for students under 19), or the above named student (over 19):

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):

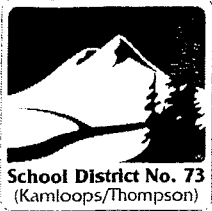
For Example:

- 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: _____



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

1383 - 9th Avenue Kamloops, B.C. V2C 3X7 - Telephone: (250) 374 0679 - Fax: (250) 372 1183

Access to Internet-Based Resources (Web Access and Cloud Storage)

To access a School District Google Apps for Education (GAFE) account this form must be completed and returned to the school.

Student Name: _____
School: Brocklehurst Middle School

Google Apps for Education (GAFE) is an Internet-based resource that utilizes web access and cloud storage. The Kamloops/Thompson School District can provide students with a district-managed Google Apps for Education account. This allows students to use a powerful collection of online collaboration and productivity tools, as well as unlimited online file storage space to be used for educational purposes.

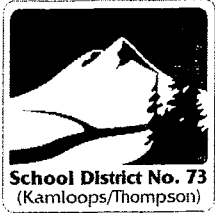
Detailed information on the SD73 GAFE platform, including a list of educational uses, privacy, and acceptable and unacceptable use can be accessed at <http://www.sd73.bc.ca/gafe> Each student will have their own secure login and password to access their account and receive instruction on how to appropriately use the GAFE platform in ways that protect their personal information.

To use a SD73 GAFE account, personal information will be collected by the School District under the authority of the *Freedom of Information and Protection of Privacy Act* (FIPPA). The School District is required to obtain the consent of students and their custodial parents before providing this personal information, as required by the *British Columbia School Act* and *FIPPA 27 (d) (i) (ii)*. In accordance with these *Acts*, students and custodial parents may provide consent or decline to consent (in which case the student will not be able to use GAFE), and may provide a further written response.

Using the SD73 GAFE platform involves the storing and accessing of two types of personal information:

1. Students' name, grade level, and school name - used in order to create the GAFE account;
2. Any documents or information created within or uploaded onto the SD73 GAFE platform by students. This includes, but is not limited to, projects, presentations, documents, videos, calendar entries and browser settings created by your child and/or other SD73 students (e.g., students contributing information on a shared document as they work together on a group project). Any documents or information created within or uploaded onto the SD73 GAFE platform by students may contain personal information reasonable for educational purposes (e.g. a student's name included in a writing assignment).

It is important to be aware that both types of personal information will be stored on secure Google servers located outside of Canada, and in certain circumstances, may be accessed by District IT staff or Google. <https://sites.google.com/a/gedu.sd73.bc.ca/sd73gafe/privacy/who-can-access-my-information> While stored outside the country, information in your child's GAFE account may be subject to the laws of foreign



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jurisdictions. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

The use of the Google Apps for Education service is not an educational requirement for students. Should you choose not to provide your consent, your child will not be penalized in any way and alternate activities will be provided, as appropriate.

Consent:

I understand that my (if student is signing) information or my child's (if parent is signing) information will be used for Google Apps for Education. This includes information collected by School District #73 for the purposes of creation/use of individual GAFE accounts. SD73 may also collect personal information about students that is potentially shared by other students related to the use of GAFE (ie: group projects, videos, shared calendar events, etc.).

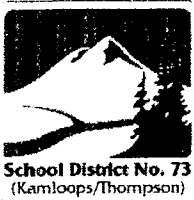
For questions regarding the collection of personal information for use in SD73 GAFE accounts, please contact Shayne Olsen, Associate Superintendent Human Resources, 1383 9th Ave, Kamloops, BC, 250-374-0679.

I hereby acknowledge that my child and I have read and understood the School District's Policy on the Use of Google Apps for Education. <https://sites.google.com/a/gedu.sd73.bc.ca/sd73gafe/privacy/acceptable-use-guidelines>

This consent will be considered valid from the date at which it is signed until 12 months after the point the student named below is no longer a student within the School District, unless at any subsequent time the consent is revoked with written notice delivered to the School District.

Student Signature _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

1383 - 9th Avenue Kamloops, B.C. V2C 3X7 - Telephone: (250) 374 0679 - Fax: (250) 372 1183

To participate in the communication of a FreshGrade digital portfolio, this form must be completed and returned to the school.

Student Name: _____
School: Brocklehurst Middle School

FreshGrade is a "digital portfolio" app that provides a platform for student portfolios to be shared with parents instantly on a smartphone, tablet, or computer. The student portfolios may contain personal information such as name, school, grade, marks for assignments, student work, photos, or audio/video recordings of the student and/or his/her work.

In order for parents to access FreshGrade, the School District needs a parent email address. The School District is required by the *Freedom of Information and Protection of Privacy* to obtain the consent of students and their custodial parents before the digital portfolio can be sent to the parent's email address. In accordance with this *Act*, students and custodial parents may provide consent or decline to consent (in which case the student's work will not be shared with FreshGrade), and may provide a further written response.

It is important to be aware that FreshGrade is an online service that is hosted securely inside of British Columbia and Canada. Information in parent email accounts may or may not be located on secure servers located outside of Canada. While stored outside the country, information in the email may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

Consent:

I understand that my (if student is signing) information or my child's (if parent is signing) information will be sent to me at the email address provided. This consent will be considered valid from the date at which it is signed until which point the student named below is no longer a student within the School District, unless at any subsequent time the consent is revoked with written notice delivered to the School District.

Student Signature _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian email address: _____



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

**TECHNOLOGY: STUDENT ACCEPTABLE USE
STUDENT USE & CONSENT FORM – SECONDARY SCHOOLS**

1. STUDENT USE OF DISTRICT TECHNOLOGY RESOURCES

I understand and will abide by the "Expectations for Students using District Technology Resources". I will use resources responsibly, respect the rights of others and will not use these systems for unethical or illegal activities. I further understand that any violation of the regulations is unethical and may constitute a criminal offence. Should I commit any violations, my access privileges may be revoked, school disciplinary action may be taken, and possible legal action may be taken. I understand that this document will remain in my school file for the school year.

Student's Name: _____

Date: _____

Student's Signature: _____

Student ID# _____

School: **Brocklehurst Middle School**

2. PARENT PERMISSION FORM FOR ACCESSING ELECTRONIC COMMUNICATIONS SYSTEMS

I have read the attached "Expectations for Students using District Technology Resources". I understand that my son/daughter may access District technology resource systems which allow him/her to access resources, communicate with others and to publish his/her work. I also understand that filtering or blocking software which may be applied to the district technology systems is not foolproof and cannot guarantee 100% effectiveness. I grant permission for my son/daughter to access the District technology resources and to publish his/her work until the completion of Grade 12.

I grant permission

I do not grant permission

Parent/Guardian Name: _____

Address: _____

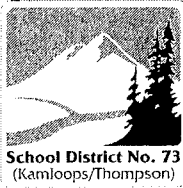
Parent/Guardian Signature: _____

Parent/Guardian e-mail address: _____

Phone: _____

Date: _____

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



SCHOOL DISTRICT No. 73 (KAMLOOPS / THOMPSON)
1383 - 9th Avenue, Kamloops, B.C. V2C 3X7
Tel: (250) 374-0679 Fax: (250) 372-1183 www.sd73.bc.ca

September 14, 2018

Dear Parent/Guardian:

Each year, 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 enhanced Aboriginal programs and services to all self-identified Aboriginal students in our schools.

According to our records, your son/daughter has been identified as being of Aboriginal ancestry and we would like to include him/her in our Aboriginal programs and services. Parental consent is required.

If you consent to your son/daughter participating in the Aboriginal programs & services offered at their school, please sign the permission form below and return it to the school prior to September 30th.

If you do not wish your son/daughter to participate, or if our information is incorrect, please contact the school prior to September 30th.

For further information regarding Aboriginal Education in School District #73, you may contact the school directly or Mike Bowden, District Principal – Aboriginal Education at 250-376-2266.

Yours truly,

Jake Schmidt
Principal

My signature confirms that I have identified my son/daughter as being of Aboriginal Ancestry and give my permission for him/her to access Aboriginal education programs and services.

Student Name: _____ Grade: _____

School: **Brocklehurst Middle School** _____

Parent/Guardian Name (Please Print): _____

Signature: _____