



Work & Learn Program- Registration Form

The students must be born prior to July 1, 2007 to enroll in this Program



FOR OFFICE USE ONLY: (Please ensure Proof of Age and Residency are provided and initial in allocated area)

Information Verified By (Staff Name): _____ **Date:** _____ **STAFF INITIALS**

DD-MM-YYYY

Current Year: Enrollment Date: _____ **Grade:** _____

Next Year: Date of Registration: _____ **Time of Registration:** _____ **Current/Next Grade:** _____

REGISTRATION DOCUMENTATION:

Proof of Age:	Proof of Residency:	International:
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver's License	<input type="checkbox"/> International
<input type="checkbox"/> Certificate of Citizenship	<input type="checkbox"/> Rental Agreement	<input type="checkbox"/> Resource Deposit Paid: \$ _____ Appr. Code: _____
<input type="checkbox"/> Immigration Canada Documents	<input type="checkbox"/> Municipal Tax Bill	<input type="checkbox"/> Paid for Course: \$ _____ Appr. Code: _____
<input type="checkbox"/> Passport	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Refund to: _____
<input type="checkbox"/> Permanent Resident Card	<input type="checkbox"/> Parent's Care Card	
<input type="checkbox"/> Indigenous Status Card	<input type="checkbox"/> Parent's BC Services Card	
<input type="checkbox"/> Driver's License (if over 19)	<input type="checkbox"/> IN DISTRICT	

STUDENT INFORMATION:

Current School: _____ **School Counsellor Name:** _____ **Current Grade:** _____

LEGAL Name: _____
(Last Name) (First Name) (Middle Name)

USUAL Name: _____ Previous name(if changed)
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ **Age:** _____ **Legal Gender:** M F / **Preferred Gender:** M F Other

(DD-MM-YYYY)

Phone(s)/Email: _____
(Student Home) (Student Cell) (Student Email)

Address: _____
(Apt. #, Street Name) (City) (Province, Postal Code)

Mailing Address (if different from above): _____

COURSE REQUESTED

This course is required for: Graduation Upgrading Credit Recovery

Graduated Not Graduated yet

CITIZENSHIP:

Country of Birth: _____ **Citizen of:** _____ **Immigration Status:** _____

LANGUAGE:

First Language: _____ **Used at Home:** _____ **Most Used:** _____

INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:

Inuit Metis Non-Status Status-Off Reserve Status-On Reserve

Band of Origin: _____ **Band of Residence:** _____

PREVIOUSLY ENROLLED AT MISSION ONLINE SCHOOL?

Has student ever attended **Mission Online School?** NO YES: _____ **If YES, Year(s) Attended:** _____

MEDICAL:

Care Card Number: _____ Doctor's Name: _____ Phone: _____

 Student has potentially life-threatening condition. Provide Details *(If YES, please arrange a meeting with the school Principal)***Principal or Designate to complete if applicable:** Doctor's Note Requested Doctor's Note Received**DISABILITIES and/or DIVERSE LEARNING NEEDS (please provide any applicable documentation):**Identified Special Needs / Learning Needs NO YES. If Yes, Please Provide Details:Student currently has an **Individualized Education Plan (IEP)** NO YES: If YES, Current Designations(s): _____

Other Information:

PARENTS/GUARDIANS/CONTACTS(Required for under 19 students)**Contact #1.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

Contact #2.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

****PLEASE NOTE******MISSION ONLINE SCHOOL REQUIRES AT LEAST ONE PARENT/GUARDIAN EMAIL ADDRESS FOR DUAL ENROLLED STUDENTS****CUSTODY:**Are there any legal documents in force re: Custody / Guardianship / Access? YES NO
If YES, have you provided the school with a copy of these legal documents? YES NO**CUSTODY-Agency Representative: (e.g., MCFD)** Continuing Custody Order Temporary Custody Order
If YES, have you provided the school with a copy of these legal documents? YES NO**Additional Comments****I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE**

Student Signature: _____ Date: _____

Parent/Guardian name & signature (under 19 students) _____

Mission Online School (MOS)

Letter of Commitment -Roles & Responsibilities (Evening Session)

As a Student (Under 19/adult), I agree and understand the following:

- To contact the teacher when additional help or support is needed
- Ensure active engagement in each course within 2 weeks of enrollment and maintain a status of active engagement throughout the year.
- To complete and submit course assignments regularly and continuously as per the learning plan and the schedule established by the teacher.
- I understand that I may not be enrolled in the same program or course at a different school at the same time.
- I am required to participate in invigilated tests and exams as required per course and abide by the Academic Integrity policy for MOS
- Maintain regular and ongoing communication with the teacher via email, phone, in person, or other means, including regular and ongoing submission of student work
- Contact the teacher immediately if for any reason they are unable to meet the above criteria
- I understand that if I fail to abide by the above criteria, my continued enrollment at MOS will be in jeopardy, and I will be issued a 'warning of withdrawal email', with actions required to maintain enrollment at MOS
- I understand if I fail to comply with the Letter of Commitment, I will be withdrawn from my program at MOS.

Student Name: _____ Student Signature: _____ Date: _____

As a PARENT (required for under 19 students), I agree and understand the following:

- I understand that my child logs in regularly and actively engages in all courses within 2 weeks of enrolment and maintain a status of active engagement throughout the year on a path to successful course and grade completion.
- I understand that I must maintain regular and ongoing communication with my child's teacher either in person, via email or phone, and through regular and ongoing submission of work.
- To contact the teacher when issues arise with a student's ability to complete coursework so that the student is not withdrawn from courses for inactivity.
- I understand that my child is required to participate in the school district/ provincial assessments and surveys.
- To regularly view the student's report cards through the parent portal on MYED and to provide additional review or support as needed.
- Regularly check the MOS website for updates, reminders, and important dates
- I understand that a requirement of enrolment at MOS is to follow the guidelines outlined on this form. Failure to abide by these guidelines may result in the withdrawal of enrolment in this program.

Parent Name: _____ Parent Signature: _____ Date: _____

Mission Online School (MOS) Academic Integrity Policy

Please read the following information regarding the Academic Integrity policy for students at MOS.

What is Plagiarism or Academic Dishonesty?

1. Submitting work that you have copied from the internet, a friend, or any other source or person.
2. Having someone else complete your work for you.
3. Submitting work that has been significantly edited by a tutor, parent, or any person.
4. Using information from a person or source during a test, unless authorized by the teacher or the course instructions.
5. Providing, or accepting, unauthorized access to restricted course materials (tests, passwords, quizzes, answer keys), without the teacher's written consent.
6. Submitting the same work for different assignments or courses.

***Note:** Students are responsible for keeping a record of the resources used when completing assignments/projects. Please be sure to check your specific course, or teacher, for the Citation style that you are required to use.*

Potential or escalating consequences of plagiarism or academic dishonesty:

1. Redoing the assignment/test under teacher supervision at MOS during regular school hours.
2. Receiving a "0" on the assignment/test.
3. Being required to do all future tests and/or major assignments under the supervision of a MOS teacher, or a BC-certified teacher.
4. Being withdrawn from the course or receiving a failing grade on the course.
5. Being withdrawn from school.

In all instances of plagiarism or academic dishonesty, a parent/guardian will be notified, in addition to the school administrator. Consequences will be determined at the discretion of the teacher and administrator on a case-by-case basis.

EXAMS Invigilation Guidelines at Mission Online School

1. Tests need to be supervised by teachers during regular school hours OR via Zoom/ Teams
2. The tests/exams can also be supervised off-site by another BC Certified teacher. This teacher must have an active school district email address, from which they email your teacher for test instructions and passwords.
3. If there is a discrepancy of more than 25% between the supervised tests and other coursework, then a teacher can:
 - Weigh the supervised test more heavily than previous coursework.
 - Require the student to re-do the test and/or previous coursework under the supervision of a MOS teacher during regular school hours.
 - Require that all future tests and major assignments be completed under the supervision of a MOS teacher during regular school hours.

I have read, and understand, the above Academic Integrity Policy, and Test Invigilation Guidelines, for Mission Online School.

Student Name: _____ Student Signature: _____

Parent Signature (required for under 19 students): _____ Date: _____

Network, Internet and Wi-Fi Access User Agreement Form for Students



The personal information on this form is collected by School District No. 75 (Mission) under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 826-6286.

Student Section

Student Name: _____ Div: _____

School: _____ Grade: _____

I have read *Administrative Procedure #4.0: Network, Internet, and Wi-Fi Procedure for Students* and I agree to follow the rules and regulations in the policy. I understand that if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature: _____ Date: _____

Parent or Guardian Section (required if student under 19)

Students under the age of 19 must also have the signature of a parent or guardian who has read this agreement.

As the parent or guardian of the above-named student, I have read *Administrative Procedure #4.0: Network, Internet, and Wi-Fi Procedure for Students* and agree to abide by the provisions therein. I understand that network services are intended for educational purposes.

In consideration of the privilege of using the MPSD.CA Network, I hereby release the district, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the MPSD.CA Network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Student Acceptable Use Policy and Regulations. I will emphasize to my child the importance of following the rules for personal safety and understand that it is impossible for the School District No. 75 (Mission) to restrict access to all controversial materials, and I will not hold School District No. 75 (Mission) responsible for materials acquired via its networks.

I give permission for _____ (name of student) to access the SD75.MISSION Network and/or the Internet and/ or Wi-Fi and certify that the information contained in this form is correct.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Home Address: _____ Phone: _____

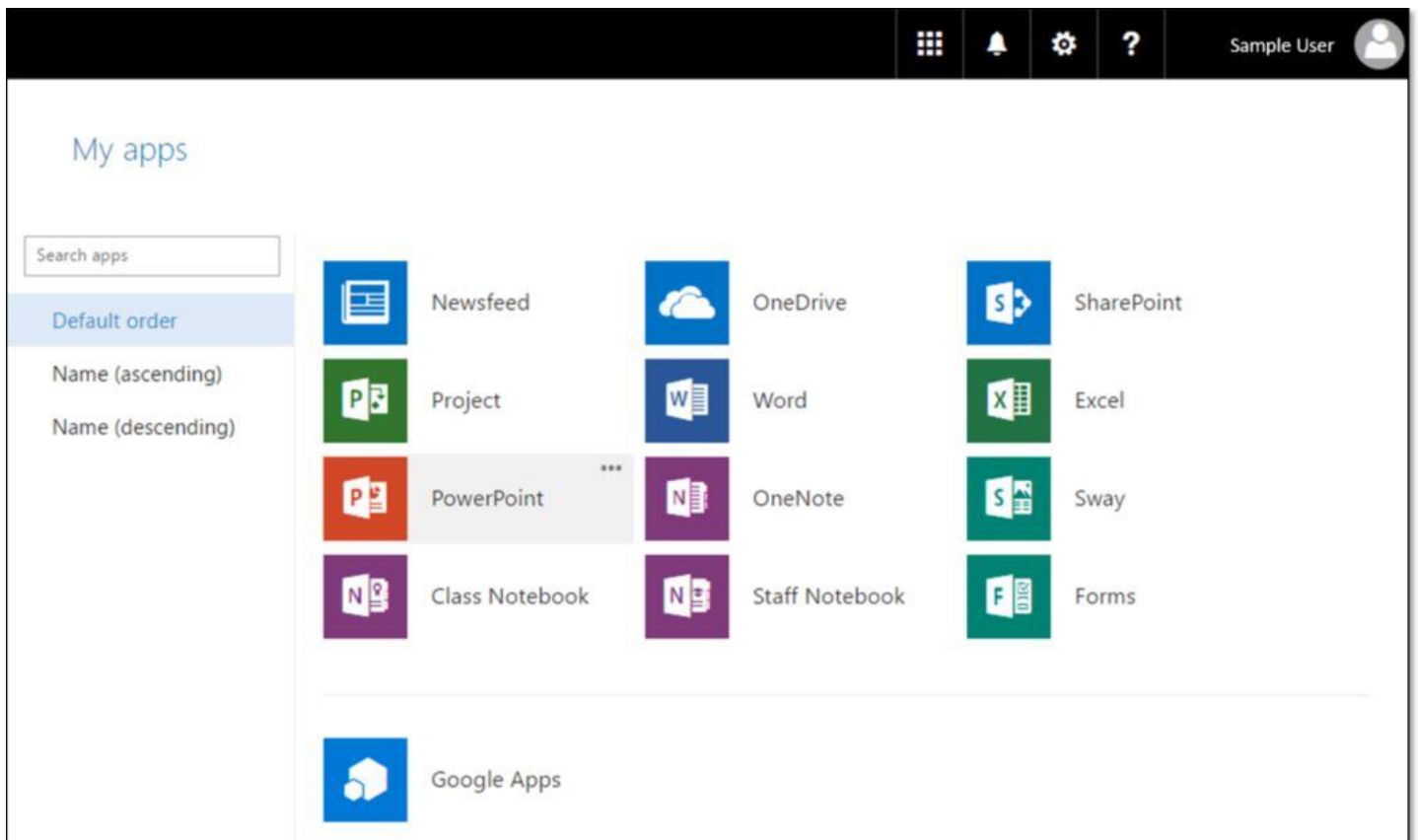
This form will be retained at the office of the enrolling school of the student.

What is Office 365

Office 365 Education is a collection of services that allows you to collaborate and share your schoolwork. It's available for free to teachers who are currently working at an academic institution and to students* who are currently attending an academic institution. The service includes Office Online, and OneDrive online file storage. This service also allows teachers and students to install the full Office applications on up to **5 PCs or Macs for free**.

Students MUST have parent permission granted for Office 365

This form is initially completed at Kindergarten entry or by new students to Mission, and when a student is transitioning from Elementary to Middle, and Middle to Secondary School.



Dear Student/Parent/Guardian:

Students will be provided with personal user accounts to create and manage their school assignments through Office 365.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

_____ Jim Pearce _____, School Principal

School Address and Contact Information:

Mission Online School
32939 7th Ave,
Mission BC

Consent:

Office 365 - I have read the above information from _____ School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of *Office 365* is to enable opportunities to create and manage school assignments. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided.

I consent to myself/my child using *Office 365*.

By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that:

- Student's work in *Office 365* may be accessed by the student's teachers, school based administrator and you as the invited parent.

This consent will be considered valid **from the date at which it is signed and must be completed another time when the student transitions to the next education level**. I also hereby acknowledge that I have read and understood the above information on *Office 365*.

Print Name of Student

Grade

Date

Signature of Adult Student or Parent/Guardian

Date

**For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

This form must be returned, signed and dated, to the student's school so that an *Office 365* account can be created.