



Summer Session Registration Form



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

Information Verified By (Staff Name): _____	Date: _____ DD-MM-YYYY	STAFF INITIALS <div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div>
<input type="checkbox"/> Current Year: Enrollment Date: _____	Grade: _____	
<input type="checkbox"/> Next Year: Date of Registration: _____ Time of Registration: _____ Current/Next Grade: _____		

REGISTRATION DOCUMENTATION: STUDENT/FAMILY MUST RESIDE IN MISSION

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	

TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):

STUDENT INFORMATION:

Current School: _____	School Counsellor Name: _____	Current Grade: _____
LEGAL Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last Name) (First Name) (Middle Name) </div>		
USUAL Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last Name) (First Name) (Middle Name) </div>		
Date of Birth: _____ <div style="font-size: x-small;">(DD-MM-YYYY)</div>	Age: _____	Legal Gender: <input type="checkbox"/> M <input type="checkbox"/> F / Preferred Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Phone(s)/Email: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Student Home) (Student Cell) (Student Email) </div>		
Address: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Apt. #, Street Name) (City) (Province, Postal Code) </div>		
Mailing Address (if different from above): _____		

COURSE REQUESTED (only one course can be requested in summer)

CITIZENSHIP:

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

First Language: _____	Used at Home: _____	Most Used: _____
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INDIGENOUS ANCESTRY: ☐ NO ☐ YES / If YES, please tick the applicable ancestry below:

<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: _____		Band of Residence: _____		

PREVIOUSLY ENROLLED AT MISSION ONLINE SCHOOL?

Has student ever attended Mission Online School ? <input type="checkbox"/> NO <input type="checkbox"/> YES:	If YES, Year(s) Attended: _____
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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:

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: _____

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

OTHER NOTES OR COMMENTS:

I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE

Parent/Guardian Name (please print): _____

Parent/Guardian Signature (if student is under 19): _____ Date: _____

(your typed name is your digital signature)

Mission Online School (MOS)

Letter of Commitment -Roles & Responsibilities (Summer Session)

Student Name _____ Grade _____

As a PARENT, I agree and understand the following:

- I understand that my child logs in regularly and actively engages in their course within 5 weeks of enrolment and maintain a status of active engagement throughout the summer session on a path to successful course completion.
- I understand that I must maintain regular and ongoing communication with my child's teacher 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 course for inactivity.
- To regularly view the student's progress report sent by teacher and to provide additional review or support as needed.
- 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 from the course.

As a Student, I agree and understand the following:

- To contact the teacher when additional help or support is needed
- Ensure active engagement in the course within 5 weeks of enrollment and maintain a status of active engagement throughout the summer session.
- 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 for the course and abide by the Academic Integrity policy for MOS
- Maintain regular and ongoing communication with the teacher via email, phone, 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 course at MOS.

Parent Name: _____ Parent Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

(your typed name is your digital signature)

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 via Zoom/ Teams
2. 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: _____ Date: _____