



Grade 7-12 Registration Form



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

CATCHMENT SCHOOL: _____ **Date:** _____ **STAFF INITIALS**

Information Verified By (Staff Name): _____

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

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

REGISTRATION DOCUMENTATION: (student / family must reside in Mission)

Proof of Legal Guardianship:	Proof of Residency (Parent/Guardian):	Proof of Physical Address (for catchment):
<input type="checkbox"/> Birth Certificate (LONG Version with Parent Names) <input type="checkbox"/> Landed Immigrant Document <input type="checkbox"/> Guardianship Order <input type="checkbox"/> Income Tax Statement (Children are Declared)	<input type="checkbox"/> BC Driver's License <input type="checkbox"/> BC Services Card (PHN) <input type="checkbox"/> ICBC Registration Document <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas or <input type="checkbox"/> Cable Bill <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Employment Pay-Slips (Current)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas or <input type="checkbox"/> Cable Bill <input type="checkbox"/> Mortgage Statement
Proof of Child's Age:		
<input type="checkbox"/> Canadian Birth Certificate / <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License / BC Services Card (if over 19)		

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

STUDENT INFORMATION:

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

USUAL Name: _____
(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 Work – if applicable) (Student Email)

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

Mailing Address (if different from above): _____

CITIZENSHIP:

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

Parent: 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:** _____

FORMER SCHOOL:

Name of Former School: _____ **School District #:** _____ **City:** _____

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

MEDICAL:

Personal Health

Number (PHN): _____

Does the student have any medical or health? NO YES / If YES, please provide details below:**DISABILITIES and/or DIVERSE LEARNING NEEDS (please provide any applicable documentation):**Identified Disability and/or Diverse Need(s) 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:**Parent/Guardian #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: _____

Parent/Guardian #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 NOIf 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 OrderIf YES, have you provided the school with a copy of these legal documents? YES NO**EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)****Contact #3.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Can Pick-Up? YES NO / Speaks English? YES NO**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: _____

Mission Online School (MOS)

Letter of Commitment -Roles & Responsibilities (Grades 7-12)

Student Name _____ Grade _____

As a PARENT, I agree and understand the following:

- To participate in the development of the Student Learning Plan (SLP), in collaboration with the MOS teacher, and in ongoing changes and revisions as needed throughout the year,
- To work collaboratively under the direction of Mission Online following the teacher in the implementation of my child's educational program, as outlined in the Student Learning Plan, and in accordance with the Ministry of Education Online Learning guidelines,
- To provide a supportive home learning environment in implementing the program as outlined in the Student Learning Plan, assignment packages and/or specific courses,
- I understand that my child logs in regularly and actively engages in all courses within 2 weeks of the completion of the SLP 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 as outlined in the SLP,
- 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,
- Understand the guidelines for access to the Educational Resource Allotment and Third-Party Resourcing,
- I understand that a requirement of enrolment at MOS is to follow the guidelines outlined on this form and the SLP. Failure to abide by these guidelines may result in the withdrawal of enrolment in this program.

As a Student, 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, as outlined in the SLP 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,
- I am required to attend tutorials at MOS as directed by the teacher or as outlined in the SLP,
- 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.

Parent Name: _____ Parent Signature: _____ Date: _____

Student Name: _____ Student Signature: _____ Date: _____

Mission Online School (MOS)
Academic Integrity Policy (Grades 7-12)

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: _____ Date: _____

Mission Online School (MOS)

Educational Resource Allotment 7-12

Online Learning Policy allows for the provision of third-party Education Resource Allotment (ERA) and services **up to a maximum** of \$600.00 per full time student in grades 7-12 who are enrolled by September 30th. Please discuss specific amounts available per grade level with your child's teacher. The BC Ministry of Education's guidelines for Online Learning Schools has strict rules and regulations for the use of these funds.

The provision of these funds is to assist students in meeting curricular learning outcomes not easily addressed in a home learning model, in particular, Fine Arts and Physical Education. Allocation of funding to third parties must be for a service/lesson, resource, or experience required for the student's educational program, as documented in the student learning plan developed by a certified teacher.

General Guidelines:

Use of the Educational Resource Allotment must fall into 1 of the following 3 categories:

- *Services and/or Lessons* that are part of the child's educational program, as directed by the teacher as required for the educational program, as outlined in the student learning plan.
- *Consumable resources* that are part of the child's educational program, as directed by the teacher as required for the child's educational program, as outlined in the student learning plan.
- *Experiences* that are part of the child's educational program, as directed by the teacher as required for the educational program, as outlined in the student learning plan.

Examples of service/lesson, consumable and experience purchases:

Services and/or lessons:

Some examples of lessons paid for using the Educational Resource Allotment funds include swimming lessons, dance lessons, martial arts lessons, baseball fees, tennis lessons, art class, music class or musical theatre.

Consumables:

Consumables include items that are necessary for the educational program but are consumable in nature.

Experiences:

Experience can include items such as a day pass to the Art Gallery, Science World or a Community Recreation Centre.

When accessing the Education Resource Allotment funds, it is the parent's responsibility to:

1. Collaborate with the teacher during the development of the student learning plan for resources required by the teacher for the student's educational program.
2. Complete and submit all components of the Educational Resource Allotment Request form. Please allow a minimum of two weeks for the processing requests.
3. Submit the Learning Activity Assessment to the teacher upon the conclusion of a lesson or experience.
4. Inform MOS immediately if your child is not going to complete a program for which payment has already been made.

Resource Allotment Request Process:

- 1) During the completion of the Student Learning Plan collaborate with the teacher relating to any lessons, experiences or consumables required for participation in the educational program and the use of the Educational Resource Allotment to support these resources.
- 2) Complete the required Educational Resource Allotment Request form, and required documents, and submit to your child's teacher. **Please note:** We are unable to process any requests until all required documents have been received at the MOS office as listed on the Educational Resource Allotment Request form.

Please Remember:

- All lessons, resources, and experiences must be required for the educational program directed by the teacher and included in the Student Learning Plan as part of the child's educational program.
- Please be advised that it is the parents' responsibility to notify the vendor that they are **required** to submit a **current criminal records check and proof of General Liability Insurance of not less than \$5 Million that names Mission Public Schools as an additional insured** to missiononline@mpsd.ca prior to any requests being processed using third party allotment funds.
- We can only pay for a lesson or experiences in **3-month** increments.
- **Do not pre-pay** for lessons, resources, or experiences in advance, as we are unable to provide reimbursement. All purchases must be paid to the vendor directly by MOS.
- Please allow a minimum of 2 weeks for processing of all requests and purchases. If a request is submitted with less than 2 weeks until the start of the class or experience, we cannot guarantee processing in time for the start of the event.
- **April 1** is the deadline for accessing the current year's educational resource allotment.

I have read, and understand, the above Educational Resource Allotment Guidelines for Mission Online School.

Parent Signature: _____ Date: _____

Network, Internet, and Wi-Fi Access User Agreement Form for Students K-12



The personal information on this form is collected by Mission Public Schools 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, Mission Public Schools, 33046 4th Avenue, Mission, BC V2V 1S5 / 604-826-6286 / privacy@mpsd.ca.

STUDENT SECTION:

Student Name: _____ Div: _____
(PLEASE PRINT: Usual First and Last Names)

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: _____
(DD-MM-YYYY)

PARENT OR GUARDIAN SECTION:

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 Mission Public Schools to restrict access to all controversial materials, and I will not hold Mission Public Schools responsible for materials acquired via its networks.

YES, I give permission for my child to access the Mission Public Schools Network, and/or the Internet, and/or Wi-Fi, and certify that the information contained in this form is correct.

NO, I do not give permission for my child to access the Mission Public Schools Network, and/or the Internet, and/or Wi-Fi, and certify that the information contained in this form is correct.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(PLEASE PRINT)

Home Address: _____

Contact Phone: _____ Email: _____ Date: _____
(DD-MM-YYYY)

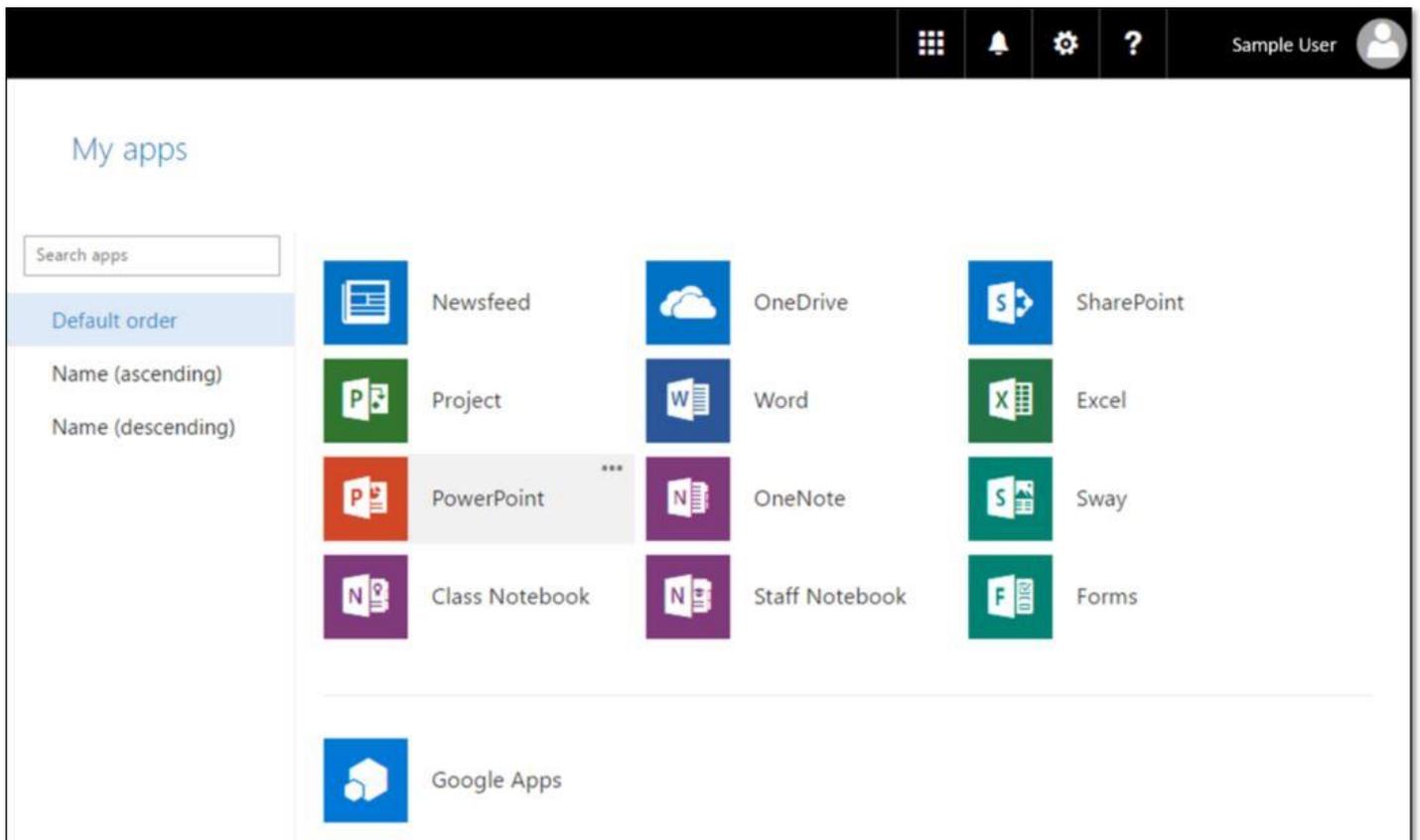
THIS FORM WILL BE RETAINED AT THE OFFICE OF THE ENROLLING SCHOOL OF THE STUDENT

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 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.

_____, School Principal

School Address and Contact Information:

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 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 Parent or 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.

Photograph, Video, and Media Consent Form



FILE NO. 1025.15

School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM TO YOUR SCHOOL:

Student names or images may be shared for the following purposes:

1. School Yearbooks Please note Mission Online School does not offer school year books

- YES**, I consent for the release of my child's personal information for the prescribed purpose outlined above.
- NO**, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

2. School and/or School District Website, Newsletter, Social Media Sites, or Videotaping in the Classroom and/or During Special Events for Presentation Purposes.

- YES**, I consent for the release of my child's personal information for the prescribed purpose outlined above.
- NO**, I do not consent for the release of my child's personal information for the prescribed purpose outlined above.

Student Name:	_____
	(PLEASE PRINT: Usual First and Last Names)
School:	_____ Grade: _____
Parent/Guardian Name:	_____
	(PLEASE PRINT)
Parent/Guardian Signature:	_____
Date:	_____
	(DD-MM-YYYY)

NOTE: Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

The information described above is collected in accordance with **Section 26 (c), (d), and (g)** of the *Freedom of Information and Protection of Privacy Act*. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator.

This form was last revised: **June 26, 2024.

Mission Public Schools Privacy Officers: Angus Wilson and Corien Becker

Mission Public Schools Privacy Coordinator: Ilona Schmidt

Email: privacy@mpsd.ca



Siwal Si'wes (Our forefathers' teachings)
 Indigenous Education, School District 75 (Mission)

32444 7th Avenue Mission, B.C. V2V 2B5
 (Tel) 604-826-3103 (Fax) 604-820-2850



Parent/Caregiver Consultation Form

DATE (d/m/y): _____ 2023 2024 (circle one)

Signature of Indigenous Liaison Worker: _____

Name of Indigenous Liaison Worker (print): _____

To the Parents/Caregivers of children with Indigenous Ancestry (First Nations (Status/Non-Status), Métis and/or Inuit) in Mission Public School District 75,

Siwal Si'wes Indigenous Department of SD75 offers academic and cultural support for students to participate in while attending Mission Public Schools. The programs are provided in accordance with the Ministry of Education Guidelines for Indigenous Education and in consultation with our Siwal Si'wes Indigenous Advisory Council.

The Siwal Si'wes Indigenous Department of SD75 provides the following types of supports for children and youth of Indigenous ancestry attending SD75 schools, and includes but is not limited to cultural, social-emotional, healthy living, attendance support and classroom (academic) supports.

These supports are provided through an Indigenous lens and can happen in the classroom, or in small groups or individually (one-on-one), depending on the needs of the child and vision of the school.

All schools are staffed with a Siwal Si'wes Indigenous Liaison Worker who is an active school team member. This person liaises and collaborates with school staff (including teachers, counselors, youth care workers and administrators), and parents and caregivers, all with the best interest of the child and/or youth at front and centre. With parent permissions, they liaise with local community service/outreach organizations many of whom who provide supports specifically for Indigenous children, youth, and families.

Please complete this form and return it to your child's school. One completed form per family is necessary. Please list all children and their school on one form.

Name of Child	School	Ancestry/Nation Affiliation

My child(ren), has/have Indigenous Ancestry and my signature indicates that I have been consulted regarding the Siwal Si'wes Indigenous Program of SD75.

1. Print Name : _____

2. Parent/Caregiver Signature: _____

3. Date (d/m/y): _____

4. Consultation Type (Circle one).

- Consultation Form sent home
- In-Person Consultation at school

For Indigenous Liaison Workers Office Use Only

Consultation by email/messaging: _____ (*email address*)

Date (d/m/y): _____

- see attached electronic messaging confirmation

Consultation by phone: _____ (*phone number*)

Date (d/m/y): _____

As per _____ (*print name of parent/caregiver*)

Three Attempts, student is automatically enrolled in Siwal Si'wes Indigenous Program.

First Attempt Date: (d/m/y): _____

Second Attempt Date: (d/m/y): _____

Third Attempt Date: (d/m/y): _____

Additional Information (*attach documentation*)

Date (d/m/y): _____

- Notes (indicate if the family has declined service)