



# Dual Enrolment 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:** \_\_\_\_\_ **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	

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

### STUDENT INFORMATION:

**Current School:** \_\_\_\_\_ **School Counsellor Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**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):** \_\_\_\_\_

### COURSE(S) REQUESTED

### 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:****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 CROSS 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**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: \_\_\_\_\_

# Mission Online School (MOS)

## Letter of Commitment -Roles & Responsibilities (Dual Enrolled)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**As a PARENT,** 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.

**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 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

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: \_\_\_\_\_