



School Age Grad 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:** _____ **STAFF INITIALS**
DD-MM-YYYY

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

REGISTRATION DOCUMENTATION:

Proof of Age:	Proof of Residency:	Proof of Physical Address:
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License (if over 19)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Parent's Care Card <input type="checkbox"/> Parent's BC Services Card <input type="checkbox"/> Student's Care Card <input type="checkbox"/> Student's BC Services Card	<input type="checkbox"/> Drivers 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 <input type="checkbox"/> Mortgage Statement

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 Email)

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

Mailing Address (if different from above): _____

COURSE(S) REQUESTED (only 1 course offered at a time)

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:** _____

FORMER SCHOOL:

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

Has student ever attended **Mission Online School?** NO YES: _____ **Year 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 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/CONTACTS (if under 19):

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: _____

****FOR STUDENTS UNDER THE AGE OF 19****

PLEASE NOTE: MISSION ONLINE SCHOOL REQUIRES AT LEAST ONE PARENT/GUARDIAN EMAIL ADDRESS

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

SCHOOL-AGED STUDENT STATEMENT OF INTENT:

I confirm that the courses requested are needed for upgrading purposes Date Graduated: _____
DD-MM-YYYY

OTHER NOTES OR COMMENTS:

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

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Mission Online School (MOS)

Letter of Commitment -Roles & Responsibilities (School Age Grad)

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,
- 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: _____

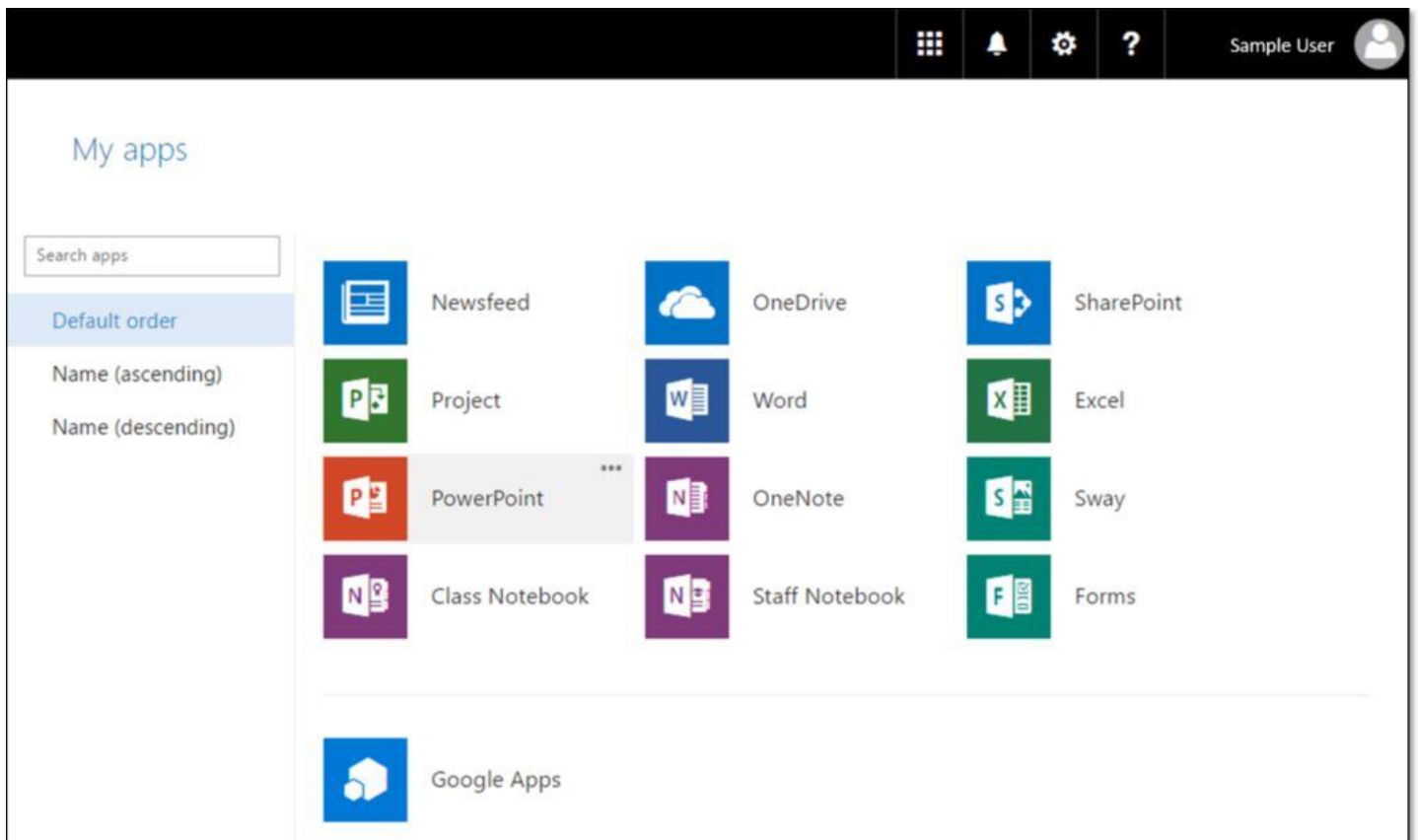
Parent Signature: _____ Date: _____

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.



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)