

Adult Registration Form



FOR OFFICE USE ONLY: (Please ensure Proof of Age and Residency are provided and initial in allocated area)					
Information Verified By (Staff Nam	Date:	STAFF INITIALS			
		DD-MM-YY	YYY		
Current Year: Enrollment Date:		Grade:			
REGISTRATION DOCUMENTATION:					
Proof of Age:	Proof of Residency: (Mission)	Proof of Physical Address: (Mission)			
☐ Birth Certificate	☐ Driver's License	☐ Drivers License			
☐ Certificate of Citizenship	☐ Rental Agreement	☐ Proof of Purchase of Residence			
☐ Immigration Canada Documents	☐ Municipal Tax Bill	☐ Municipal Tax Bill			
□ Passport□ Permanent Resident Card	☐ Utility Bill☐ Care Card	☐ Notary Authorized Letter☐ Rental Agreement, Accompanied with	h		
☐ Indigenous Status Card	☐ BC Services Card	☐ Hydro ☐ Gas ☐ Cable	"		
☐ Driver's License	_ bo convious card	☐ Mortgage Statement			
TO BE COMPLETED BY STUDENT (this point forward):					
STUDENT INFORMATION:					
LEGAL Name:					
· ·	st Name)	(First Name)	(Middle Name)		
USUAL Name:	st Name)	(First Name)	(Middle Name)		
Date of Birth: Age: Legal Gender: D M D F / Preferred Gender: D M D F D Other					
If Name Differed at Previous School (e.g., Maiden or Changed), Places Prevides					
Phone(s)/Email:	e) (Student Cell)				
Addross		(Student Work – if applicable)	(Student Email)		
Mailing Address (if different from abo	ot. #, Street Name)	(City)	(Province, Postal Code)		
,	, <u> </u>				
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 ☐ Meti	s 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 a Mission School? \square NO \square YES: If YES, Name of School:					
Has student been previously enrolled at Mission Online School? \square NO \square YES: If YES, Year attended:					

EMERGENCY CONTA	ACTS:				
Contact #1.					
Relationship:		Last Name:	First Name:		
Phone(s)/Email:		(Cell)			
	(Home)	(Cell)	(Work)	(Email)	
ADIII T STIIDENT ST	ATEMENT OF INTEN	IT (please check all the	osa that annly):		
		ir (piease check all the			
☐ I confirm I HAVE graduated high school			Date Graduated:	DD-MM-YYYY	
I confirm that the	ourses requested are	needed for unareding ou		DD-IVIIVI-Y Y Y	
i confirm that the c	courses requested are	needed for upgrading pu	rposes		
☐ I confirm I have NOT graduated high school (documentation required)					
☐ I confirm that the courses requested are needed for graduation					
OTHER NOTES OR C	OMMENTS:				
I VERIFY THA	T THE INFORMATIO	N CONTAINED IN THIS	REGISTRATION IS ACCURA	ATE AND COMPLETE	
Student Name (please print):					
Student Signature: Date:			e:		

Mission Online School (MOS) Letter of Commitment -Roles & Responsibilities (Adult)

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.

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:	
Date:	

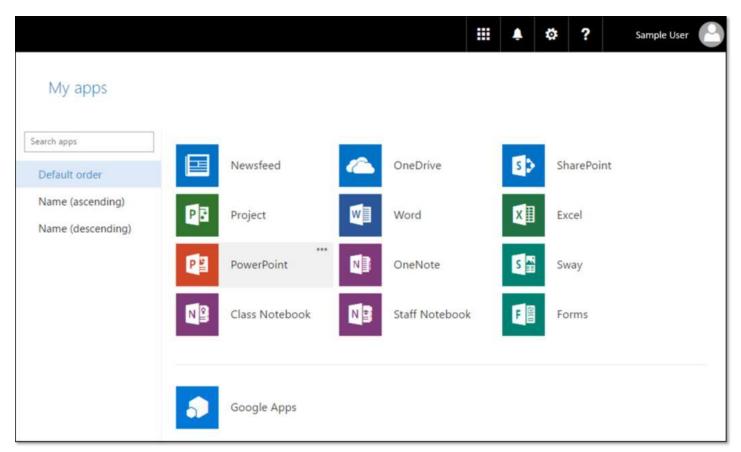


What is Office 365

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.





Office 365

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

*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.

Date

Signature of Parent or Guardian