



P500: Appendix II – Documentation for Student Registration

School District 70 Pacific Rim
4690 Roger Street Port Alberni, BC V9Y 3Z4
Telephone: 250.723.3565 Fax: 250.723.0318

When registering at your neighbourhood school, please bring the following:

1. Primary documentation for Proof of Age:

- * • Birth Certificate, or alternately
- Passport
- Government issued adoption papers
- Court order with the student's name and date of birth within the order, or
- Live birth report

2. Primary documentation for proof of being "Ordinarily Resident"

While each of the following indicators alone is not enough to establish residency for the purpose of Section 82 of the School Act, the larger the number of positive indicators as set out in the list below, the more likely it is that the person qualifies as a resident of the province for the purpose of receiving government funded public education:

- * • Ownership or long-term lease and/or rental of a dwelling in which the family resides, and
- * • utility bills indicating parent/guardian name and BC residence (i.e.: BC Hydro, Telus, Shaw, Fortis)

Alternate documentation may include

- Status Card,
- British Columbia Medical Services Plan (BCMSP) coverage for parent/legal guardian
- proof of application for BCMSP for parent/legal guardian
- copy of BC Care Card or number of the student

3. Documentation for determining School Catchment

*For the purpose of establishing a student's catchment area, residency is determined **as of the date of the application to enroll is submitted to the school**, and must be supported by **current evidence** of:*

- Ownership or long-term lease and/or rental of a dwelling in which the family resides, or
- utility bill for primary residence indicating parent/guardian name residence (i.e.: BC Hydro, Telus, Shaw, Fortis);

* 4. Most recent school report cards from previous school

- * 5. **Child's immunization records since birth** and any other important health documents. Please note that while immunization records are not required for registration, a copy may be requested for the student file.

- * 6. Any other relevant legal documentation (e.g.: **Custody/guardianship court orders**)



P500: Appendix III - Student Registration Form

School District 70 Pacific Rim

School: UCLUELET
ELEMENTARY

Grade:

Program:

☐ StrongStart ☐ Kindergarten ☐ Grade 1 to 12 ☐ Early French Immersion ☐ Late French Immersion

Student Information

Legal Last Name:		Home phone:	
Legal First Name:		Student email:	
Legal Middle Name:		Street Address:	
Usual Last Name:		City, Prov:	
Usual First Name:		Postal Code:	
Gender at birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	DOB:	
Gender Identity		Mailing Address	
Personal Health #:		City, Prov.	
		Postal Code	
Citizenship:		Visa Status:	Expiry Date:
Previous School:		District:	City:

PARENT/GUARDIAN INFORMATION

Last, First name:		Street Address:	
Relationship:		City:	
Can pick up:	Y/N	Lives with student:	Y/N
Receive mailings:	Y/N	Prov, PC:	
Receive autodialer calls:	Y/N	Receive email:	Y/N
		Mailing address:	
		City	
Home phone:		Prov.	
Work phone:		PC	
Cell phone:		Email address:	

PARENT/GUARDIAN INFORMATION

Last, First name:		Street Address:	
Relationship:		City:	
Can pick up:	Y/N	Lives with student:	Y/N
Receive mailings:	Y/N	Prov, PC:	
Receive autodialer calls:	Y/N	Receive email:	Y/N
		Mailing address:	
		City	
Home phone:		Prov.	
Work phone:		PC	
Cell phone:		Email address:	

EMERGENCY CONTACTS	Relationship	Home Phone	Work Phone	Cell Phone
Daycare Contact Info: _____		Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHOOL-AGED SIBLINGS (Legal Names)	Grade	School

CUSTODY/GUARDIANSHIP - PROOF REQUIRED IF APPLICABLE	
Student Lives With: <input type="checkbox"/> _____ (Please specify relationship to student)	<input type="checkbox"/> Other: _____ (Please specify relationship to student)
Custody: <input type="checkbox"/> _____ (Please specify relationship to student)	<input type="checkbox"/> Other: _____ (Please specify relationship to student)

Medical Information: Please mark the box that applies if your child has one of the following serious medical conditions that may require emergency care during school hours – 911 will be called.	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy with a history of seizures in the past two (2) years
<input type="checkbox"/> Allergy producing anaphylactic type response needing hospitalization. Allergic to: _____	<input type="checkbox"/> Blood clotting disorders (e.g. Haemophilia that requires immediate medical care in the event of an injury)
<input type="checkbox"/> Adrenalin	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Severe asthma requiring emergency treatment	

Doctor: _____ Phone: _____

Does your child routinely require medication during school hours? ☐ Yes ☐ No (if yes, please fill out Medication Administration Form)

INDIGENOUS ANCESTRY (If yes, please complete this section)	
<input type="checkbox"/> Status on Reserve <input type="checkbox"/> Status off Reserve <input type="checkbox"/> Non-status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	Status Card # _____
Community of Origin: _____ Community of Residence: _____	

Education Program Information: Please mark the appropriate box should your child be receiving additional educational supports and services	
<input type="checkbox"/> Student has a Ministry of Education Special Education designation and has been on an Individualized Educational Plan (IEP)	
<input type="checkbox"/> Student has been receiving regular Learning Assistance and/or ELL support	
<input type="checkbox"/> Other	

The information on this form is collected under the authority of the *School Act*, Sections 13 and 97. Information provided will be used for educational program purposes and, when required, may be provided to health services, social services, or other support services as outlined in Section 79(2) of the *School Act*. Information on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the principal of your school.

Parent / Legal Guardian Signature: _____
X

Date: _____

Office Use Only	
Date Received: _____	Time: _____
Copies obtained: <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Status Card <input type="checkbox"/> BC Care Card	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Internet Use Agreement <input type="checkbox"/> Photo Release <input type="checkbox"/> Medication Form <input type="checkbox"/> Speech-Language Screening (Elem only)	
MyEdBC Number: _____	Ministry PEN Number: _____
Ministry Special Ed Designation if applicable _____ Current IEP provided <input type="checkbox"/> Yes <input type="checkbox"/> No	



Protection of Privacy Consent Form

Pacific Rim School District
4690 Roger Street Port Alberni, BC V9Y 3Z4
Telephone: 250.723.3565 Fax: 250.723.3553

To comply with the provisions of the *Freedom of Information/Protection of Privacy Act*, schools must have parental/guardian consent before using a child's name, photograph, in any:

	Initials
Yearbook (photo and name) if applicable	<input type="checkbox"/>
Local newspaper articles (photo only)	<input type="checkbox"/>
Monthly newsletter and in-school displays (photo only)	<input type="checkbox"/>
Emergency call home list (name, address, phone)	<input type="checkbox"/>
Website & Social Media	<input type="checkbox"/>
SD70 Publications (photo only)	<input type="checkbox"/>

The intent of this requirement is to protect the privacy of children whose whereabouts or identity of the parents, guardians, may not wish known.

Please complete this form and return it to the school as soon as possible. We must have a completed form for each child, even if you do not check off all the boxes.

I, _____ hereby give, Ucluelet Elementary
 Parent's/Guardian's Name School Name

my permission to use the initialed above items for the purposes stated above.

Student's Name:	<input type="checkbox"/>
Parent/Guardian's signature	<input type="checkbox"/>
Date:	<input type="checkbox"/>

If you do not want your child to be involved in such activities, you need to:

- Tell your child to avoid these situations
- Tell your child's teacher of your wishes
- Complete and return the following form to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image or personal information by outside media.

Comments/Special Requests/Notes



Student Technology Use Agreement Form

Part 1 – District Technology, Network, and Internet access

A. Introduction and Overview

The primary purpose of the Pacific Rim School District's Learning Resources Network ("the network") is to support and enhance learning and teaching that prepares students for success. Providing access to the network and the internet is an investment in the future of both our students and staff.

B. Types of Access Provided to Users

Users in the Pacific Rim School District must ensure that all materials accessed are consistent with district-adopted guidelines, supporting and enriching the curriculum while taking into account the varied instructional needs, learning styles, learning abilities and development levels of the students. Furthermore, users are to behave in an ethical and responsible manner while using school computers as they are expected to behave during any other school activity.

C. Vision of Technology's Role in Education

The staff in the Pacific Rim School District believe that electronic communication is a tool for life-long learning, and that access to the network and the internet is one of the resources that promote educational and organizational excellence. We believe the responsible use of the network will assist schools with their understanding of the information age by allowing students and staff to significantly expand their knowledge by accessing and using information resources, and by analyzing, collaborating, and publishing information.

D. Terms and Conditions for Acceptable and Unacceptable Use

Students and staff should use the Pacific Rim School District's network and the internet in a responsible, efficient, ethical, and legal manner. The use of the network and the internet is a privilege, not a right, which may be revoked at any time for inappropriate behaviour. Users must be vigilant in ensuring the security of the network. Users must not give out personal information (complete names, addresses, telephone numbers, and identifiable photos). Users assume responsibility for understanding the policy and guidelines as a condition of using the Pacific Rim School District's network and the internet. Supervising staff members are accountable to teach and use the network and the internet responsibly. Use of the Pacific Rim School District's network and the internet that is inconsistent with these guidelines may result in loss of access as well as other disciplinary or legal action.

E. Implementation and Enforcement Procedures

To access the Pacific Rim School District's network and the internet, student users must sign the Acceptable Use Agreement form along with a parent/guardian signature. Each user will be given their own password to access the system. All users must protect their password and not share it with anyone else.

F. Consequences of Misuse for Specific Levels of Violations

Violations of school and school district policies could result in the loss of access to electronic resources. Additional disciplinary action may be determined at the building and/or classroom level in line with existing practice regarding language and behaviour. This may range from loss of access to suspension from school. When appropriate, law enforcement agencies may be involved.

G. Acceptable Use of Cellular Phones, Smart Watches, and Electronic Devices in Schools, on School Property or During School Related Activities

Please refer to the following district policies for further details on the regulated use of personally owned devices in district facilities:

- [Administrative Procedure XXXX: Acceptable Use of Cellular Phones, Smart Watches, and Electronic Devices: Usage in Schools, on School Property or During School Related Activities \(AP\)](#)
- [XXX: Acceptable Use of Cellular Phones, Smart Watches, and Electronic Devices: Usage in Schools, on School Property or During School Related Activities \(P\)](#)



Pacific Rim School District

Information and Technology Services

2025/26

Part 2 – Acceptable Use Agreement Consent

To access the school district network, this form must be completed and returned to the school.

Student Name: _____

School: Ucluelet Elementary

Please read and/or discuss with your child, the attached guidelines for acceptable use of the Pacific Rim School District's technology resources and the internet. In accepting a Pacific Rim School District network account, your child accepts the responsibility of using the network in a responsible and appropriate manner. It is important that you understand his/her responsibilities as well. Your signature indicating that you have read and agreed to the guidelines is necessary before an account is issued.

I have read, or have had read to me, and/or have discussed the Acceptable Use Agreement and agree to use the network in an appropriate and responsible manner.

Student Signature: _____ Date: ____/____/____

I have read and/or discussed the Acceptable Use Agreement with my child and give the school and the school district permission to issue a Network/Internet account to my child.

Parent/Guardian Signature: _____ Date: ____/____/____

The school district supports and respects each family's decision whether or not to apply for student access and whether to terminate or suspend that access. Parents/guardians have the right to request alternative activities that do not require access to networked information resources. Access, if issued, shall remain in effect through the remainder of the school year, unless suspended or terminated by the student, the school, or the parent/guardian.

Part 3 – Access to Internet Based Resources (Web or Cloud Storage)

The Pacific Rim School District can provide students in Grades 1-12 with a district email account as well as 1 TB of online file storage space for educational communication and work storage purposes. Each student will have their own secure login and password to access their email and files. Personal information will be collected by the School District for the above noted purposes under the authority of s.26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about this collection, please contact the Manager of Information Technology for the Pacific Rim School District.

Student names and schools will be disclosed to Microsoft Office 365 for Education who hosts this service and will store the Office 365 account information on secured servers located inside of Canada.

Consent:

1. I understand that my (if student is signing) information or my child's (if parent is signing) information in the Office 365 Account will be disclosed, stored and accessed from inside of Canada. This consent will be considered valid from the date at which it is signed until which point the student named below is no longer a student within the School District.
2. I acknowledge that I have read and understood the Pacific Rim School District's guidelines on the use of school district network resources, the internet, and Office 365.
3. I acknowledge that I have reviewed, with my child, the district policies mentioned in Section G of this Student Technology Use Agreement Form.

Student Name: _____

School: Ucluelet Elementary

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

This form must be returned, signed and dated, to the student's school in order for a District Office 365 account to be activated for the student named above.

September 2025

Dear Parents, Guardians, and Community Members,

Welcome to a new school year! We look forward to a year of meaningful learning, built in the spirit of *?iisaak* (respect) and guided by the principle of *hišukʷit cawaak* – the understanding that everything is connected. We are proud of the learning and support that happens in our schools, and we also recognize there is always more we can do to support the success and well-being of Indigenous students. We are committed to working in partnership with families and communities to create safe, welcoming, and empowering spaces for all learners.

The Ministry of Education and Child Care provides additional funding to support Indigenous students (First Nations, Métis, and Inuit) with both academic and cultural programming. Each school offers different opportunities—such as activities, programs, and events—led by Indigenous Support Teachers and Indigenous Support Workers. These supports are designed to nurture both academic growth and a strong sense of cultural identity. Our goal is to help every Indigenous student develop the skills, knowledge, and confidence they need to succeed in both traditional and contemporary worlds—to be proud of who they are and prepared for the future they dream of.

If your child has First Nations, Métis, or Inuit heritage, we invite you to complete the self-identification section on the Student Information Form that your school has sent home, or fill out the self-declaration information below. Having up-to-date information helps us better support your child through additional services and programming. If you have any questions or would like to learn more, please reach out to your school or the Indigenous Education team. We value your voice and look forward to walking this journey together.

Self-Declaration of First Nations, Metis, or Inuit Ancestry

Student's Legal First Name: _____ Student's Legal Last Name: _____

Student's Legal Middle Name(s): _____ Date of Birth: _____

1. Student identifies as an Indigenous person ☐ Yes ☐ No
 - a. If **yes**, please proceed:
2. I identify as: ☐ Status on reserve ☐ Status off reserve ☐ non-Status ☐ Inuit ☐ Metis*
3. If you identify as a First Nation person, which Nation are you registered with or do you identify with? (For example: Tla-o-qui-aht, Yuuʔuʔikʔath, Hupačasath, Huu-ay-aht, Tseshaht or another Nation)
 - a. _____
4. Do you consent to the sharing of information with your Nation? They may be able to provide additional support to your child(ren) regarding academic, social emotional or attendance concerns.

☐ Yes ☐ No
5. *If you identify as Metis:
 - a. are you registered with Metis Nation of BC? ☐ Yes ☐ No
 - b. *Are you registered with the Alberni Clayoquot Metis Society? ☐ Yes ☐ No
 - c. *If you answered no to the above questions, are you aware there are supports for families from birth to university for families that are registered with Metis Nation of BC or Alberni Clayoquot Metis Society. ☐ Yes ☐ No
 - d. Would you be interested in learning more about these groups? ☐ Yes ☐ No

Parent/Guardian Print Name: _____ Parent/Guardian Signature: _____

By signing this form, I acknowledge and consent to the collection, use, and disclosure of the personal information provided herein by the school district for the purpose of tracking and supporting the educational journey of Indigenous students. This may include the sharing of student information with a third-party software provider used by the district to monitor and document the social-emotional, cultural, and academic supports offered throughout the school year, regardless of the student's current academic performance. I understand that all personal information will be collected, used, and disclosed in accordance with the British Columbia Freedom of Information and Protection of Privacy Act (FOIPPA) and will be protected to ensure the privacy and security of the student's data.