



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**)

THE UNIVERSITY OF CHICAGO

PH.D. PROGRAM IN POLITICAL SCIENCE

The Department of Political Science at the University of Chicago is pleased to announce the appointment of a new faculty member to the position of Associate Professor of Political Science. The successful candidate will be responsible for teaching and supervising graduate students in the area of comparative politics and international relations. The candidate should have a Ph.D. in Political Science or a related field and a strong record of research and teaching. Applications should be sent to the Department of Political Science, 540A South Dearborn Street, Chicago, IL 60637. For more information, please contact the Department Secretary at (773) 936-7300.

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P500: Appendix III - Student Registration Form
School District 70 Pacific Rim

School: <u>UCLUELET</u>	Grade: <u>ELEMENTARY</u>
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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:	Mailing Address
Gender Identity		City, Prov.	
Personal Health #:		Postal Code	
Citizenship:	Visa Status:	Expiry Date:	
Previous School:	District:	City:	

PARENT/GUARDIAN INFORMATION

Last, First name:		Street Address:	
Relationship:		City:	
Can pick up:	<input type="checkbox"/> Y <input type="checkbox"/> N	Lives with student:	<input type="checkbox"/> Y <input type="checkbox"/> N
Receive mailings:	<input type="checkbox"/> Y <input type="checkbox"/> N	Receive email:	<input type="checkbox"/> Y <input type="checkbox"/> N
Receive autodialer calls:	<input type="checkbox"/> Y <input type="checkbox"/> N	Has portal access:	<input type="checkbox"/> Y <input type="checkbox"/> N
Home phone:		Prov.	
Work phone:		PC	
Cell phone:		Email address:	

PARENT/GUARDIAN INFORMATION

Last, First name:		Street Address:	
Relationship:		City:	
Can pick up:	<input type="checkbox"/> Y <input type="checkbox"/> N	Lives with student:	<input type="checkbox"/> Y <input type="checkbox"/> N
Receive mailings:	<input type="checkbox"/> Y <input type="checkbox"/> N	Receive email:	<input type="checkbox"/> Y <input type="checkbox"/> N
Receive autodialer calls:	<input type="checkbox"/> Y <input type="checkbox"/> N	Has portal access:	<input type="checkbox"/> Y <input type="checkbox"/> N
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: _____ Other: _____
(Please specify relationship to student) (Please specify relationship to student)

Custody: _____ Other: _____
(Please specify relationship to student) (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)

Status on Reserve Status off Reserve Non-status Metis 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

- Student has a Ministry of Education Special Education designation and has been on an Individualized Educational Plan (IEP)
- Student has been receiving regular Learning Assistance and/or ELL support
- 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: Birth Cert. Citizenship Passport Driver's Licence Status Card BC Care Card
 Other: _____
 Internet Use Agreement Photo Release Medication Form Speech-Language Screening (Elem only)
 MyEdBC Number: _____ Ministry PEN Number: _____
 Ministry Special Ed Designation if applicable _____ Current IEP provided Yes 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	x
Local newspaper articles (photo only)	x
Monthly newsletter and in-school displays (photo only)	x
Emergency call home list (name, address, phone)	x
Website & Social Media	x
SD70 Publications (photo only)	x

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 x _____ 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:	x
Parent/Guardian's signature	x
Date:	x

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



School District 70 (Alberni)
Student Support Services

4690 Roger Street, Port Alberni, BC V9Y 3Z4 (P) 250.723.3565 (F) 250.723.2567

CONSENT FOR SPEECH-LANGUAGE SCREENING

Dear Parent(s)/Guardian(s);

As your child is new to the school district, we would like your permission to ensure that your child receives a screening of speech, language and phonological awareness skills. All students in the Alberni School District receive a screening of their speech, language and phonological awareness skills when they enter Kindergarten. They are then followed by the Speech-Language Pathologist, if necessary, to ensure that they receive the supports they require in helping them reach their learning potential. This will allow us to have a better understanding of your child's strengths and needs and allows your child to access the same supports as all other students at the school.

We will first look at your child's file to check that recent screening, assessment or service was not received from a previous Speech-Language Pathologist. If we do not find anything, your child will be seen individually for approximately 15 minutes for the screening. You will then be contacted regarding the results and any possible follow-up. Your child will not be seen for further service without your consent.

I consent to have my child, _____, receive a screening of speech, language and phonological awareness skills.

School: <u>UCWUELET ELEMENTARY</u>	Grade: <input checked="" type="checkbox"/>
Date: <input checked="" type="checkbox"/>	Date of Birth: <input checked="" type="checkbox"/>
Parent Name: <input checked="" type="checkbox"/>	Parent Signature: <input checked="" type="checkbox"/>

cc: Student file
School Speech-Language Pathologist



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

RETURN TO SCHOOL
COMPLETE BOTH SIDES
PLEASE

Part 2 – Acceptable Use Agreement Consent

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

Student Name: X _____

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: X _____ 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: X _____ 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 Michael Gough, Manager of Information Technology for the Pacific Rim School District. ([email:mgough@sd70.bc.ca](mailto:mgough@sd70.bc.ca); phone: 250-720-2751).

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: x

School: Ucluelet Elementary

Student Signature: x Date: / /

Parent/Guardian Signature: x 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 2024

Dear Students, Parent-Guardians, and Community members,

Welcome to a great year of learning which will be created in the spirit of ʔiisaak and will be guided by the important concept of hišukʔiš čawaak. We are proud of the work that we do in our schools but, we are aware that more work is needed to build momentum for change and to improve school success for all Indigenous learners. Our goal is to work closely with parents-guardians, families, and communities to provide the best learning environment possible.

The Ministry of Education provides additional funding to provide academic and cultural programs for Indigenous learners (First Nations, Metis, and Inuit) in our school district. Each school has different programs, activities, and events to support the continued academic development and the development of positive personal and cultural identity of all indigenous learners through Indigenous Support Teachers and Indigenous Support Workers.

Our goal is to assist every learner to develop the skills, abilities and personal characteristics that will enable them to have the best life chance possible...to be able to walk with comfort between the traditional and the contemporary worlds to achieve their dreams.

If you would like to self-declare your First Nations, Metis, or Inuit heritage, please take a moment to fill in the self-declaration form below or verify your information on the Student Information data form sent to you by your school. We would like to have the most up to date information possible so that we can continue to provide additional services to your child.

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

1. Student identifies as an Indigenous person Yes No
a. If yes, please proceed:

Legal First Name: _____ Legal Last Name: _____

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

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, Yuuʔuʔiʔath, Hupačasath, Huu-ay-aht, Tseshaht or another Nation)

a. _____

4. Do you consent to sharing of information with your Nations. 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