2026/27

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 Fist Name:				Postal Code:	
Gender at birth:	☐ Male ☐ Female ☐ 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:	Y/N	Lives with student:	Y/N	Prov, PC:	
Receive mailings:	Y/N	Receive email:	Y/N	Mailing address:	
Receive autodialer calls:	Y/N	Has portal access:	Y/N	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	Prov, PC:	
Receive mailings:	Y/N	Receive email:	Y/N	Mailing address:	
Receive autodialer calls:	Y/N	Has portal access:	Y/N	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: ☐ Yes ☐ 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.

☐	Diabetes	☐	Epilepsy with a history of seizures in the past two (2) years
☐	Allergy producing **anaphylactic type response** needing hospitalization. Allergic to:	☐	Blood clotting disorders (e.g. Haemophilia that requires immediate medical care in the event of an injury)
☐	Adrenalin	☐	Other:
☐	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: **Date:**

X _____

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 2026/27

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	
Local newspaper articles (photo only)	
Monthly newsletter and in-school displays (photo only)	
Emergency call home list (name, address, phone)	
Website & Social Media	
SD70 Publications (photo only)	

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, _____
Parent's/Guardian's Name School Name

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

Student's Name:	
Parent/Guardian's signature	
Date:	

If you <u>do not</u> 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

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 privacy consent. 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 student data.

PACIFIC RIM SCHOOL DISTRICT

September 2026

Dear Students, Parents/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 ċawaak**. 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 and Child Care 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

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, Yuułuʔiłʔath, 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

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.