



SCHOOL DISTRICT NO. 57 (Prince George)

School Admission (Policy 5119) Bus Registration (Policy 3541)

School Name DP Todd Secondary
Registration Date _____
(First day of attendance)

STUDENT INFORMATION

MyEdBC No. _____
Legal Last Name _____
Legal First Name _____
Usual Last Name _____
Preferred First Name _____
Middle Name(s) _____
Gender Female _____ Male _____
Birth Date (DD-MM-YY) _____
Proof of Age _____
Home Phone No. _____

CIVIC ADDRESS

House No. _____ Apt# _____
Street Name _____
City _____
Postal Code _____
Out of Catchment Yes No

If bus student fax this form to 250-561-6809 Yes No
Closest intersecting roads _____

MAILING ADDRESS

Address if different from civic address (e.g. PO Box)

ADMISSION INFORMATION (office use only)

Admission Date _____
Grade _____ Division _____
Reason for Admission _____

PREVIOUS SCHOOL AND DISTRICT

Previous District _____
Previous School _____
Cross Enrolled School _____
Has student attended a StrongStart Program? _____

BACKGROUND INFORMATION

Province & Country of Birth _____
Immigration Status _____
Language Spoken at home _____
ELL/ESD Yes No

Aboriginal Ancestry Yes No
Status off Reserve Métis _____ Inuit _____ Non-Status _____
Living on Reserve Yes No
If yes, Band Name _____

Is student living independently (e.g., Living with self) Yes No

PARENT / GUARDIAN INFORMATION

Both Parents must be included

Last Name _____
First Name _____
Relationship _____
Living with Student Yes No
Address if different from student _____

Last Name _____
First Name _____
Relationship _____
Living with Student Yes No
Address if different from student _____

Place of Employment _____
Work Phone No. _____
Available at Work Yes No
Home Phone No. _____
Cellular Phone No. _____
E-mail Address _____

Place of Employment _____
Work Phone No. _____
Available at Work Yes No
Home Phone No. _____
Cellular Phone No. _____
E-mail Address _____

Do you have a specific custody arrangement we should know about? Yes No
If yes, please provide a copy of the court order.

IN SCHOOL SIBLINGS

Last Name _____
First Name _____
Relationship _____
Birthday (DD-MM-YY) _____
Gender _____

EMERGENCY CONTACT INFORMATION

(Other than Parents who are able to pick up the child/ren)

Emergency Contact No. 1

Emergency Contact No. 2

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____
Work Phone No. _____
Cellular No. _____

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____
Work Phone No. _____
Cellular No. _____

MEDICAL INFORMATION

Care Card No _____

Life-Threatening Illness? Yes No Details _____

Is there a medical diagnosis of Anaphylaxis? _____

Other Health Factors (example: Allergies) _____

Any additional information we should be aware of? _____

Medication(s) to be taken at school? Yes No **If yes, physician form must be on file prior to administering at school.**

Protection of Privacy

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes, transportation contractor if a bus student, and when required, may be provided to health services, social services or other support services as outlined in section 88 and 91 of the School Act. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Freedom of Information and Protection of Privacy Officer, School District No. 57, 2100 Ferry Avenue, Prince George, B.C. V2L 4R5. Phone (250) 561-6800 Local 319.

Parent / Guardian approval: _____ Date _____
(Signature)

School / Administration Notes:



SCHOOL DISTRICT NO. 57 (PRINCE GEORGE)

2100 Ferry Avenue, Prince George, B.C. V2L 4R5

Phone: (250) 561-6800 Fax: (250) 561-6801
www.sd57.bc.ca

Dear Parent / Guardian

The Freedom of Information and Protection of Privacy Act applies to students in schools in School District No. 57 (Prince George). Please read the following information and return the attached consent form indicating your preference.

Photographs / Images

Images of students are frequently taken by the school for use in the school yearbook, newsletters, celebrating student success through assemblies, identification cards or for office use.

School personnel will obtain student and/or parental consent before allowing those outside the school, including parents, visitors, or media, to take photographs / images of students on school property at non-public events.

Please note: Students involved in performing arts or competitions perform or compete in public venues and it is reasonable to expect that photographs / images may be taken by spectators and the media. Once parents or other members of the public are invited, the event becomes a public event and anyone in attendance is allowed to take photographs / images without first obtaining consent.

School Website

Schools often publish student work and photographs / images on the school website in order to provide information to parents and to celebrate student success. School newsletters are now posted to the schools website. These newsletters may contain student names in articles such as the school Honor Roll list. This information is then accessible to the general public through the Internet. If you do not wish your child's name or image to be posted to the school website, please indicate below.

Internet Use by Students

Schools use the Internet in many different ways to enhance student learning. Instruction will be given to students on the appropriate and safe use of the Internet. Students will only access the Internet in a setting that is supervised by staff.

Parent Advisory Councils

A school's Parent Advisory Council (PAC) may wish to contact parents to provide information regarding events that may involve their child. To assist the PAC, the school typically provides to them a list of parent or guardian names, phone numbers, e-mail address and regular mailing addresses, along with the names and grade levels of students.

Please fill out the consent form below and return it to your child's school. This information will be kept as part of your child's student file as long as he or she attends this school in School District No. 57. Please note that you are responsible for notifying the school should the status of your consent change.

If you have questions or concerns about the use of this information, contact the school principal or the district's Freedom of Information and Protection of Privacy Officer at 250-561-6800.

Anita Richardson
Superintendent of Schools

Please indicate your consent of the following and return this form to your child's school before the end of September.

Student Name: _____ School: _____

1. Yes ___ No ___ I permit the school to post my child's name, photograph/image on the school website.
2. Yes ___ No ___ I permit the school to disclose my name, phone number, e-mail address, mailing address, and my child's name and grade to the Parent Advisory Council.

Parent / Guardian

Student (Grade 8 & up)

Signature Date



D.P. TODD SECONDARY SCHOOL SCHOOL DISTRICT NO. 57 (PRINCE GEORGE)

4444 Hill Avenue, Prince George, B.C. V2M 5V9

Phone (250) 562-9525 • Fax (250) 564-4875

CONSENT FOR RELEASE OF EDUCATION INFORMATION

Date:	
To Previous School:	
Fax No.:	
Student(s) Full Name(s):	
Date of Birth(s):	

The above named student has now been registered at D.P. Todd Secondary School. As parent/guardian of this student, I hereby give my permission to send D.P. Todd Secondary School the following:

- **Student File** including: report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, Student Conduct Review Committee letters, all safety concerns, all records pertaining to behaviors / violence, including all suspension letters, records of discipline matters and consequences / interventions and behavior plans.
- **Permanent Student Record Card**
- **Individual Education Plan (IEP)** if there is one for the student.
- **Special Services File** if there is one for the student including any confidential or other documents pertaining to the above named student from Area Support Team Members such as Psychologists, Social Workers, Speech Language Pathologists, etc.

I further consent to administrative or counselling staff speak to D.P. Todd Secondary School regarding academic or behavioral programming.

If you are currently using MyEdBC, please withdraw this student from your school. If records for the above student(s) are not available at your school, please contact D.P. Todd Secondary School as soon as possible.

I confirm I am the parent / guardian for the above named individual(s).

Parent / Guardian Name
(please print)

Parent / Guardian Signature

Date



MEDICAL ALERT

Student's Name

DOB

Personal Health No.

Parent 1 – Name:

Phone No.

Parent 2 – Name:

Phone No.

Emergency Contact:

Phone No.

Physician:

Phone No.

Medical Problem:

Symptoms and conditions to watch for:

Instructions in case of the above:

Is medication required? Yes No (Circle One)
(If yes, see "Request for Administration of Medication at School" Form)

Training of School Staff:

Staff Members

Date of Training

Trainer (parent, nurse or both)

Date Reviewed (must be reviewed annually):

Date:

Signature

Date

Signature

I give permission for my child's photo to be placed on the Medical Alert List and the Student Emergency Procedure Plan.

Signature:

Date