



KELLY ROAD SECONDARY SCHOOL
SCHOOL DISTRICT No.57 (PRINCE GEORGE)



4540 Handlen Road, Prince George, B.C. V2K2J8

www.krss.sd57.bc.ca Phone 250.962.9271 Fax 250.962.5637

RECORDS REQUEST

CONSENT FOR RELEASE OF EDUCATION INFORMATION

Date:	
Student Full Legal Name:	
Student Usual Name: <i>If different than legal</i>	
Student Date of Birth:	
Previous School Name:	
Previous School Fax / Email:	

OFFICE USE ONLY

The above named student has now been registered at Kelly Road Secondary School. As parent/guardian of this student, I hereby give my permission to send Kelly Road 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 Kelly Road Secondary School regarding academic or behavioral programming.

Please forward a copy of the last Report Card and PR Card to Kelly Road Secondary School. Records will be requested after we have confirmed registration. (EMAIL: iramsey@sd57.bc.ca or FAX: 250-962-5637).

If you are currently using MYEDBC please withdraw this student from your school and forward all student file(s) / records **Or** SD57 please Transfer to KRSS (05757047) and forward all student file(s) / records.

If you are currently using MYEDBC please make Kelly Road Secondary School (05757047) the next school. Please hold this request for records until the end of the school year and forward all **student file(s) / records in September.**

SD57 Semester Transfer - Please make Kelly Road Secondary School (5757047) the next school. Please forward all student file(s) / records at the **end of the Semester.**

Out of province schools please forward copies of all student records or original student file if available.

*If records for the above student(s) are not available at your school, please contact
Kelly Road Secondary 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
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KELLY ROAD SECONDARY SCHOOL
REGISTRATION PROCEDURE AND CHECKLIST



PARENT/GUARDIAN TO COMPLETE

Student Name _____

Parent/Guardian Name(s) _____

Entering Grade 8 9 10 11 12

Home #: _____ Cell #: _____ Date: _____

OFFICE USE ONLY

- | | |
|---|---|
| 1. Provide Kelly Road School with the following documents | <input type="checkbox"/> Proof of Address
<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Report Card (most recent)
<input type="checkbox"/> IEP (if applicable) |
| 2. Complete the following forms attached | <input type="checkbox"/> Registration
<input type="checkbox"/> FOIPOP
<input type="checkbox"/> School Bus (if applicable)
<input type="checkbox"/> Course Selection Sheet |
| 3. Send student and/or parent home | <input type="checkbox"/> |
| 4. SASO to request release from previous school | <input type="checkbox"/> Released |
| 5. SASO to admit student to KRSS | <input type="checkbox"/> Admitted <input type="checkbox"/> Cross Enrolled |
| 6. Vice-Principal to contact parent/guardian & student with an appointment time | <input type="checkbox"/> Contacted |

Date & Time of Appointment

ADMINISTRATION USE ONLY

- | | |
|---|---|
| 1. Contacted previous school of student | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Suitable for KRSS | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Assessment is necessary | <input type="checkbox"/> Yes <input type="checkbox"/> No (go to #4) |
| a. Assessment date & time _____
b. Recommendations from Assessment
c. Other _____
_____ | |
| 4. Timetable built by Counsellor | <input type="checkbox"/> Built |
| 5. NOTES | |



SCHOOL DISTRICT NO. 57 (Prince George)



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

School Name Kelly Road 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 _____

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 _____

BACKGROUND INFORMATION

Province & Country of Birth _____

Immigration Status _____

Language Spoken at home _____

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

Aboriginal Ancestry Yes ___ No ___

Status off Reserve Métis ___ Inuit ___ Non-Status ___

Living on Reserve Yes ___ No ___

If yes, Band Name _____

PARENT / GUARDIAN INFORMATION

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 student/s)

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

Doctor _____ Phone No. _____ 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? _____

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 324.

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 (561-6800 Local 324).

Ms. Marilyn Marquis-Forster
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



SCHOOL DISTRICT NO. 57 (PRINCE GEORGE)

Transportation Department
2100 Ferry Avenue
Prince George, BC V2L 4R5

Phone: (250) 561-6802 or (250)561-6800 Ext. 249
Fax: (250) 561-6809

SCHOOL BUS REGISTRATION – 20__ / __

STUDENT INFORMATION: Please PRINT LEGIBLY IN DARK INK

1. Surname: _____ Given Name: _____ Sex (M/F) _____

Grade: _____ School Attending: _____

2. Surname: _____ Given Name: _____ Sex (M/F) _____

Grade: _____ School Attending: _____

3. Surname: _____ Given Name: _____ Sex (M/F) _____

Grade: _____ School Attending: _____

4. Surname: _____ Given Name: _____ Sex (M/F) _____

Grade: _____ School Attending: _____

PARENT/GUARDIAN INFORMATION:

Father's Surname: _____ **Father's First Name:** _____

Street Address: _____

Mailing Address (if different from above): _____

City: _____ Postal Code: _____

Father's Work Phone: _____ Father's Cell Phone: _____ Home Phone: _____

Living with Student? Emergency Contact?

Mother's Surname: _____ **Mother's First Name:** _____

Street Address: _____

Mailing Address (if different from above): _____

City: _____ Postal Code: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____ Home Phone: _____

Living with Student? Emergency Contact?

LEGAL CUSTODY ALERT IN EFFECT: YES _____ NO _____ (if YES, please provide PERTINENT INFORMATION)

SCHOOL BUSING INFORMATION: Are all students currently riding a school bus? Yes No

Closest Intersecting Road(s): _____

Notes: _____

ALTERNATE EMERGENCY CONTACT PERSON:

Full Name: _____

Home Phone: _____ Cell # _____ Work Phone: _____

PERTINENT MEDICAL INFORMATION:

Allergies _____ Diabetes _____ Epilepsy _____ Heart _____ Mobility _____ Seizures _____

Other _____

Please note that all Kindergarten students must be accompanied to and from the bus stop by an adult. Transportation may be denied for kindergarten students who are not accompanied by an adult.

The information on this form is collected under the authority of the School Act, section 13. The information will be used by the School District No. 57 transportation contractor, 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 324.

Parent/Guardian Signature: _____ Date: _____

**PLEASE MAIL OR FAX (250-561-6809) THE COMPLETED FORM
TO THE TRANSPORTATION DEPARTMENT**