

Upper Pine Elementary Junior Secondary School

Date: \_\_\_\_\_

Student Registration - School District 60

Time: \_\_\_\_\_

**Demographics**

Grade: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Legal Last \_\_\_\_\_

Home Phone \_\_\_\_\_

Unlisted

Legal First \_\_\_\_\_

Physical Street Address \_\_\_\_\_

Legal Middle \_\_\_\_\_

RR / SS / PO Box \_\_\_\_\_

Usual Last \_\_\_\_\_

City \_\_\_\_\_

Usual First \_\_\_\_\_

Prov \_\_\_\_\_

Usual Middle \_\_\_\_\_

Postal Code \_\_\_\_\_

Gender \_\_\_\_\_ M / F

CareCard No \_\_\_\_\_

Date of Birth \_\_\_\_\_ dd / mm / year

Proof of Age \_\_\_\_\_

**Previous School Information & Authorization for Release of Student Records**

Previous District & School including Strong Start \_\_\_\_\_

Previous School's Address \_\_\_\_\_

Previous Grade (EL if Strong Start) \_\_\_\_\_

**Student Legal Alerts - Court Order Required**

Yes

No

Complete, Signed, and Stamped order to be provided for file by parent.

**Student Life Threatening Medical Alert**

Description \_\_\_\_\_

**Other Student Alerts - Non Life Threatening Medical/family or Other**

Description \_\_\_\_\_

**Other Relevant Information - if applicable**

Legal Custody \_\_\_\_\_ Living With \_\_\_\_\_ Court Order Yes / No

**Citizenship**

Country of Birth \_\_\_\_\_ Visa Status \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Visa Expiry Date \_\_\_\_\_

**Declaration**

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

I hereby declare that the registration information provided on this document is true, correct and complete to the best of my knowledge. My signature also authorizes the release of student information & records from the previous school.

Parent / Guardian Signature \_\_\_\_\_

**Language and Culture**

Home Language \_\_\_\_\_  
Language Most Used by Child \_\_\_\_\_  
First Language of Child \_\_\_\_\_

**Aboriginal Ancestry**

If yes please indicate Yes No  
Inuit Status On Reserve  
Metis Status Off Reserve  
Non-Status

Band of Origin \_\_\_\_\_

Band of Residence \_\_\_\_\_

**Parent / Guardian**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Gender M / F  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Lives with Student Y / N  
Address if different \_\_\_\_\_

**Parent / Guardian**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Gender M / F  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Lives with Student Y / N  
Address if different \_\_\_\_\_

**Emergency Contact**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Contact can pick up Y / N

**Emergency Contact**

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Contact can pick up Y / N

**In School Sibling Information**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4	Sibling 5
First Name	_____	_____	_____	_____	_____
Last Name	_____	_____	_____	_____	_____

**Office Use**

Out of Catchment Yes / No  
Proof of Age Attached Initial \_\_\_\_\_  
Waivers Provided (Media, CASL, Learn60, FruitsVeg) Initial \_\_\_\_\_  
Proof of Residence - Circle One  
BCID, Credit Card Invoice, BC Drivers Licence, Mortgage Statement, Municipal Tax Bill, Notary Auth. Letter, Rental Agreement, Utility Bill

**School District No. 60 : Acceptable Use Agreement  
Student Computer, Computer-Related Technology,  
and Software Use Agreement**

**General Principles**

The School Board:

- Believes computers and computer-related technology can enhance student learning.
- Will try to provide students with regular access to computer resources for their school work.
- Believes students should use school computers and resources only for their school work. They must do so in a safe and responsible way.
- Has the right to make the rules about how students use school computer resources. The Board has the right to discipline students who do not follow the rules.
- Believes student use of school district computers and other technology is a privilege, not a right. Like all privileges, it can be taken away.
- Believes parents and guardians have an important role to play in ensuring their children use the school district's computers safely and responsibly.

By following the rules in this agreement, students can prove they are leaders in the safe, smart and respectful use of school property.

<b>What Students Must Do</b>
<ul style="list-style-type: none"><li>• Do use school computer resources, including Internet access, only for school work.</li><li>• DO follow the rules, guidelines and procedures set down by your teacher or school.</li><li>• DO act responsibly, safely, and carefully when using school computer resources.</li><li>• DO keep your password a secret. Don't tell anyone.</li><li>• DO tell your teacher right away if you are having problems with your computer or if it gets damaged.</li><li>• DO use only legal versions of software provided by the School District.</li><li>• DO be considerate of others when using shared computer resources.</li></ul>

### What Students MUST NOT Do

- DO NOT use school computers for anything that is not related to school unless you have permission from your teacher **in writing**. This means you should **never**:
  - Use the school computer for personal entertainment, including playing computer or web-based games.
  - Use the school computer for personal communications not related to your school work. This means no personal email, chat rooms or instant messaging using programs like ICQ.
- DO NOT make changes to the computer hardware or software without first asking permission from your teacher or school. This means you should **never**:
  - change system folders, desktop settings, or software configurations
  - change or damage computer equipment or software programs
  - copy files, data or programs from the computer's hard drive or the Internet
  - do anything to harm the computer or information stored on it.
- DO NOT download music.
- DO NOT share your personal information (name, address, phone number, pictures) or the personal information of others with anyone on the Internet.
- DO NOT agree to meet in person with someone you have met online unless you first have permission from your parent(s).
- DO NOT behave in ways that you know would not be acceptable at school. This includes no swearing, inappropriate comments, bullying, verbal harassment, name-calling, racist or abusive language when communicating via your computer.
- DO NOT do anything with the school computer that you know is not safe or not responsible. Unsafe and irresponsible behaviour includes:
  - participating in online activities that are against the law, including "hacking" and viewing or distributing pornographic content.
  - sending spam, computer viruses, chain mail or any other messages which might cause damage or inconvenience to others.

**Acceptable Use Agreement**

**Students and parents/guardians must sign and return page 3 of the acceptable use agreement.**

**Acceptable Use Agreement For Students Using Computer Resources at School**

**Student:**

I understand that when using school computers, computer-related technology and software, I must follow the rules outlined in the Acceptable Use Agreement with School District No. 60 (Peace River North).

I understand that if I do not follow the rules in this Agreement I may lose my computer privileges and face additional discipline and other appropriate action by the school or school district.

\_\_\_\_\_  
Student Name (Please Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
School

**Parent or Guardian:**

I am the parent/guardian of \_\_\_\_\_ I have read, understand and agree with the terms of the Acceptable Use Agreement for Student Use of Computers, Computer-Related Technology, and Software for School District No. 60 (Peace River North). I have discussed this agreement with my child. I am confident that he/she understands the agreement.

I understand that my child is required to comply with the rules in the Acceptable Use Agreement when he/she uses the school district's computers, computer related technology and software. I understand that he/she is expected to act responsibly when using School District computer resources. I have discussed this expectation with my child.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Home Telephone



**School District No. 60**  
**PEACE RIVER NORTH**

**DISTRICT ADMINISTRATION OFFICE**

10112 · 105 Avenue, Fort St. John, British Columbia V1J 4S4 Phone: (250) 262-6000 Fax: (250) 262-6048  
OFFICE OF THE SECRETARY-TREASURER

**Request for Consent**

Canada's anti-spam legislation came into force on July 1, 2014. As a result, we would like to ensure that we have your consent to send you electronic messages which may contain advertising or promotions. These would include newsletters, announcements, field trips, fundraising, yearbooks, student pictures, dance tickets, or similar events and offers.

If you wish to receive the above communications from us, please complete this form and return it to the school office.

*You may withdraw your consent at any time by contacting your school secretary.*

If you have any questions, please contact the school at your convenience.

-----  
School Name: Upper Pine Elementary Jr. Secondary School

Yes, I/we would like to continue receiving electronic information from the school.

Parent/Guardian Name(s): \_\_\_\_\_ (please print)

Signature(s): \_\_\_\_\_

Name(s) of student(s) at the above named school: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email addresses:

\_\_\_\_\_  
\_\_\_\_\_

Date Signed: \_\_\_\_\_

## Media Release

To ensure that we comply with the Freedom of Information and Protection of Privacy legislation, and your wishes as parents/guardians, we ask that you read the following information carefully.

The legislation states that all photographs, names, or anything else that identifies an individual or an individual's personal information are protected. From time to time, within the context of a school setting, your child's name and/or photograph may be used in a variety of ways. This may include things such as media releases, newsletters, parent advisory council lists, academic and/or athletic achievements, yearbook productions and other school-related activities. Such uses may result in the release of your child's name and/or photograph to the school community as well as the general public.

**\*\*It is important to note that although the list above represents typical uses, it is not all inclusive. The school will not provide names and/or photographs for business or commercial purposes.**

Please sign below in only one box next to the statement that expresses your wishes:

I have read the information above and understand that there are a variety of uses that may be made of my child's name and/or photograph in the context of a school setting.

Child's Full Name \_\_\_\_\_

Parent Signature

<b>I give my permission for my child, whose name is listed above, to be included in lists, publications and/or media coverage.</b>	
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Parent Signature

<b>I do not give permission for my child, whose name is listed above, to be included in lists publications and/or media coverage.</b>	
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\_\_\_\_\_  
Printed Parent Name

\_\_\_\_\_  
Date



# Upper Pine Elementary Junior Secondary School

10716 – 97 Avenue  
Fort St. John, BC,  
V1J 6L7  
Phone: (250)827-3691  
Fax: (250) 827-3570



September 8, 2019

Dear Parents/Guardians:

Upper Pine Elementary Junior Secondary School is part of the BC School Fruit and Vegetable Nutritional Program. This program is in collaboration with the BC Ministries of Health, Education, Agriculture and Lands, Tourism, Sports and the Arts. This program is FREE!! Students will receive fresh fruit, vegetable snacks and milk once a week every other week starting mid October. This program does not replace recess and lunch snacks but is part of a teaching tool in the classroom to promote healthy eating.

Please fill in the bottom of the form to let us know if you wish your child to be involved in the program.

Yours truly,

Melody Braun  
Principal

\_\_\_\_\_

September 8, 2019

I, \_\_\_\_\_ Parent/Guardian of  
(please print)

\_\_\_\_\_ **DO NOT WANT** him/her involved in BC School  
(please print)

Fruit and Vegetable Nutritional Program.

I, \_\_\_\_\_ Parent/Guardian of  
(please print)

\_\_\_\_\_ **WANT** him/her involved in BC School  
(please print)

Fruit and Vegetable Nutritional Program.

Parent/Guardians signature: \_\_\_\_\_





# SCHOOL DISTRICT #60 (PEACE RIVER NORTH)

10112 - 105 Avenue, Fort St. John, BC V1J 4S4 Telephone: 250-262-6000/FAX: 250-262-6048

## SCHOOL BUS REGISTRATION FORM SEPTEMBER 2019 - JUNE 2020

**Although fees are not being collected, a registration form is required to be submitted by all students riding the bus to ensure a seat for each student as well as keeping information current in our system.**

Please fully complete the form below. Submission can be made using one of the options below:

Fax: 250-263-6421

Email: [cdettling@prn.bc.ca](mailto:cdettling@prn.bc.ca)

Dropped off at either the Maintenance/Transportation Office (10716 - 97 Avenue) or the Board Office (10112 - 105 Avenue)

Parent/Guardian Name: _____	Primary Phone #: _____	
	Secondary Phone #: _____	
Parent/Guardian Name: _____	Primary Phone #: _____	
	Secondary Phone #: _____	
<b>*Required - Physical/911 Address:</b> _____		
Mailing Address: _____		
Email: _____	Email: _____	
Child's "Legal" Name (First & Last) _____	Name of School in Sept 2019 _____	Grade in Sept 2019 _____
Child's "Legal" Name (First & Last) _____	Name of School in Sept 2019 _____	Grade in Sept 2019 _____
Child's "Legal" Name (First & Last) _____	Name of School in Sept 2019 _____	Grade in Sept 2019 _____
Child's "Legal" Name (First & Last) _____	Name of School in Sept 2019 _____	Grade in Sept 2019 _____

**ALL students and parents must read and sign the CODE OF CONDUCT and MEDICAL ALERT information included in the registration package.**

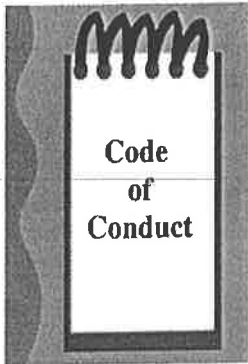


**Medical Alert**

*Please list only serious health problems that may affect the safe transportation of the student.*

Student Name & health concern: \_\_\_\_\_

Student Name & health concern: \_\_\_\_\_



**CODE OF CONDUCT FOR SCHOOL BUS PASSENGERS**

1. Enter and exit the bus in an orderly manner
2. Talk quietly so the driver will not be distracted
3. Use appropriate language at all times
4. Respect the rights of others on board
5. Remain seated while the bus is in motion
6. Keep all parts of your body inside of open windows
7. Keep emergency exits closed
8. Keep the aisle clear
9. Save your litter for the litter bin
10. Absolutely no smoking or use of open matches or lighters

**The driver is in charge of the school bus and students shall follow his/her direction promptly and at all times.**

**Any misconduct by a student may result in the suspension of his/her bus riding privileges.**

**The following actions of students will result in immediate suspension of bus riding privileges:**

- Swearing at the bus driver*
- Opening of emergency exits*
- Serious Fighting*
- Smoking or use of matches or lighters*
- Use or possession of weapons*

**PLEASE NOTE:**

**Parents are responsible to provide supervision for students being dropped off at their stops**

**PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND AGREE TO THE ABOVE "CODE OF CONDUCT FOR SCHOOL BUS PASSENGERS"**

Student Rider #1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Rider #2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Rider #3 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Rider #4 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_