



## **NAKUSP SECONDARY SCHOOL**

619B 4<sup>th</sup> Street, NW

PO Box 249

Nakusp BC, V0G 1R0

Phone: 250-265-3638

Fax: 250-265-4616

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Welcome to Nakusp Secondary School!

Attached is our School Registration Package. To ensure this package is completed in full, please do the following:

- All blanks are filled in to the best of your ability
- You have included a copy of your child's Birth Certificate/Passport/Landed Immigrant Card. If you are of Indigenous decent, please also include a copy of the Indigenous Peoples Status Card. We also require a copy of your child's Personal Health/Care Card.
- You have included a piece of your own identification, which clearly shows your physical address for proof of residency.
- You have completed the medical section and included at least one emergency contact person (other than yourself) that we may contact in the event we cannot reach you.
- You have provided a copy of the Custody Agreement if you have shared custody. You have provided any other court documents that may pertain to your child.
- You have listed your child's previous school name and phone number, if known.
- You have signed, dated and understand all forms.
- If you live on a bus route, you have read and completed the Bus Registration Form

Thank you and we look forward to your child becoming part of our NSS family!





**SDIO** SCHOOL DISTRICT 10  
ARROW LAKES  
World Class Learning in a Rural Environment

## School District 10 (Arrow Lakes)

### Nakusp Secondary School Registration Form

<b>Nakusp Secondary School Contact 250-265-3638 Ext. 3901</b>					
<b>Student Grade Level:</b>				<b>Registration Date:</b>	
<b>Teacher:</b>				<b>PEN #:</b>	
<b>STUDENT INFORMATION:</b>					
<b>Birth Certificate:</b>		Copied ___		<b>Care Card:</b>	
				Copied ___	
<b>Legal Family Name:</b>		<b>Legal First Name:</b>		<b>Legal Middle Name:</b>	
<b>Usual Family Name</b> (if different from above):		<b>Usual First Name:</b>		<b>Usual Middle Name:</b>	
<b>Gender:</b> M F	<b>Birthdate (MM/DD/YY):</b>		<b>Birthplace (City/Province/Country):</b>		
<b>Citizenship:</b> Canadian / Other			<b>Language:</b>		<b>ESL:</b> yes / no
<b>Previous School:</b>			<b>City/Province:</b>		
<b>First Nations Ancestry:</b> yes / no			<b>If yes please select one:</b> status / non-status / Inuit / Metis		
<b>Identified Special Needs:</b> yes / no			<b>Comments (optional):</b>		
<b>ADDRESSES:</b>					
<b>Guardian# 1 (Student resides with)</b>					
<b>Last Name:</b>		<b>First Name:</b>		<b>Relationship to Student:</b>	
<b>Street Address:</b>					
<b>Mailing Address (if different):</b>					
<b>Home Phone :</b>		<b>Cell Phone:</b>		<b>Email Address:</b>	
<b>Employer:</b>			<b>Work Phone:</b>		
<b>Guardian# 2 (Student resides with / does not reside with)</b>					
<b>Last Name:</b>		<b>First Name:</b>		<b>Relationship to Student:</b>	
<b>Street Address:</b>					
<b>Mailing Address (if different):</b>					
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Email Address:</b>	
<b>Employer:</b>			<b>Work Phone:</b>		



**School District 10 (Arrow Lakes)**  
**Nakusp Secondary School Registration Form**

<b>Guardian# 3 (Does not reside with student)</b>		
Last Name:	First Name:	Relationship to Student:
Street Address:		
Mailing Address (if different):		
Home Phone :	Cell Phone:	Email Address:
Employer:	Work Phone:	
Arrangements: (custody/living/visiting)		Are there legal issues: yes / no Copy of court order: yes / no
<b>EMERGENCY CONTACTS (required)</b>		
Name:	Relationship:	Phone: Alt. Phone:
Name:	Relationship	Phone: Alt Phone
<b>MEDICAL / DAYCARE</b>		
Clinic:	Physician:	Phone:
Medical or Other Concerns:		
Medical Alert - Immediate Action:		
Daycare Name, Address & Phone #		
<b>SIBLINGS ATTENDING SCHOOL WITHIN SD10 (ARROW LAKES)</b>		
Name:	School:	Birthdate:
Name:	School:	Birthdate:
Name:	School:	Birthdate:

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

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



## School District 10 (Arrow Lakes)

### Nakusp Secondary School Registration Form

#### PARENTAL CONSENT

Student Name: \_\_\_\_\_  
(please print)

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

In accordance with the Provincial Freedom of Information and Protection of Privacy Act, School District 10 (Arrow Lakes) requires consent to use personal information for purposes unrelated to educational programs.

On occasion, our school would like to have contact with parents to consult with them directly about school issues or meetings, or to plan school-related activities. The school will normally make your name, home address and home phone numbers as well as the child's name and grade available to Parent Advisory Councils (PAC), PAC members or others responsible for organizing these types of activities. Your personal information will not be disclosed directly to anyone for business or commercial purposes.

#### Address and Phone Number

\_\_\_\_\_ **YES** I give my consent for release of my home address and phone number for purposes as explained above.

\_\_\_\_\_ **NO** I do not permit the release of my home address and phone number.

#### Internet Access

Any student wanting access to the internet at school is required to have consent by parents:

\_\_\_\_\_ **YES** I give my consent for my child to have access to the internet and I am aware of the Acceptable Use Policy.

\_\_\_\_\_ **NO** I do not give consent for my child to have access to the internet at school.

#### Release of Students Photographs

It is the practice in our school district to allow school district staff and the media to photograph individuals (including the use of video and digital cameras) and groups of students to celebrate achievements and to provide various education, sports and cultural events taking place in the District. Students' name, photographs and comments may be published in school district publications such as newsletters, school/district websites, yearbook or in the news media.

\_\_\_\_\_ **YES** I give my consent for release of my child's name, photograph and comments as explained above.

\_\_\_\_\_ **YES** I give my consent for release of my child's photograph without the use of my child's name.

\_\_\_\_\_ **NO** I do not permit the release of my child's name, photograph and comments.

#### Travel

Student travel is involved in our many school activities such as field trips, sporting events and fine arts performances. These activities, which are approved by the school, will be under supervision of the school staff or person(s) designated by the Principal. Students will be required to adhere to the rules and regulations as determined by the school. Transportation will be provided by either public or private vehicles.

\_\_\_\_\_ **YES** I give my consent for my child or student under my care, to travel on authorized school activities.

\_\_\_\_\_ **NO** I do not give consent for my child or student under my care, to travel on authorized school activities.

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

\_\_\_\_\_  
Date



## School District 10 (Arrow Lakes)

### MEDIA CONSENT FORM

#### Educational Documentary Films, Website, Brochure Project

Student Name: \_\_\_\_\_

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

#### Release of Student Media

Arrow Lakes School District is in the process of creating documentary-style films, and updating our photo bank for the district brochure and district website. We intend to use these media to demonstrate some of the innovative student learning and educational practices in the district.

Our aim is to use the films, our district website and the brochure for the purpose of attracting prospective students to the district, including international students. We will also share our work with other school districts and the Ministry of Education who are keen to learn more about the great education happening in SD 10!

You are being contacted because your child may be featured in one of the films, or their photo used on the website or a school district brochure. Surnames of students featured in the films are not identified, and no student names will appear on the website or brochure.

This media will be used for professional, educational and school district marketing purposes only.

\_\_\_\_\_ Yes I give my consent for release of media featuring my child for the film, website and brochure project as explained above.

\_\_\_\_\_ No I don't give my consent for release of media featuring my child for the film, website and brochure project as explained above.

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

\_\_\_\_\_  
Date

Please fill in the above information and return to your school office or to the district office at:

School District No. 10 (Arrow Lakes)  
Board Office, 98 6<sup>th</sup> Ave NW, Nakusp, BC

Mail: Box 340, Nakusp, BC V0G 1R0

## School District # 10 Computer Use Agreement Form

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- I will never send a person my picture or any other personal information such as my address, phone number or the name and location of my school without my teacher's permission.
- I will tell my teacher right away if I come across any information that makes me feel uncomfortable.
- I will not attempt to use internet resources in any improper or unethical way. Any controversial material containing pornographic sexual content or literature will not be tolerated.
- I will always treat people online with respect and treat them as I would like to be treated.
- I will not reply to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell my teacher right away.
- I understand that transmission of any material in violation of any federal or provincial regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening, racist, or other obscene material or material protected by trade secret.
- I understand that vandalism will result in cancellation of privileges. Vandalism is not confined to physical damage, but also includes any malicious attempt to harm or destroy data of another user. This includes, but is not limited to, the uploading or creation of computer viruses.
- I will not hold the School District responsible for any losses or financial obligations incurred by me through the use of the District's facilities, internet access or software.
- I understand and will abide by the Computer/Internet Use Agreement.
- I further understand that any violation of the regulation above is unethical and may constitute a criminal offence.
- I also understand that if I allow any other person to use my name and password, my account will be suspended.
- Should I commit any other violation, my account privileges may be revoked and other disciplinary and/or appropriate action may be taken.

**STUDENT**

I pledge to follow the rules for computer use and internet access while using the computers and internet at Nakusp Secondary School.

STUDENT NAME (please print): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PARENT OR GUARDIAN**

As the parent or guardian of the student who has signed this agreement, I have also read the Computer/Internet Use Agreement. I understand that this access is designed for educational purposes, but I also recognize it is impossible for School District staff to prevent access to all controversial materials and I will not hold them responsible for materials acquired on the network. I hereby give permission to issue an account to my child and certify that the information contained on this form is correct..

PARENT/GUARDIAN NAME (please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATION TO STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

**SCHOOL**

I authorize the above named student to have access to computers, Internet and E-mail.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_