



Student Registration Form

Student

Legal Last Name _____ Date of Birth _____ Family Courier

Legal First Name _____ Grade _____

Legal Middle Name(s) _____

Gender Male Female

Preferred Last Name _____

Preferred First Name _____

Personal Health No. _____

Student Cell Number _____

Previous School Name _____ Address _____

Previous School Phone _____ City _____

PARENT / GUARDIAN INFORMATION

Name _____

Relationship _____

cell phone _____

work phone _____

home phone _____

E-mail Address _____

Home Address

House number & street name _____

PO Box _____

City _____ Prov _____ PC _____

Receive communications Can pick up Has portal access

Parental authority or guardian Lives with student

PARENT / GUARDIAN INFORMATION

Name _____

Relationship _____

cell phone _____

work phone _____

home phone _____

E-mail Address _____

Home Address

House number & street name _____

PO Box _____

City _____ Prov _____ PC _____

Receive communications Can pick up Has portal access

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EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called, will be granted permission to pick up child if required.)

Emergency Contact 1 _____	Home phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Emergency Contact 2 _____	Home phone _____	Work Phone _____
	Cell Phone _____	Relationship _____

SIBLING INFORMATION

Name _____	Grade _____	Birthdate _____
Name _____	Grade _____	Birthdate _____
Name _____	Grade _____	Birthdate _____

STUDENT LEGAL ALERTS Court order on file?

Description _____

STUDENT MEDICAL ALERTS Life Threatening? Doctor's Name _____ Phone _____

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

ABORIGINAL ANCESTRY Metis Inuit Status-On Reserve Status-Off Reserve Non-Status

Band/Nation Name _____ Status No. _____

Previous School Information

Previous School Name: _____

Previous School Address: _____

Previous School Phone: _____

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.

Parent / Guardian Signature _____ **Date** _____

BBCS Medical Condition & Allergy Information Form

(All students K4-12)

2024-2025



This information is retained by Bella Bella Community School and is provided to the school's employees, where relevant and required, including classroom teachers, and those employees engaged in the supervision of students off school premises while on school activities. This information will also be provided to qualified medical personnel in the event of an emergency. *If need be, please have a doctor assist with filling out this form.* It is the responsibility of the parent/guardian to update this information throughout the school year whenever there are changes.

Student Full Name: _____ Grade: _____

Parent/Guardian Name: _____

Does your child have any allergies? Yes No

Please list what your child is allergic to: _____

a) Is this an **anaphylactic** (life-threatening) allergy? Yes No

IF YES, THE ADMINISTRATION WILL CONTACT YOU TO COMPLETE THE **ANAPHYLAXIS EMERGENCY PLAN** AND ENSURE YOUR CHILD HAS AN EPIPEN IN A WAIST-PACK FOR SCHOOL USE. FOR VERY YOUNG CHILDREN, ARRANGEMENTS MAY BE MADE FOR A TEACHER OR E.A. TO CARRY THE EPIPEN.

b) Allergy type:

Airborne Ingestible Contact Insect Medication
(if eaten) (if touched)

c) Please provide any other important allergy information, such as medications or actions used to control the allergy:

Does your child have any medical conditions? Yes No

(e.g. asthma, diabetes, seizure disorder, chronic illness, disability, vision or hearing condition, ADHD, psychological conditions) and treatments that the school should be aware of?

a) Condition: _____

b) Please provide information, including history, signs/symptoms, triggers, medications or actions used to control the condition:

Date: _____

Signature: _____

BBCS Chromebook, G-Suite, & Online Consent

(All students in Grade 3-12)

2024-2025



Student's Full Name: _____

I give my informed consent for my child to use G-Suite and similar internet-based resources, as well as access information online. I understand that the information created and stored by my child and their teacher may reside outside of Canada. By signing this form, I consent to my child's information and created content being stored and residing outside of Canada.

Additionally, I give informed consent for my child to use a Chromebook and agree to **the Protocol and Loan Agreement** associated with its use. This permission is granted until October 31, 2025, unless revoked.

This requires the signature of both the Student (if over 13) and the Parent/Guardian.

Parent/Guardian Signature

Date

Student Signature (if over 13)

Date

For parents and guardians of grade 3 students only:

Yes, I would like to have access to the parent portal in Raz-Kids _____
Parent/guardian email address

(Consent for students is renewed annually. However, you may resubmit a new consent form to your school at any time to change your consent. This consent is valid until October 31, 2025)

Photography/Video & Media Consent Form

(All students K4)

2024-2025



Under the BC Freedom of Information and Protection of Privacy Act, the Bella Bella Community School is seeking your consent to collect, retain, use and disclose photographs, videos, images, audio, and/or names of students in a variety of publications and on the School's website for education-related purposes, such as recognizing and encouraging student achievement, and to build the school community and inform others about our school and its programs and activities.

For example, student names and/or images may be used in:

- School and School Board communications, such as newsletters, brochures and reports;
- **School yearbook**
- **School websites, social media sites**/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (**only during events where media is invited to school-related events**).

** Please note that BBCS staff cannot control news media access and photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, public meetings, etc. These are considered public events.

No, as the parent or guardian of the student named below, I do not give my consent for the Bella Bella Community School to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year.

Yes, as the parent or guardian of the student named below, I give consent for the Bella Bella Community School to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year. I understand that images posted on the internet may be stored and accessed outside of Canada.

(Consent for students is renewed annually. However, you may resubmit a new consent form to your school at any time to change your consent. This consent is valid until October 31, 2025)

Student Full Name: _____ Grade _____

Date

Parent/Guardian Signature