

# Please read this information carefully before proceeding.

## **FULL TIME PROGRAMS FOR K-12.**

You are registering for Abbotsford Virtual School Distance based Distributed Learning for Grades K-12. This is a fully enrolled program, for grade K-8 students, meaning the student cannot be registered at or attend another school while registered for a fully enrolled program at AVS.

**Please read this information carefully before proceeding.**

- **REGISTRATIONS MUST BE COMPLETE, WITH STUDENT IDENTIFICATION AND PROOF OF ADDRESS ATTACHED AT THE TIME OF SUBMISSION, AS WELL AS THE WITHDRAWAL FORM**, authorizing us to request withdrawal of the student from their previous school.
- **INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED OR PROCESSED, DUE TO THE OVERWHELMING NUMBER OF REGISTRATION WE HAVE, AND ANTICIPATE, RECEIVING.**
- Families who previously sent an email to [avsoffice@abbyschools.ca](mailto:avsoffice@abbyschools.ca), requesting to be waitlisted will have their registration dated received the date of the request email, as long the registration is received COMPLETE by September 4, 2020. **You must refer to the email that you sent, when submitting the registration, so that we can confirm that waitlisting was requested and record the date.**
- Registrations can be submitted to [avsoffice@abbyschools.ca](mailto:avsoffice@abbyschools.ca). The fillable form can be filled out online or printed, filled in and scanned. If filling it out online you must download and save your edited form, and return it to [AVSoffice@abbyschools.ca](mailto:AVSoffice@abbyschools.ca) as an email attachment.
- You will be contacted by AVS if a space is available. Please do not withdraw from the current school until you have heard from AVS that a space is available.

**registration is contingent on the completion of the transition plan and its policies.** (Ex: Staffing must be adjusted to accommodate additional student at AVS, and the number of students we can accept overall will be affected by available staffing) **You will be contacted when your placement is guaranteed.**

Standard procedures are that **when a student registers at AVS (or any district school) in a fully enrolled program they are withdrawn from their previous school and are not guaranteed or held a spot there should they want to return mid-year.** The transition plan may offer some flexibility for students with mitigating circumstances, but details are not known at this time. (In Catchment students registering to return to their catchment school for September 2021 are first priority for placement so they would be accepted in almost every situation)

**AVS requests that families commit to AVS for a minimum of one year if registering now,** as it is simply not possible to adjust staffing across the district to accommodate the moving of hundreds of students at both the start of, and mid-year. Also, the scheduling of courses and when curriculum is covered would likely not align between schools well enough to make a mid-year transfer seamless.

AVS Distance Distributed Learning is teacher supported through communication online or by phone with parents and students, assessment of student progress, providing of curriculum, etc. Parent support is critical to student success in most cases, to help the student on a day to day basis as needed and keep them on track and focused. There are no live lectures or scheduled online classes as part of our program, so **it is up to the parent in most cases to make sure that the child is completing their work and to reach out to the teacher for support when needed.** Teachers will check in with students and families, but it is not always possible to contact a disengaged student online or to compel them to engage in their schoolwork, **so both teacher and parent support is critical to student success.**

Grades 6-12 curriculum is entirely online, and grades K-5 are primarily paper-based and online. We are working towards making more of the K-5 content digital, so it is not necessary to come to the school to drop off or pick up work, though this may be necessary to some extent for younger students initially. Parents are required to make an appointment with the teacher in advance before coming to the building and follow social distancing protocols. A computer is required for distance education through AVS. A printer is strongly recommended.

## Accepted Identification and proof of address examples

\*Registrations that remain incomplete due to lack of ID and proof of address will be automatically cancelled/archived 5 days after receipt of this notification.

### 1. Examples that are both ID and Proof of Residency.

A photo ID in the form of a BC Driver's license (with current address) or a BCID (with picture) will meet the requirements for BOTH student ID and proof of address.



### 2. Examples of accepted ID for the student.

Submit one document from the examples below in the student's name. If submitting a birth certificate or passport you MUST submit a second document from section 3 for proof of

*\*All forms of ID must be valid and up to date.*



### 3. Examples of Proof of BC Residency:

Submit one document from the examples below for proof of residency. (In addition to ID) This can be in a parent or family members name. Name, address, (recent) date and the type of document must be visible/readable. You can cover other personal information if desired.

Phone bills and cable/internet bills are NOT accepted. (Landline or Cell)

A screenshot of a BC Hydro utility bill showing account information and a meter reading.

\*Alternate Proof of address if you do not have any of the above: a parent's driver's license, current mortgage papers, property tax/Assessment, legal rental agreement, or Bank/credit card statement – all showing name, recent date and address.

Office use only	Student first name: _____	Last: _____
Date Rcvd: _____	Time Rcvd: _____	Intake by: Clerical _____ Teacher/Admin _____
Program: Fusion _____	HBL (onsite W) _____	Distance (offsite) _____ Start Date: _____ Grade: _____ (at start date)
Scanned? YES NO	Notes: _____	



New Full Time Student Registration  
 Grades K-12 (Fusion/HBL/Distance)  
 Success is everywhere.

33952 Pine St Abbotsford,  
 BC V2S2P3  
[avsoffice@abbyschools.ca](mailto:avsoffice@abbyschools.ca)  
[www.avs34.com](http://www.avs34.com)

**PROGRAM SELECTION - PLEASE indicate a FIRST and SECOND choice (A copy of the student's birth certificate or passport and an accepted, recent document, verifying the students current address must be attached to this package.)**

- \_\_\_\_\_ I am requesting the Home-Based Learning Program (Gr. K-8 only) with 1 onsite day per week
- \_\_\_\_\_ I am requesting the Home-Based Learning Offsite program with NO ONSITE CLASSES (Gr. K-12)
- \_\_\_\_\_ I am requesting my child be enrolled in Fusion (Gr. 6-12 only), with 2 onsite days per week.

**If your first choice is not available, do you want to: (parents will be contacted if the first choice is not available)** \_\_\_\_\_ Have my child placed in my second choice and waitlisted for my first choice.

\_\_\_\_\_ Have my child be placed in my second choice and **not** waitlisted for my first choice.

\_\_\_\_\_ If my first choice is not available, I will withdraw this registration form and register my child elsewhere.

Have you met with a teacher or administrator and had our programs explained to you prior to completing this package? Name/or job title of staff member, if yes. \_\_\_\_\_ (This may be required for some programs) **Language Selection: This section applies to Grade 6-9 students ONLY.**

A second language is a curricular requirement in these grades. Please choose one. \_\_\_\_\_ French \_\_\_\_\_ Spanish

**AP 336-1 School Registration Form**

A child may only be registered in one school in the Abbotsford School District.

Parent Email PRINT CLEARLY \_\_\_\_\_ Student Email PRINT CLEARLY \_\_\_\_\_

Catchment School \_\_\_\_\_ Requested/Placed School \_\_\_\_\_

**Student Information** \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_  No Middle Name

Birth Date (MM/DD/YYYY e.g. 24 May 2005) \_\_\_\_\_ Gender  Male  Female

Grade at start date: \_\_\_\_\_ Proof of Age  Birth Certificate  Passport  Citizenship Paper

Phone \_\_\_\_\_ (cell)

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

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Proof of Residence Provided  Yes  No (\*see below)

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

In order for a child to be registered in an Abbotsford school, proof of address must be shown by presenting one of the following legal documents: Mortgage Document, Rental or Lease Agreement, Property Sale Agreement, Property Tax Notice or Utility Bill. In addition, one of the following three documents containing the name and address of the parent/guardian is required: Bank Statement, Credit Card Statement or Government Document (MSP bill).

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offense of perjury, contrary to Section 131 of the Canadian Criminal Code.



**ADMISSION INFORMATION**

Previous School \_\_\_\_\_  
City & Province \_\_\_\_\_  
Date left previous school \_\_\_\_\_ Expected start date \_\_\_\_\_

**ABORIGINAL ANCESTRY INFORMATION**

Inuit     Metis     Non-Status     Status on Reserve     Status off Reserve  
Band Name \_\_\_\_\_ Band Number \_\_\_\_\_

**PROGRAM**

\*Was in an Alternate Program?     Special Education     \*Designation     \*My child has an IEP

**IMMIGRATION/CITIZENSHIP STATUS (fill out even if Canadian Citizen)**

Country of Birth \_\_\_\_\_ Language at Home \_\_\_\_\_  
Canadian Citizen     Child     Parent     Permanent Resident/Landed Immigrant     Child     Parent  
Refugee     Child     Parent     International Student (funding not eligible)     Child     Parent  
Student Visa     Child     Parent     Employment Authorization     Child     Parent

**PARENTS/GUARDIANS**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Living with Student  Yes  No    Same Address as Student  Yes  No  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_  
Employed at \_\_\_\_\_  
2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Living with Student  Yes  No    Same Address as Student  Yes  No  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_  
Employed at \_\_\_\_\_

**LEGAL INFORMATION**

Are there any legal documents in force re: custody/guardianship/access?     Yes     No  
Have you provided a copy of these legal documents to the school?     Yes     No  
*(The school cannot act on or attempt to follow or enforce any legal agreements or orders unless a copy of a current court order has been provided to the school)*

**SIBLINGS ATTENDING AVS**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ School attended by sibling \_\_\_\_\_  
first Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ School attended by sibling \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than parent/guardian)**

People listed below are authorized to pick up your child at your request, or in the event of an emergency if parents/guardians cannot be reached.  
1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
2. Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_  
3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
4. Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

**OUT OF PROVINCE CONTACT INFORMATION** (In case of Provincial disaster)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Ext. \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Care Card Number \_\_\_\_\_

Allergies and Conditions \_\_\_\_\_

Are any of these conditions' life threatening?  Yes  No If so, which? \_\_\_\_\_

Medication or Treatment Required for Life Threatening Conditions

Condition \_\_\_\_\_ Treatment \_\_\_\_\_

(Please see AP 327 – Medical Alert Conditions, AP 328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website.

Details/Comments: \_\_\_\_\_

\_\_\_\_\_



Parent Guardian Signature \_\_\_\_\_ Name (printed) \_\_\_\_\_

**Student Information Release**

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

**1. GRADE 8-12 STUDENTS ONLY**

All students participating in secondary athletics in Abbotsford need to be registered with BC School Sports. I authorize disclosure of my child's name, birthdate, current grade, year my child entered grade 8 and previous school to BC School Sports for registration purposes.



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

**2. COMPUTER AND INTERNET USAGE AND ACCESS**

Access to and participation in the global network (Internet) carries with it a responsibility for adherence to established guidelines for acceptable use, as per AP 334 – Online Communications and Digital Learning. Parents are responsible for ensuring that they fully understand the terms and conditions of the procedures for the safe use of the Internet. The procedure and parental consent form are available at the school office or on the District website. I will review this policy prior to signing my child's user agreement.



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

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the Freedom of Information Coordinator, District Administration Office, 604-859-4891.



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**AP 336-2 Request for Email Address Consent**

REQUIRED YEARLY

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, Abbotsford School District would like to ensure that we have your consent to receive electronic newsletters, school and community updates on matters from your children's school(s) and the school district. There may also be announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, canteen/cafeteria sales, prom or dance tickets, or similar events and offers.

Yes, I CONSENT to receiving the above communications to my email address which I have provided below and understand that I can withdraw this consent at anytime.

No, I DO NOT CONSENT to receiving the above communications to my email address.

Email Address: **PRINT CLEARLY** \_\_\_\_\_



Parent Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

This information will be kept on file at the school your child is attending in Abbotsford School District. If you have questions, please contact us at: [info@abbyschools.ca](mailto:info@abbyschools.ca), Abbotsford School District, 2790 Tims St, Abbotsford, BC, V2T 4M7 [www.abbyschools.ca](http://www.abbyschools.ca)

## AP 324-1 –Photograph/Video and Media Consent

REQUIRED ONCE OR EACH TIME STUDENT CHANGES SCHOOLS

In accordance with the BC Freedom of Information and Protection of Privacy Act, the Abbotsford School District 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 District's website(s) for education related purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities. For example, student names and/or images may be used in: • School and School District communications, such as newsletters, brochures and reports; • School yearbooks • School and School District 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 (restricted to events where media is invited to school-related events);\*\* • Videos, CDs and DVDs designed primarily for educational use. \*\* Please note that school and district 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, school board meetings, etc. These are considered public events. Please complete and return to your school:

\_\_\_\_\_ I **DO GIVE MY CONSENT** for the School District 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.

\_\_\_\_\_ I **DO NOT GIVE MY CONSENT** for the School District to collect, use and publicly disclose my child's name, voice and/or image for purposes consistent with the above for this school year.

Parent/Guardian Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Sign Here

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name: (please print) LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Student signature (for Secondary school students only) \_\_\_\_\_

REQUIRED YEARLY

## AP 334-1 Google for Education – Consent

This consent form is provided to parents and students so that an informed choice may be made with regard to consent to use Google for Education. Abbotsford School District provides teachers and students access to a district-managed Google for Education account. Each student may have their own secure login and password to access Google. Google for Education differs from consumer Google in that there is no tracking of user data or advertising. To use the Google for Education platform, personal information (student name, grade, and school) will be collected by the Abbotsford School District under the authority of the Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about this collection, please contact the school principal. As all account and content information is hosted by Google on servers outside of Canada, there are important limitations to the type of information that can be shared within Google for Education. Google tools are for educational use only, including content related to classroom assignments, projects, and curriculum related work. Since the servers are not located in Canada, steps must be taken by all users to ensure that sensitive, confidential and/or personally identifiable information is not shared in any emails, attachments, files, and documents created or uploaded into the district-managed Google for Education platform. According to the Google for Education Terms of Service, all information shared with Google is owned by the school district and can be removed at any time. While stored outside the country, information in the Google account may be subject to the laws of foreign jurisdictions including, in the United States, the USA Patriot Act. Privacy legislation requires that we inform you of this and obtain your consent to this arrangement.

Parent/Guardian Consent Select only one of the following:

\_\_\_\_\_ I have read and understand the information above and consent to the use of Abbotsford School District's Google for Education services. This consent will be considered valid from the date on which it is signed until completion of grade 12.

\_\_\_\_\_ I have read and understand the information above and I **do not** consent to the use of Abbotsford School District's Google for Education services.

Student's Name: (please print) LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Student signature (for Secondary school students only) \_\_\_\_\_

Parent/Guardian Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

Sign Here

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

Current School _____	<i>Office use only</i>	Date: _____
Phone: _____		Fax: _____

## STUDENT WITHDRAWAL & FILE REQUEST FORM

I authorize the withdrawal of my child(ren) from \_\_\_\_\_  
*(Current school name)*

I am enrolling them with the Abbotsford Virtual School \*effective (date) \_\_\_\_\_

- NOTE TO PARENT/GUARDIAN: Acceptance at AVS is dependant on space being available. AVS will NOT submit this withdrawal form to your current school until they are certain that the student can be enrolled with AVS.
- It is REQUIRED to complete and submit this form to AVS WITH the registration package or the registration will not be processed.

I hereby give my written consent for (releasing school/District) \_\_\_\_\_  
to release all pertinent school, education assessment and Learning Services information which pertains to my child(ren), to Abbotsford Virtual School & SD #34. I also release all parties stated here within from any legal liability resulting from the release of this information, with the understanding that all parties involved will exercise sufficient safeguards while using this information.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Please forward the Permanent Record Card, most recent Report Card and Personal File Folder, for the following student, to Abbotsford Virtual School.

Name	Birthdate	Grade
_____	_____	_____
_____	_____	_____

Thank you

*Beverley Winter*  
Abbotsford Virtual School  
Student Records & Transcripts  
[beverley.winter@abbyschools.ca](mailto:beverley.winter@abbyschools.ca)



# Aboriginal Education Consultation Form



## Aboriginal Education Consultation Form Abbotsford School District #34

Dear Parents and Guardians of students with Aboriginal ancestry,

You are receiving this consultation form because you have indicated that your child has Aboriginal ancestry. The Abbotsford School District receives additional funds to provide Aboriginal enhancement services to all students with Aboriginal ancestry. This enhancement service is intended to ensure Aboriginal students to achieve success in the goal areas of the district's Aboriginal Education Enhancement Agreement. The Aboriginal Education Enhancement Agreement goals are:

- To increase the school completion of Aboriginal students
- To increase the number of Aboriginal students that meet expectations in reading
- To increase the sense of belonging of Aboriginal students at school
- To increase the cultural pride of Aboriginal students

As a part of this service schools are required to consult with parents and guardians as to the type of Aboriginal enhancement service they would like to see in the school.

Please complete the below form and return to your child's school.

### Student Information:

Student Name:	Date of Birth:
Aboriginal Ancestry (if known):	

Please tell us what you would like to see in an enhancement service for your child:

**My child is of Aboriginal ancestry and my signature acknowledges that I have been consulted by the Abbotsford School District #34 regarding the Aboriginal enhancement service.**



\_\_\_\_\_  
Parent or Guardian Signature

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent email address: \_\_\_\_\_