

## AVS Registration Application Form for Fully Enrolled K-12 Students

**This form should only be completed for students wishing to withdraw from their current school to enroll at AVS as a fully enrolled\* student.**

*\*Fully enrolled means a full-time program is being taken at AVS, and the student is registered at no other school. Fully enrolled programs may be offsite, online, or blended learning depending on the program, grade level and availability.*

**PLEASE do NOT submit this package unless it is COMPLETE, including all pages, plus...**

**STUDENT Identification**

**Proof of Address document**

**Withdrawal form**

*Registrations missing ANY of these documents/forms cannot be processed and students cannot be placed in classes or on waitlists based on partial submissions.*

Due to the volume of inquiries that we are receiving we do not have time to hold incomplete/partial registrations and to contact people requesting missing documents. Please ensure that you have completed the application in full including the ID and proof of address submission. Please submit all of the required pages and documents at the same time by emailing a saved copy of this complete form as an attachment to [avsoffice@abbyschools.ca](mailto:avsoffice@abbyschools.ca) with the students first and last name and "Registration Application" stated in the subject line of the email and any additional files attached to the same email submission.

### Grades K-9

AVS is currently wait-listing students in grades K-9 and will assess if space is available in each grade in January 2021. Parents wishing to have their child waitlisted for grades K-9 **must**:

1. Complete this package **ENTIRELY**, including **submitting student ID**, and **proof of address**, and the **withdrawal form**. (*You will not automatically lose your place at the current school. The withdrawal form will not be submitted to the student's current school unless/until AVS has contacted you to confirm that a spot is available, and you have responded/confirmed that you still want your child to attend AVS*)
2. Contact the principal of their child's current school and explain that they would like their child to attend AVS, and why if they so choose, and have their current principal email AVS Vice Principal, Mrs. Anita Heitz. with a referral/acknowledgment/approval of your request.

### Grades 10-12

**Cross Enrolled 10-12:** Students in Grades 10-12 may register to take courses at AVS as a cross enrolled or fully enrolled student now. Students who wish to **cross enroll while attending another school, do NOT need to complete this form**. They can register online at <https://abbyvirtual.com/registration/> .

**Fully Enrolled 10-12:** Students in Grades 10-12 can register now to attend AVS as a fully enrolled student by completing this package ENTIRELY, including submitting student ID, and proof of address, as well as the withdrawal form, but they must understand that they will be withdrawn from their home/current school after their registration has been reviewed by an AVS counsellor. They would need to reapply/re register to return to their previous school in the future, with no guarantee of space being available. Grade 10-12 students/parents will be contacted by a counsellor to complete/confirm their registration and course selection after submitting this form and before any withdrawal from their current school is initiated.

### District Transition program

Please note current transition plan students at all grade levels should direct any questions regarding the transition program to the school where their child is currently enrolled. (Students can direct questions specific to their current AVS course(s) to their teacher by messaging them within the course.) Parents/students should contact the school where their child is currently enrolled if they have questions about how classes there are structured/scheduled.

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  
www.ave34.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.)**

Check one \_\_\_\_\_ 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.

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. In the case of a family registering with multiple children please use one form per child.

Catchment School \_\_\_\_\_ Email Address (print clearly) \_\_\_\_\_

#### STUDENT INFORMATION

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

Usual Last Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_  No Middle Name Grade (current) \_\_\_\_\_

Birth Date \_\_\_\_\_ (DD/MMM/YYYY) Home Phone \_\_\_\_\_

Preferred Gender  Male  Female  Non-Binary Gender on identification  Male  Female

Home Phone Number \_\_\_\_\_ Alt Number (for parent/guardian) \_\_\_\_\_

#### ADDRESS INFORMATION

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: \_\_\_\_\_

**Sign Here** 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.

**Sign Here** 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.

**Sign Here** 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** \_\_\_\_\_

**Sign Here** 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 \_\_\_\_\_

 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 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 \_\_\_\_\_

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

# Aboriginal Education Consultation Form

Please disregard this form if your child has no aboriginal ancestry.



## Aboriginal Education Consultation Form Abbotsford School District #34

Dear Parents and Guardians of students with Aboriginal ancestry,

The Abbotsford School District receives additional funds to provide Aboriginal enhancement services to students with Aboriginal ancestry.

This service is intended to ensure that Aboriginal students 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: \_\_\_\_\_

To: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

**STUDENT WITHDRAWAL & FILE REQUEST FORM**

I am withdrawing my child(ren) from \_\_\_\_\_

and enrolling with the Abbotsford Virtual School effective (date) \_\_\_\_\_

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)

This message is intended only for the use of the individual to which it is addressed and contains information that is privileged, confidential and exempt from disclosure.