



## Skeena Middle School

3411 Munroe Street Terrace, B.C. V8G – 3C1  
1-250-635-9136 (phone) 1-888-655-0523 (fax)

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Relationships - Respect - Honesty - Responsibility - Perseverance

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Dear Parent/Guardian:

Attached please find a set of registration documents for Skeena Middle School.

Please note that we require the following documents to accompany the registration:

**Student Identification:**

1. Birth Certificate
2. BC Care Card

**Parent/Guardian Identification:**

1. BC Care Card
- or
2. BC Services Card

**and one** of the following. Please note that the address on the following documents **must match** the address listed on the Student's Registration and Verification form.

3. Driver's Licence
4. BC Utility Bill (eg: BC Hydro bill)
5. Proof of ownership of dwelling (eg: Property Tax Notice)
6. Rental Agreement
7. Current Income Tax Return filed as a BC resident

If your student is registering for Grade 9, please fill in the Grade 9 Course Selection sheet.

Please indicate somewhere on the top right hand corner of the first page of the Student Registration Form if the student wishes to be in the Skeena Middle School Band.

Email all the registration forms and identification documents back to Skeena Middle School at ([SMS@cmsd.bc.ca](mailto:SMS@cmsd.bc.ca)) as soon as possible, as plans are already underway for the next school year.

Additionally, if your student has any special requirements, please be sure to include this information in your reply.

Thank you!

Mrs. C. Rundell, Secretary  
Skeena Middle School



*In Catchment Application*

Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_

- English Program  French Immersion Program
- Hockey Academy

*Cross Boundary Application submitted by Parent/Guardian to:*

School of Choice: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

**Student Registration Form – 2020/2021 School Year**

**School:** \_\_\_\_\_

**LEGAL NAME:** Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**NAME USED:** Surname \_\_\_\_\_ First \_\_\_\_\_ GENDER: Male / Female / Other GRADE: \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) BIRTH PROVINCE: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_

**PERSONAL EDUCATION NUMBER (PEN #):** \_\_\_\_\_ PROOF OF AGE: \_\_\_\_\_

**ORDINARILY RESIDENT VERIFICATION COMPLETED (AS ATTACHED):** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ (Number) \_\_\_\_\_ (Apt/Suite #) \_\_\_\_\_ (Street Name) \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ (if different from above) \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**IMMIGRATION: (COPIES OF FEDERAL IMMIGRATION DOCUMENTATION MUST BE PROVIDED)**

**COUNTRY OF BIRTH:** \_\_\_\_\_ IMMIGRATION STATUS: \_\_\_\_\_

**CITIZEN OF:** \_\_\_\_\_ ENTRY DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**LANGUAGE:** \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_ PHONE: \_\_\_\_\_

**FAX:** \_\_\_\_\_ EMAIL: \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ PROVINCE: \_\_\_\_\_ GRADE PLACEMENT: \_\_\_\_\_

**MINISTRY DESIGNATION:** Yes \_\_\_\_\_ No \_\_\_\_\_ STUDENT SUPPORTS:  IEP (Individual Education Plan)  SIP (Student Intervention Plan)

ELL (English Language Learner)  Speech  Other (Student Support) \_\_\_\_\_

**STUDENT LIVES WITH:**  Both Parents  Mother  Father  Other: \_\_\_\_\_

**CUSTODY:**  Both Parents  Mother  Father  Other: \_\_\_\_\_ Court Order:  Yes  No  Received

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_

Please Check One:  Father  Mother  Step Father  Step Mother Other: \_\_\_\_\_

**ADDRESS IF DIFFERENT FROM STUDENT:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ HOME PHONE IF DIFFERENT FROM STUDENT: \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ EMAIL: \_\_\_\_\_

CAN PICK UP  RECEIVE MAILINGS  RECEIVE AUTO-DIALER CALLS  RECEIVE EMAIL  HAS PORTAL ACCESS

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_

Please Check One:  Father  Mother  Step Father  Step Mother Other: \_\_\_\_\_

**ADDRESS IF DIFFERENT FROM STUDENT:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ HOME PHONE IF DIFFERENT FROM STUDENT: \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ EMAIL: \_\_\_\_\_

CAN PICK UP  RECEIVE MAILINGS  RECEIVE AUTO-DIALER CALLS  RECEIVE EMAIL  HAS PORTAL ACCESS

**INDIGENOUS ANCESTRY INFORMATION:**

INDIGENOUS ANCESTRY:     Inuit     Metis     Non-Status     Status Off-Reserve     Status On-Reserve  
BAND OF RESIDENCE NAME: \_\_\_\_\_ BAND OF RESIDENCE NUMBER: \_\_\_\_\_

**MEDICAL INFORMATION:**

CARE CARD NUMBER: \_\_\_\_\_  
DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ALLERGIES & HEALTH CONDITIONS: \_\_\_\_\_  
LIFE THREATENING? Yes \_\_\_\_\_ No \_\_\_\_\_  
STUDENT EMERGENCY RESPONSE PLAN REQUIRED (I.E. ANAPHYLAXIS, DIABETES, ETC.): Yes \_\_\_\_\_ No \_\_\_\_\_

**SCHOOL-AGE SIBLINGS ATTENDING SCHOOL DISTRICT:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ GRADE & SCHOOL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENTS/GUARDIANS)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
RELATIONSHIP TO STUDENT: \_\_\_\_\_ PERMISSION TO PICK UP STUDENT? Yes \_\_\_\_\_ No \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
RELATIONSHIP TO STUDENT: \_\_\_\_\_ PERMISSION TO PICK UP STUDENT? Yes \_\_\_\_\_ No \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
RELATIONSHIP TO STUDENT: \_\_\_\_\_ PERMISSION TO PICK UP STUDENT? Yes \_\_\_\_\_ No \_\_\_\_\_

*The information on this form is collected under the authority of the School Act. Information is used by the School District for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.*

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

New Student     Returning Student

Placement Teacher: \_\_\_\_\_ MapleABC # \_\_\_\_\_ Bus Route & Stop \_\_\_\_\_ Room \_\_\_\_\_ Grade \_\_\_\_\_



**FREEDOM OF INFORMATION – PARENTAL CONSENT**

*(for the disclosure of parent/guardian information)*

In accordance with the *Freedom of Information and Protection of Privacy Act*, Coast Mountains Board of Education School District 82, requires consent to use personal information for purposes unrelated to educational programs.

There are occasions when our school would like to have contact with parents/guardians to consult with them directly about school issues or meetings, or to plan school-related activities. To contact you for these purposes, we need consent for the disclosure of your name, home address and phone number to school district personnel, Parent Advisory Councils or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

Yes, I give my consent for release of my home address and phone number for purposes consistent with the above.  
 No, I do not permit the release of my home address and phone number for purposes consistent with the above.

The information on this form is collected under the authority of the *School Act*. Information is used by the school district for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act*.

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

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**ORDINARILY RESIDENT VERIFICATION**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

PERSONAL EDUCATION NUMBER (PEN #): \_\_\_\_\_

**Proof of Residency for Parent/Guardian:**

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

BC CareCard **OR** BC Services Card

And **ONE** of the following:

British Columbia Driver's License

Document indicating BC residency (i.e. utility bill) \_\_\_\_\_

Proof of ownership of a dwelling or long-term lease/rent agreement

Current income tax return filed as a BC resident

**Proof of Residency for Student:**

BC CareCard **OR** BC Services Card **OR** British Columbia Driver's License

AND:

Birth Certificate (proof of age)

Administrator Signature: \_\_\_\_\_

Date Information Received: \_\_\_\_\_



# Coast Mountains Board of Education School District 82

3211 Kenney Street, Terrace, BC V8G 3E9

Tel. (250) 635-4931 or 1-855-635-4931 • www.cmsd.bc.ca

## Consent for Release/Share Information

<b>Student:</b>	<b>DOB: day</b>	<b>month</b>	<b>year</b>
<b>School:</b>	<b>Date:</b>		
<b>Parent/Legal guardian's name:</b>			
<b>Relationship to student:</b>			

I, \_\_\_\_\_ (print parent/legal guardian's name),  
 hereby consent to the release of pertinent reports/information, including confidential special  
 services file, for the purpose of planning/discussing my child's educational program, progress and  
 other concerns relevant to supporting his/her success.

This information is considered confidential and will be treated accordingly. It will only be shared  
 insofar as it will help to support my child's educational progress. Student files in the Coast  
 Mountains School District are open to parents and students, as required by the School Act.

**Collecting/releasing/sharing information from:**  
 May include any one or more of the following – please check box and include name.

- Individual Schools \_\_\_\_\_
- School Districts \_\_\_\_\_
- Medical Community Personnel \_\_\_\_\_
- Ministry of Children and Family Development \_\_\_\_\_
- Child and Youth Mental Health \_\_\_\_\_
- First Nations Education Coordinator/Administrator \_\_\_\_\_
- RCMP/Youth Probation \_\_\_\_\_
- Child Development Centre \_\_\_\_\_
- Other \_\_\_\_\_

I certify I am the parent or legal guardian of the above named student.

Parent signature: \_\_\_\_\_



**Coast Mountains Board of Education School District 82**

Maintenance Department - 3211 Kenney Street, Terrace, BC V8G 3E9

Telephone: 250-635-4931 1-855-635-4931 Fax: 1-866-655-2242 Email: [maintenance@cmsd.bc.ca](mailto:maintenance@cmsd.bc.ca)

**Student School Bus Service Registration Form  
2020-2021**

**Please complete and return this form to your school office as soon as possible**

Student: _____	Date: _____
School: _____	Grade: _____
Student home street address: <i>(not box or RR#)</i>	Student #: _____
_____	
Parent/Guardian: _____	
Telephone Home: _____	Cell Phone: _____
Telephone Work: _____	

As parent/guardian, I agree I have read and understand the "Bus Rules & Expectations" as indicated on the reverse and that my children will abide by these rules and policies.

Does this student have a medical alert filed at their school?    Yes    No  
(Circle one)

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

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

**ROUTE INFORMATION**

route # \_\_\_\_\_ stop #: \_\_\_\_\_ morning stop time: \_\_\_\_\_ afternoon stop time: \_\_\_\_\_

stop description: \_\_\_\_\_

*(Complete below only if student transfers –students with legal guardians living separately must have both guardians fill out and sign separate bus registration forms)*

route # \_\_\_\_\_ stop #: \_\_\_\_\_ morning stop time: \_\_\_\_\_ afternoon stop time: \_\_\_\_\_

stop description: \_\_\_\_\_

Route and bus stop information is available on the CMSD website [www.cmsd.bc.ca](http://www.cmsd.bc.ca) or from your child's school

**School Bus Rules:**

- The bus driver is in charge of the school bus at all times;
- The bus shall remain stationary until all students are properly seated;
- Students must remain in their seats until their destinations are reached;
- The bus driver may designate seating at his or her discretion;
- Students shall obey the bus driver promptly and respectfully;
- Students must be respectful to one another—no bullying or harassment will be tolerated;
- There shall be no loud talking, loud noises or fooling around;
- Students must not extend anything out of windows, including their heads or arms;
- Students must not throw any objects out of windows;
- Students shall not throw any objects on the bus floor, and students must not spit in the bus;
- No consumption of food or beverages on the bus;
- No lighters or matches shall be lit; there is to be no smoking on the bus or within 3 meters of any bus doors;
- Students shall not cause damage to the bus;
- When entering or leaving the bus, students must observe the directions of the driver or the crossing guard;
- There is to be no fighting, horseplay, or harassment at school bus stops.

**Students are not allowed to bring the following articles on board any School Bus:**

- Unprotected ice skates—skates must be protected by blade guards;
- Hockey sticks;
- Snowboards and/or Skateboards;
- Toboggans;
- Scooters (unless enclosed in a canvas bag that fits on a student's lap);
- Knives/Spears/Axes/Hatchets etc.;
- Laser Pointers;
- Large musical instruments or large school projects that don't fit on the seat with student without extending into the aisle of the bus.

**Expectations and Consequences:**

- The student is subject to the school code of conduct in going to and returning from school. One of the prime responsibilities of the school principal is to administer and supervise the school, including the general conduct of students. The school principal may also exercise paramount authority in matters concerning the discipline of students.
- The principal shall delegate to the bus driver authority for supervising students on the buses and for initiating inappropriate/unsafe behavior notices.
- If a student contravenes a school or bus code of conduct while on a bus he/she will be issued a bus notice to be taken home for the signature of a guardian and return to the school. A copy will be sent to the school principal to determine consequences, which may be a discussion with the student, in-school suspension, or bus suspension.
- Students suspended from school bus service are still expected to attend school.
- Students who have been notified of their suspension from riding on the bus are not to be refused entry to or expelled from the bus until the day following the date the Notice of Suspension was received by them.
- Bus Drivers will not remove any student at any point other than his/her home place of disembarkation. The driver may, however, refuse to allow a student to board the bus at a school.
- In the event that a student is involved in willful damage to the bus, s/he may be suspended from traveling on the bus at least until restitution is made.