

COMMERCIAL ELECTRONIC MESSAGES (ANTI-SPAM)

Background

Electronic messaging is one of the ways the District regularly communicates with parents, students, and staff. Generally, communications are limited to information sharing but occasionally, communication may encourage participation of a commercial nature including an expectation of profit, such as fund-raising. Both email and website postings, and occasionally voice messages to telephones, are the electronic means for the District or a school to send and receive messages.

Procedures

1. The Principal will advise parents through the Student Registration Form (Form 300-1) and a posting to the website that the District and school communicates essential information electronically to parents and students.
 - 1.1 Parents/guardians will be asked to provide an email address, which the District will understand, is express consent to send Commercial Electronic Messages (CEMs).
 - 1.2 Parents will be provided with an email address, school phone number and contact name, to unsubscribe at any time.
 - 1.3 The student registration form will also state that explicit consent to send CEMs continues until the parent/guardian unsubscribes, or two (2) years after the student graduates – whichever comes first.
2. The Principal will advise staff that the use of emails is primarily to share information where there is no expectation of profit. When the CEMs have an expectation of profit, the Principal must approve staff access to the email lists of parents, vendors, donors, and supporters.
3. Only those persons or businesses with whom the District has explicit consent or implied consent through an ongoing relationship may be contacted by email when the expectation is for profit. Fund-raising is an example of a for-profit CEM.
4. The District does not share its email lists with external organizations or persons.
5. All CEMs from staff, or on behalf of the District, and/or using the District email system, must contain the unsubscribe notice.

I would like to unsubscribe from receiving:

 - 5.1 All messages from the New Westminster School District;
 - 5.2 All promotional messages from the New Westminster School District. I will continue to receive notification consisting of information about the programs, events and activities.

*Reference: Sections 17, 20, 22, 65, 85 School Act
School Regulation 265/89
Canada Anti-Spam Act*

SD No. 40 (New Westminster)

Adopted: May 28, 2019

Modification to this document is not permitted without prior written consent from SD No. 40 (New Westminster)



This form must be completed, and along with all documentation requested on page 3, be brought to the school office to complete registration.

Office Use Only:

Form with fields: Date of Registration (mm/dd/yyyy): / / Current Grade: Catchment school: Preferred School: Out of Catchment form completed: Out of District Out of District form completed: Time of Registration (am/pm): Start date (mm/dd/yyyy): / / PEN:

Student Information

Form with fields: Legal Last Name: Address: Legal First Name: City: Legal Middle Name: Province: Postal Code: Usual Name: Home Phone #: Birthdate (mm/dd/yyyy): Gender: F M Mobile Phone #: Proof of Age Attached (birth certificate): Yes No Proof of Address Attached (2 required): 1 2 Legal Alert: Child in Care Court Order Other special considerations or comments: First Language: Student attended a StrongStart Centre: Yes No Language at home: English Language Learner: Yes No Country/Province of Birth: Citizen of: Special Education Designation: Yes No Category (if known): I.E.P.: Yes No Aboriginal Ancestry: Yes No If yes: Métis Inuit Status Non-Status

Parent/Guardian Information

Form with fields: Name: Relationship to student: Living with student: Yes No Address: Home Phone #: Mobile Phone #: Work Phone: Email:

Funding Category: For office use only Canadian Citizen Permanent Resident/Landed Immigrant International Funding Eligible International Funding Not Eligible Out of Province Canadian Funding Not Eligible Refugee - Convention or Claimant (circle one that applies)

Emergency Contact (other than parent) 1

Emergency Contact (or daycare) 2

Name:	Name:
Relationship to student:	Relationship to student:
Home Phone #:	Home Phone #:
Mobile Phone #:	Mobile Phone #:

Student Medical Health Information

Doctor name:	Dentist name:
Phone #:	Phone #:
Student's CareCard Number:	
Medical Alert: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Please list any health concerns, e.g., vision, hearing, allergies, chronic illness, etc.:	

Sibling Information

First/last name:	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	Birthdate: / / (mm / dd / yyyy)
First/last name:	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	Birthdate: / / (mm / dd / yyyy)
First/last name:	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	Birthdate: / / (mm / dd / yyyy)
First/last name:	<input type="checkbox"/> Brother <input type="checkbox"/> Sister	Birthdate: / / (mm / dd / yyyy)

Name and Address of Previous School:	
Copy of last report card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of transfer from previous school: <input type="checkbox"/> Yes <input type="checkbox"/> No

The information on this form is collected under the authority of the School Act, Sections 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 the form will be protected in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the School Administration.

I certify that all information in this registration form is true and complete. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to this information. Please sign upon presentation of this form at your school.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only

Assigned to:	Grade:	Division:	Teacher:
Student Registration Form Received by:			

Please provide original documents – photocopies will not be accepted.

Student Name: _____ **Date of Birth:** _____

Student Age and Identity - Primary Document:	
Canadian Birth Certificate	Canadian Citizenship Card/Certificate of Citizenship
Confirmation of Permanent Residence AND Passport	Canadian Passport
First Nations Documentation or Band Card	Permanent Resident Card (front and back)
If not Canadian/Permanent Resident/First Nations ONE of (Please contact the District Newcomer Office for verification letter)	
Refugee Claimant Documentation	Temporary Resident Permit

Guardianship (required from the custodial parent or legal guardian) **Alternate** proof of guardianship is required if birth certificate does not name parents

Primary Document:

<input type="checkbox"/> Child's Canadian Birth Certificate (naming parent(s))	Or Birth Certificate with certified translation, if needed
<input type="checkbox"/> Court ordered document showing guardianship	

Residency status of Custodial Parent or Legal Guardian in Canada: (One (1) of the following documents)

<input type="checkbox"/> Canadian Birth Certificate	Canadian Citizenship Card/Certificate
<input type="checkbox"/> Confirmation of Permanent Residence AND Passport	Permanent Resident Card (front and back)
<input type="checkbox"/> Canadian Passport	First Nations Documentation/Band Card

Or, ONE of: District Newcomer Office must verify funding eligibility

<input type="checkbox"/> Refugee Claimant documentation	Parent Work Permit or Study Permit for one year or more. See below for more information.
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Proof of Residency in the city of New Westminister: Two (2) documents required showing name and address. Financial details can be redacted.

(ONE (1)) of the following documents required from custodial parent or legal guardian)

- Property purchase agreement (if recent purchase with subjects removed)
- Long-term tenancy agreement – must be current
- Property Tax Statement (with home owner grant eligibility)

AND One (1) of the following: (Other documentation may be accepted)

- Income Tax statement – showing name and province of residency
- Correspondence from a government agency (e.g. BC Employment Assistance)
- Letter from a lawyer confirming application of long-term stay in B.C.
- Letter from IRCC confirming application of long-term stay in BC (i.e. Application for PR being processed in Canada)
- Vehicle Registration
- BC Driver's License (must be a photo ID Driver's License and not have an address change sticker)
- BC Services Card (must not have an address change sticker)
- BC Identification Card (must not have an address change sticker)
- Recent paystub

Additional information required:

Most recent report card	Two (2) Emergency Contacts
Student's Personal Health Number (BC Care Card)	Daycare information (if applicable)
If parents live separately – written agreement or court order	
If Guardian is MCFD (social worker) complete Children in Care template	
Settlement Workers in Schools (SWIS) referral form completed (if applicable)	

If you do not wish to share or are unable to provide proof of residency status please contact the District Newcomer Office for additional assistance at 604-517-6285 or iep@sd40.bc.ca.

Parent work permit or Study Permit: employment must be as indicated on the permit & be more than 20 hours per week; study must be in a degree or diploma program at a public post-secondary institute in B.C., or in a degree program at a private post-secondary institute in B.C., OR enrolled in an ELL program of up to 1 year in duration at an EQA school where the completion of the ELL program is a prerequisite for entry to the degree or diploma program.