

Complete this form, print it and bring it to your neighbourhood StrongStart Centre. You must also provide one of each appropriate documentation listed below:

**Proof of Child's Birthdate (check one)**

☐ Passport

☐ Birth Certificate

**FOR OFFICE USE ONLY**

DATE OF APPLICATION: \_\_\_\_\_ MyEd BC #: \_\_\_\_\_

STRONGSTART CENTRE: \_\_\_\_\_

**LOCATION: (check one)** ☐ Chartwell Elementary ☐ Eagle Harbour Montessori ☐ Hollyburn Elementary

**STUDENT INFORMATION**

Gender: (check one) ☐ Male ☐ Female

Birthdate: DD-MMM-YYYY \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_

Usual Called Name: \_\_\_\_\_

**ADDRESS INFORMATION**

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**CITIZENSHIP INFORMATION**

Country/Province of Birth: \_\_\_\_\_

First Language: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Language at home: \_\_\_\_\_

Do you have ABORIGINAL ANCESTRY? ☐ YES ☐ NO

Language most used: \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**

CareCard # \_\_\_\_\_

Allergies or Health Conditions: \_\_\_\_\_

Are these conditions Life Threatening? ☐ Yes ☐ No

## 1. PARENT / GUARDIAN INFORMATION

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Relationship to child: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child living with: ☐ Parent 1 ☐ Parent 2 ☐ Both Other (please specify): \_\_\_\_\_

If not living with student, provide address: \_\_\_\_\_

## 2. PARENT / GUARDIAN INFORMATION

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Relationship to child: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CAREGIVER CONTACT INFORMATION (IF APPLICABLE)

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Relationship to child: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

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Relationship to child: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### PROTECTION OF PRIVACY

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 programs 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.

**I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend a StrongStart Early Learning program.**

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



StrongStartBC





**West Vancouver Schools  
Personal Information and Media Consent  
2018-2019**

*Consent for publicity through WVS online channels and publications*

Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions. For other school or education-related purposes, parental or student consent is required.

West Vancouver Schools is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students to use on school or district website(s), district publications, e-newsletters, posters, social media sites and videos for education related purposes, such as recognizing and encouraging student achievement, building the school community and informing others about school and district programs and activities.

**Please check A OR B (not both)**

- A. \_\_\_\_\_ I GIVE MY CONSENT** for the school or District to collect, use, and share my child's name and/or image for purposes consistent with the above. I understand that images and information posted on the internet may be accessed outside of Canada.

This consent may be withdrawn at any time in writing, but withdrawal of consent does not require the school or school district to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

- B. \_\_\_\_\_ I DO NOT CONSENT** to the use and disclosure of my child's name and/or image for the above purposes for this school year.

*Consent for publicity through outside media outlets*

Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to the school or to school activities and allowed to take photos or video or conduct interviews with students, for the purposes of promoting public understanding of school programs, building public support for public education and encouraging student achievement.

**If you do not want your child to be involved in such activities**, you need to:

- Tell your child to avoid these situations,
- Tell your child's teacher of your wishes,
- Complete and return this form to ask the school and school district to take reasonable steps to avoid this type of publication of your child's name, image, grade, or views by outside media.

Note that school and district staff cannot control news media access, photos/videos taken by the media or others in public locations (such as field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc.

Please check A OR B (not both)

- A. \_\_\_\_\_ **I GIVE MY CONSENT** for my child to participate in media interviews or to be photographed or video-taped by media for the purposes of promoting public understanding of school programs, building public support for public education and/or encouraging student achievement.

This consent may be withdrawn at any time in writing, but withdrawal of consent does not require the school or school district to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.

- B. \_\_\_\_\_ **I DO NOT CONSENT** and request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district.

*Please complete, sign, and return to your school.*

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

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

School: \_\_\_\_\_ Division \_\_\_\_\_

Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

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

*\*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

If you have questions about this consent or about the collection of student personal information, you may contact:

**West Vancouver Schools**  
1075 21<sup>st</sup> Street  
West Vancouver BC, V7V 4A9  
[info@wvschools.ca](mailto:info@wvschools.ca)



**West Vancouver Schools  
Request for CASL Consent  
2018-2019**

***Consent to send commercial electronic messages***

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

If you have any questions, please contact:

**West Vancouver Schools**  
1075 21<sup>st</sup> Street  
West Vancouver BC, V7V 4A9  
[info@wvschools.ca](mailto:info@wvschools.ca)

**To receive electronic communications from your children's schools(s) and the school district, please complete this form and return it to your child's school. Your consent will be in effect indefinitely unless you choose to withdraw it.**

☐ YES, I GIVE MY CONSENT for my child's school and West Vancouver Schools to send me messages about events, news, offers, surveys, promotions, and information about products and services. I may withdraw my consent at any time by using a 'withdraw consent' link in any such message.

☐ I DO NOT GIVE CONSENT

*Please be sure to complete, sign, and return this form to your school.*

**Date:** \_\_\_\_\_ **Student PEN#:** \_\_\_\_\_

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

**Parent/Guardian Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

**Parent/Guardian E-mail address:** \_\_\_\_\_

**Student Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

**Student Grade:** \_\_\_\_\_ **Student division or homeroom:** \_\_\_\_\_

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