



STUDENT APPLICATION FORM

VANCOUVER BOARD OF EDUCATION

Complete this form 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)

- ☐ Canadian Birth Certificate
- ☐ Canadian Passport
- ☐ Immigration Canada Document
- ☐ Permanent Resident Card

Proof of Residency (check one)

- ☐ BC Driver's License, showing parent's name
- ☐ Hydro/Gas/Cable Bill, showing parent's name
- ☐ Utility/Municipal Tax Bill, showing parent's name
- ☐ Residential Tenancy Agreement, showing parent's name

FOR OFFICE USE ONLY

DATE OF APPLICATION: _____ MyEd BC #: _____
STRONGSTART CENTRE: _____

STUDENT INFORMATION

Assigned Sex at Birth: ☐ Male ☐ Female

Gender Identity: ☐ Male ☐ Female ☐ Other

Legal Last Name: _____

Legal Middle Name: _____

Birthdate: DD-MMM-YYYY _____

Legal First Name: _____

Usual Called Name: _____

ADDRESS INFORMATION

Home 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 Indigenous 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

Relation to Student (Check one): ☐ Mother ☐ Father ☐ Parent ☐ Other (please specify) _____

Living with Student? ☐ Yes ☐ No

Emergency Contact? ☐ Yes ☐ No

Last Name: _____

First Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Same as Student's Address? ☐ Yes ☐ No – If not, provide address: _____

Who has legal custody? _____

2. PARENT / GUARDIAN INFORMATION

Relation to Student (Check one): ☐ Mother ☐ Father ☐ Parent ☐ Other (please specify) _____

Living with Student? ☐ Yes ☐ No

Emergency Contact? ☐ Yes ☐ No

Last Name: _____

First Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Same as Student's Address? ☐ Yes ☐ No – If not, provide address: _____

Who has legal custody? _____

CAREGIVER / EMERGENCY CONTACT INFORMATION

Relation to Student: _____

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: _____

StrongStart Facilitator's Signature: _____ Date: _____



StrongStartBC



Personal Information Consent for School District and Media Publications

Signed Form Effective Until September 30, 2024

Informed consent for use of your child's Data and Images

The Vancouver School Board (VSB) and its schools are authorized under section 26 of the *Freedom of Information and Protection of Privacy Act* ("FIPPA") to collect, use, and share student personal information that directly relates to, and is necessary for carrying out educational functions in the district.

From time to time, the VSB engages with the community through school social media platforms, district publications, e-newsletters, online channels, print publications, yearbooks (when applicable), class pictures, posters, student memorabilia, and other print or digital material. Furthermore, external media outlets (including radio, television, newspapers, and other print and online media) are present at VSB schools and activities and are permitted to take photos, video, and/or conduct interviews with students. The purposes of these activities include increasing understanding about VSB programs and activities, informing families and school communities, recognizing achievements of students and staff, fostering school spirit and unity, and building community support for public education.

As part of its commitment to protecting student privacy, the VSB is seeking your consent to collect, store, use, edit, reproduce, and share photographs, recordings, videos, images, work product, and/or your child's name along with descriptions of their achievements (collectively, their "Data and Images") through print or digital material (as listed above) that may be shared within and outside the community (as described above).

Note that the VSB and its staff cannot prevent news media access, nor photo or video recording by the media (or others) in public locations (such as field trips away from school grounds). Likewise, photo and video recording cannot be controlled at school events open to the public, such as sporting events, student performances, and school board meetings.

For further information about how the VSB protects and manages personal information, please contact the Risk Management and Privacy Compliance Department by emailing privacy@vsb.bc.ca. For more information about media outlets attending VSB events, please contact the Communications Department by emailing communications@vsb.bc.ca.

Informed consent for use of your child's Data and Images

For parents/ legal guardians who have court orders describing their parental rights, this section and form should be completed by a parent/ legal guardian who has the right to exercise the student's **privacy protection rights**. Please only select one (1) of the following options:

I GIVE MY CONSENT for the VSB and my child's school to collect, store, use, create, copy, modify, edit, transpose, publish, display, and share my child's Data and Images as described above. I understand that images and information posted on the Internet may be stored and accessed outside of Canada and subject to distribution and use beyond the control of the VSB or my child's school.

I ONLY GIVE MY CONSENT to the use and disclosure of my child's Data and Images in their school yearbook and grade 12 composite (if applicable), and for no other purposes described above.

I DO NOT GIVE MY CONSENT to the use and disclosure of my child's Data and Images for the purposes described above.

Note: this consent may be withdrawn at any time by providing notice in writing to your child's school. Consent cannot be withdrawn for any previously printed or published material. Unless withdrawn, this consent **will remain in effect until September 30, 2024**. If you do not complete and return this form, your child's Data and Images will not be used for the above purposes.

Please complete, sign, and return this form to your child's school.

Today's Date: _____

Student Name (Last, First): _____

School Name and Division: _____

Parent/ Guardian Name (Last, First): _____

Parent/Legal Guardian Signature:



Important Information – Please Translate

这是一份重要信息 — 请找人为您翻译

這是一份重要資訊 — 請找人為您翻譯

这是一份重要信息 — 请找人为您翻译

Thông tin quan trọng - Xin phiên dịch

Mahalagang Impormasyon - Paki salin
sa sariling wika

Información importante - Por favor traducir

Vancouver School Board Request for CASL Consent 2023-2024

Consent to send commercial electronic messages

Canada's Anti-Spam Legislation ('CASL') came into effect on July 1, 2014. As a result, the Vancouver School Board 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:

VSB Communications

Vancouver School Board

1580 W. Broadway | Vancouver, BC V6J 5K8 Canada | casl@vsb.bc.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 Vancouver School Board 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: _____