



# Rutland Senior Secondary School

705 Rutland Rd, N, Kelowna, British Columbia V1X 3B6  
Tel. 250.765-1407 Fax. 250.870.5010

## Registration Application Checklist

### Part I - Parent / Guardian (Verified by Clerical)

Student's Name: \_\_\_\_\_  
Last First

Entering Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Year/Month/Day

Previous School and contact name (if known): \_\_\_\_\_

Please provide the following with this Registration Package:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> I <input type="checkbox"/> N/I | Student's birth certificate OR passport OR other approved primary source ID                     | <input type="checkbox"/> I <input type="checkbox"/> N/I | Most recent report card                         |
| <input type="checkbox"/> I <input type="checkbox"/> N/I | Student CareCard  | <input type="checkbox"/> I <input type="checkbox"/> N/I | Transcript record from the last school          |
| <input type="checkbox"/> I <input type="checkbox"/> N/I | Parent CareCard & Drivers' Licence <b>OR</b>  | <input type="checkbox"/>                                | Timetable from the last school                  |
| <input type="checkbox"/> I <input type="checkbox"/> N/I | <b>OTHER</b> Proof of BC residency (utility bill, rental contract, confirmation of employment ) | <input type="checkbox"/>                                | FOIPOP Forms Filled Out and Signed              |
|   |   | <input type="checkbox"/>                                | Registration Form Completed                     |
|   |   | <input type="checkbox"/> I <input type="checkbox"/> N/A | Notarized Custodial Agreement (when applicable) |
|   |   | <input type="checkbox"/> I <input type="checkbox"/> N/A | Court Documents (when applicable)               |

I – included      N/I – not included      N/A – not applicable

Once the completed package has been received, Administration will review your application and records from your previous school. You will be contacted to make an appointment to discuss your educational plan.

### Part III – Administration

- € Approved for BCeSIS entry
- Immediate
  - Term 1, Semester 1
  - Term 2, Semester 1
  - Term 3, Semester 2
  - Term 4, Semester 2

€ **NOT** approved for BCeSIS entry

Completed by:

- A. Lalonde
- B. Dickeson
- B. Lang
- T. Gruenenwald

\_\_\_\_\_  
Administrator's Signature

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

**Please submit this completed form, along with registration form and other signed documents to the BCESIS clerk.**

# Registration Application Checklist

Student's Name: \_\_\_\_\_  
Last First

Entering Grade: \_\_\_\_\_ Please see:  Ms. Rhodes (A-H)  
 Ms. Smith (I-Q)  
 Ms. Curran (R-Z & International students)

## Part II – Administration/Counselling

**Admin Instructions:** In an effort to ensure the best placement for a new student please complete the following information prior to or at the registration intake meeting. Once completed, include this form with other registration information (copies of transcript, report card, current schedule) that you submit to counsellors for programming.

- |  |  |
|--|--|
| <input type="checkbox"/> Contact made with sending school          | <input type="checkbox"/> Appointment made for (date) _____ |
| <input type="checkbox"/> Records reviewed                          |  |
| <input type="checkbox"/> Admin / Counselling consultation complete |  |

Check All That Apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Designated or Receiving Support?*                            | <input type="checkbox"/> Interested in School Sports?                      |
| <input type="checkbox"/> Had an I. E. P.? € Modified € or Adapted €                   | <input type="checkbox"/> If yes, Eligibility Review Required with Mr. Lang |
| <input type="checkbox"/> Reviewed Three Year Rule and Signed Off                      | <input type="checkbox"/> Completed Course Selection Form                   |
| <input type="checkbox"/> Bus eligible student? Provide busing forms.                  |  |
| <input type="checkbox"/> Any Critical Health Issues? Use Medical Alert Planning Form. |  |

Action Required:

- |   |  |
|---|--|
| <input type="checkbox"/> Requires a meeting with a Resource Teacher   | <input type="checkbox"/> Aboriginal referral?                                  |
| <input type="checkbox"/> Requires an appointment with Counsellor  | <input type="checkbox"/> Performance Contract needed?                          |
| <input type="checkbox"/> Need to Report to Hollywood Road regarding International or Out Of Province Status | <input type="checkbox"/> Behaviour Support Plan needed?                        |
| <input type="checkbox"/> Placement delayed until further review and planning occur. Review date: _____      | <input type="checkbox"/> Requires a File Review by Learning Assistance Teacher |
- Part III completed and submitted to BCeSIS clerk.**

**Notes:** (e.g. specifics on types of support both internal and external-MCF, Probation, Drug & Alcohol, etc.)

**Please send this form to Counselling for programming.**



# RUTLAND SENIOR SECONDARY SCHOOL

705 Rutland Road, Kelowna, B.C. V1X 3B6 · Phone (250) 765-1407 · Fax (250) 870-5010

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

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

TO: \_\_\_\_\_ (sending school)

I hereby give my permission for you to release any and all information pertaining to my child

\_\_\_\_\_ (name)

Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_ to Rutland Senior Secondary School.

I understand that this involves the release of information and documents such as a transcript, discipline file, attendance record and permanent record file.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

.....

Sending School, this fax is being sent in order to:

- Authorize discussion of this student as part of the registration process.
- Authorize the release and shipment of the Permanent Record Card, Student File, Transitions/WEX records, Discipline File, and Passport to Education (if applicable). Student will be registered at RSS. File should be directed to Pam Neid, Records Clerk.

# Rutland Senior Secondary School

Waitlist :

Registration #:

Time:

Date of Return:

Entering Grade Level: \_\_\_\_\_ English Program  French Immersion Program  (if available) Work Experience

## SCHOOL HISTORY

Last school attended: Name: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Previously attended any school in SD No. 23?: Yes  No  If yes, what school and year attended: \_\_\_\_\_

Siblings attending schools in SD 23? Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Choice of School(s) in priority order: 1. \_\_\_\_\_ 2. \_\_\_\_\_

To register for bus transportation as an eligible or courtesy rider living within the catchment area for this school, please complete the *Student Bus Registration Form*.

## STUDENT INFORMATION

Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	House # / Street				
Legal Last		City/Province	Postal Code			
Legal First		Home Phone				Unlisted: <input type="checkbox"/>
Legal Middle		If mailing address is different, please enter below:				
If legal name is different from preferred name - please indicate:		Mailing Address				
Preferred Last		Aboriginal Ancestry	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Preferred First		If yes, please indicate:		Inuit <input type="checkbox"/> Métis <input type="checkbox"/>		
Birth Date	Day: _____ Month: _____ Year: _____	First Nations <input type="checkbox"/> (Status <input type="checkbox"/> Non Status <input type="checkbox"/>				
Birthplace		Band	On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/>			
Language spoken at home		Aboriginal Program Involvement Yes <input type="checkbox"/> No <input type="checkbox"/>				
Citizenship	Canadian Citizenship <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student VISA <input type="checkbox"/> Exchange Student <input type="checkbox"/>					
Has the student received any of the following?	Learning Assistance support: Yes <input type="checkbox"/>	Behavioural support: Yes <input type="checkbox"/>	Counselling support: Yes <input type="checkbox"/>	Speech Therapy support: Yes <input type="checkbox"/>	ESL support: Yes <input type="checkbox"/>	Gifted/Enrichment Yes <input type="checkbox"/>

## PARENT(S)/GUARDIAN(S) INFORMATION - LIVING WITH STUDENT

Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	First Parent/Guardian living with student:	Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Second Parent/Guardian living with student:
Relationship	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last Name	First Name	Last Name	First Name
Home Phone	Cell Phone	Home Phone	Cell Phone
Employment		Employment	
Business Phone	Extension	Business Phone	Extension
E-mail		E-mail	
1st Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____		2nd Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____	
For Separated/Divorced parents: Custody: Joint <input type="checkbox"/> Sole <input type="checkbox"/> Guardianship: Joint <input type="checkbox"/> Sole <input type="checkbox"/> copy of legal documents must be provided			
Legal restrictions regarding access: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, copy of legal documents must be provided.			
Home-stay/Custodianship arrangement? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, a notarized <i>Acceptance of Custodianship Responsibilities S.D. No. 23</i> form must be completed)			
Non-custodial parents are entitled to access students, records, and school personnel unless legal documents are provided that state otherwise.			

## PARENT(S)/GUARDIAN(S) INFORMATION - NOT LIVING WITH STUDENT

Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/>	Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/>
Relationship	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last Name	First Name	Last Name	First Name
Home Phone	Cell Phone	Home Phone	Cell Phone
Employment		Employment	
Business Phone	Extension	Business Phone	Extension
E-mail		E-mail	
House # /Street		House # /Street	
City/Postal Code		City/Postal Code	
3rd Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____		4th Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____	

**SCHOOL DISTRICT No. 23 (CENTRAL OKANAGAN) APPLICATION FOR REGISTRATION  
RUTLAND SENIOR SECONDARY SCHOOL**

**ALTERNATE EMERGENCY CONTACT INFORMATION**

#1 - Alternate Emergency Contact (Not Parent/Guardian)			#2 - Alternate Emergency Contact (Not Parent/Guardian)		
Last Name	First Name		Last Name	First Name	
Relationship			Relationship		
Home Phone	Cell		Home Phone	Cell	
Business Phone	Extension		Business Phone	Extension	
Employment			Employment		

**HEALTH INFORMATION**

Physician	Dr.	Phone		B.C. Care Card Number	
<b>MEDICAL ALERT</b> (Must Be Physician Diagnosed and Potentially Life Threatening) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If you have indicated yes to Medical Alert, YOU MUST COMPLETE a "Medical Alert Planning Form" available from the office.</i>					
Medical condition that may require immediate action:					
Allergies that may require immediate action:					

**A valid copy of the student's birth certificate (or other government issued proof of age and citizenship), a copy of one parent/guardian's valid BC driver's license and one parent/guardian's BC CARE Card MUST be attached to this form.**

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY INFORMATION**

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District No. 23 (Central Okanagan), 1940 Underhill Street, Kelowna, B.C., V1X 5X7, (250) 860-8888.

**PARENT/GUARDIAN APPLICATION SIGNATURE and/or AUTHORIZATION FOR RECORDS**

By signing this Application for Registration, I the undersigned, also authorize the previous school to forward all student records to (your school name here).

Parent / Legal Guardian:		Signature:	
Date:	Please Print		

<b>OFFICE USE ONLY</b>	Student #		Start Date		
	Teacher:		Homeroom		
	For students in Grade 10 or Above	Grade 10 Entry Year		3 Year Rule Completion Date	
	Program Placement (if applicable)	SSA <input type="checkbox"/>	BCIT <input type="checkbox"/>	OC <input type="checkbox"/>	Young Parents <input type="checkbox"/>
	Enrolling Administrator's Signature				Date



# RUTLAND SENIOR SECONDARY SCHOOL

## STUDENT REGISTRATION FORM

### Freedom Of Information and Protection of Privacy

The Freedom of Information and Protection of Privacy legislation came into effect for schools in the fall of 1994. To ensure that the School District complies with the legislation, we ask that you please read the following information carefully, complete and return this form.

On occasion our school would like to have contact with parents to consult with them directly about school issues or meetings, or to plan school related activities. The school will normally **make your name, home address and phone number as well the child's name and grade available**, on occasion, to Parent Advisory Councils (PAC), PAC members or others responsible for organizing these types of activities. Your personal information will not be disclosed directly to anyone for business or commercial purposes.

**To the release of my personal information, as indicated above, to the PAC, PAC members or others responsible for school related activities.**

(check one only)

I agree

I DO NOT agree

The School District has traditionally allowed district staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the School District. On occasion pictures may be used in print and electronic media to acknowledge successes or make the text information more enjoyable and personal. While photographs add to the community life of our school, they are not required for education purposes. **Students' names, photographs and comments may be published in the school yearbook, newsletter or webpage, and on occasion, in the School District calendar, annual report, brochures or webpage, as well as in the news media.** Parents must provide the School District with permission to allow the publication of your child's full name or photograph.

**To the publication of my child's name, photograph and comments for purposes consistent with the above.**

(check one only)

I agree

I DO NOT agree

Parent's Signature: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_

PLEASE NOTE: The information on this form will be retained on file and be considered current while your child attends **Rutland Senior Secondary School**. Should the information provided require amendment, please contact the school.

(Please complete one form for each student and submit to the school.)



## SCHOOL DISTRICT No. 23 (CENTRAL OKANAGAN)

### Student Network Account and Internet Agreement

*Please see the next page for the Student Network Account and Internet Agreement*

### SIGNATURE SHEET To be returned to your school

#### **Student Signature**

Student Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

School: **RUTLAND SENIOR SECONDARY SCHOOL**

I have read and understand the **Student Network Account and Internet Agreement**. I agree to follow the guidelines and limitations contained in this Agreement. I understand that if I violate these guidelines and rules, my account can be terminated and school disciplinary action and/or appropriate legal action may be taken.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Parent or Guardian Signature**

- I have read and understand the **Student Network Account and Internet Agreement**. I understand that access to School District No. 23 (Central Okanagan) networks including school, District and Provincial networks and the Internet is designed for **educational purposes** only.
- I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use the District networks.
- I give permission to the District to provide access to school, District and Provincial networks and the Internet and to provide, if required for educational purposes, a network account and network access for my child.

Parent or Guardian's Name (Print) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



# SCHOOL DISTRICT No. 23 (CENTRAL OKANAGAN) Student Network Account and Internet Agreement

## Complete Guidelines & Further Information

For students and parents, complete Acceptable Use Guidelines are available on the School District No. 23 (Central Okanagan) website at <http://www.sd23.bc.ca/> under Parent Information. Print copies of these guidelines are also available from the School Board Office and from your local school. These guidelines explain in detail the terms and conditions of this agreement, expectations of student users, acceptable use, prohibited use, liabilities, privacy and confidentiality and consequences for the violation of network and Internet guidelines. In addition, your school and your teachers will provide you with additional information and appropriate instruction to fully explain the **Acceptable Use** of your computer workstation and school, District and Provincial networks and the Internet.

## Educational Purpose

School District No. 23 (Central Okanagan) and your local school, through computer workstations, school Local Area Networks, the District Wide Area Network, and the Provincial Learning Network provides access for students to network services and to the Internet. The purpose for using the network and the Internet in your school is to support your educational program by providing access to unique learning resources and educational tools. Educational use includes classroom instructional activities, information literacy programs, student career programs, and limited high-quality self-discovery activities and research.

## Acceptable Use Guidelines

Network and Internet Acceptable Use Guidelines apply to all District networks within all schools, offices and District departments of School District No. 23 and include computer and network connection to school Local Area Networks, school and District Intranets, Provincial networks, and the Internet or the World Wide Web.

Use of the computer and school and District networks is a privilege, not a right, and we may discipline you and/or take away your right to use school networks and the Internet if you misuse this privilege. You are also expected to follow the rules set forth in your **School Code of Conduct** and Provincial and Federal laws. You are responsible for your own actions while you are using computer workstations on school networks and the Internet and are also accountable for any online activities by others because you have allowed them to use your network account.

## Responsible Use

This Network and Internet Agreement requires you, as a student to:

- **Act responsibly** when accessing the school computer networks, District networks and the Internet in your school.
- Not engage in **unacceptable activity** contrary to the acceptable use guidelines of your school and of School District No. 23 (Central Okanagan). Student activity on school, District and Provincial networks and the Internet is subject to each school's existing Code of Conduct.
- Be aware of the need for **personal safety** and not provide personal contact information about yourself or others in your class or school.
- Use appropriate **network and classroom etiquette** when using the computer and the network.



- Respect the **resource limits** of the computer network and not engage in activities which will jeopardize the integrity of the school, District and Provincial network.
- Understand the need for **system security** and take all reasonable precautions when accessing your network account.

### **Consequences and Violations**

Depending on the severity of the violation, infractions of provisions set forth in this ***Student Network Account and Internet Agreement***, in the detailed guidelines available from your school and the School District and your school **Code of Conduct** may result in suspension of network access privileges and/or other disciplinary action or consequences as determined by your school.

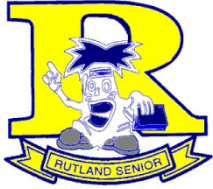
### **STUDENT AGREEMENT**

I have read the ***Student Network Account and Internet Agreement*** and additional information provided to me by my school. If I did not understand the meaning of any part of these guidelines or rules, I asked my teacher or my parents or guardian to explain it to me. I agree to follow these guidelines at all times when I access the school networks, the Internet or use Electronic Mail at school. I understand that if I use school network and Internet services for inappropriate activities, my access privileges may be suspended or removed and/or other disciplinary action or consequences may occur in accordance with the school **Code of Conduct** and School District No. 23 guidelines.

### **AGREEMENT OF PARENT OR GUARDIAN**

I acknowledge that my son or daughter understands the rules that he or she is to follow in order to use school, District, and Provincial networks and the Internet. I have read the ***Student Network Account and Internet Agreement*** and I have talked to him or her to make sure that those rules are understood. By signing the attached signature sheet, he or she acknowledges that they understand the agreement. I realize that in the event that my son or daughter engages in any inappropriate activities, that his or her privileges to access school and District networks may be revoked and other disciplinary measures following School District No. 23 guidelines and the School Code of Conduct may result. By signing the attached signature sheet, I give my permission for my son or daughter to use school, District and Provincial networks and the Internet, including Electronic Mail while on school property.

**PLEASE NOTE: YOU AND YOUR CHILD MUST SIGN A SIGNATURE SHEET PROVIDED BY THEIR SCHOOL AND RETURN THE SIGNED DOCUMENT TO THE SCHOOL BEFORE YOUR CHILD WILL BE PROVIDED WITH ACCESS TO SCHOOL, DISTRICT AND PROVINCIAL NETWORKS, THE INTERNET AND ELECTRONIC MAIL.**



# Rutland Senior Secondary School

705 Rutland Road N., Kelowna, B. C. V1X 3B6 • Phone (250) 765-1407 • Fax (250) 870-5010

To: ALL PARENTS/GUARDIANS OF STUDENTS ENTERING GRADE 10

Re: **RAISING THE BAR: THE THREE-YEAR RULE (POLICY480)**

This letter is being sent to all parents/guardians of students entering Grade 10 to ensure they are informed regarding the Three-year Rule Policy.

The rationale for implementing the Three-year Rule Policy is two-fold: to improve graduation rates of students in School District No. 23; and to improve the educational climate of our schools.

All students enrolled in Grade 10 begin year one of their three-year time period in School District 23, and they will be notified of their anticipated graduation date.

Students who do not graduate within the Three-year Rule time period, will be eligible to enroll at Central School Programs and Services in order to complete their graduation requirements.

*Applications for exemption of the Three-year Rule completion date will be considered for students in any of the following categories:*

- a. Serious Medical Conditions which significantly affected attendance/learning;*
- b. Participation in a Board-approved exchange program;*
- c. Enrolment in a BCIT, OC, or SSA Program;*
- d. Being a Special Education Student with significant learning needs - as identified and supported by the Director of Student Support Services; or*
- e. Extenuating Circumstance – which requires approval of the School-Based Team.*

A detailed appeal procedure also exists for students whose application for exemption is denied by our School-Based Team. Information about this procedure is available from our school.

Should you have further questions regarding the above, please contact one of our administrators.

Yours truly,

Alan Lalonde  
Principal