



For all students to achieve academic excellence and realize potential in a progressive educational environment.

To equip students with the knowledge, skills and attitudes necessary to have success at University, and to lead meaningful, fulfilling lives as compassionate and contributing citizens

Aberdeen Hall

Registration Information

Please complete the following forms:

- Emergency contact information
(It is the responsibility of Parents/Guardians to ensure contact information is updated)
- Proof of vehicle ownership
- Proof of valid insurance
- Permission to release personal information
- Permission to use photographs of students
- Proof of citizenship/lawful admittance to Canada
- Proof of BC residency



Dear Parents,

RE: EMERGENCY PREPAREDNESS

In preparation for an emergency, Aberdeen Hall is formulating an Emergency Preparedness Programme. The Student Release team requests your assistance in helping us ensure the care and safety of each student by filling out the attached form and **returning** it to your child's **Homeroom Teacher**.

As this form will become your child's I.D. tag and, as such, enables us to release her/him from the school in the event of any major emergency, it is important that you **print clearly and legibly**. We ask that you fill in all information as completely as possible.

Local Contacts: We ask for the names, addresses and phone numbers of a minimum of 2 adults with whom you would entrust the care of your child(ren) in the event you are unable to pick up your child(ren) at school after a major disaster/emergency. These should be the same individuals for each of your children. *Please be sure to contact the people listed prior to sending this form back to the school. Your child(ren) should be aware of these names.*

Out of Area Contact: In the event of a major disaster, we expect that there will be considerable disruption to local telephone service. Families should plan to have an Out of Area contact that could act as a central point for the relaying of messages. It is recommended that your contact person be a minimum of 160 km away from Kelowna. Every family member should carry the name and number of this contact person.

Special Conditions: Please list any medical or other conditions that we should be aware of such as allergies, medications, contact lenses, disabilities, etc. Use this area to note any additional information you wish to supply.

Please notify the School Office of any changes that occur during the school year in order that we may update I.D. tags.

Sincerely,

Chris Grieve

Head of School



NAME AND HOMEROOM _____

Last Name, First Name and Homeroom

Birth Date: _____

Sibling(s) in our School: **Name and Homeroom**

M/D/Y

HOME ADDRESS



_____ Street

_____ City, Province

_____ Home Phone

1. _____

2. _____

3. _____

DOCTOR: _____

Full Name

Phone: _____

Care Card # _____

Medic Alert # _____

FATHER: _____

Full Name

Work # _____

Cell # _____

Email: _____

MOTHER: _____

Full Name

Work # _____

Cell # _____

Email: _____

Local Contacts: Name, Address, Phone

1. _____

2. _____

3. _____

Out of Area Contacts: Name Address, Phone with Country Code (if necessary)

1. _____

2. _____

Special Conditions: Allergies, Medications, Contact Lenses etc:

Students with Anaphylaxis must complete the Anaphylaxis Emergency Plan available at the school office.



Proof of vehicle ownership

I declare that:

- 1. I am the registered owner of the following vehicle:

MAKE _____ MODEL _____

LICENCE# _____ PROVINCE _____

POLICY # _____

- 2. The vehicle is in safe operating condition.
- 3. The number of passengers (excluding the driver) that can be carried using seatbelts is _____
- 4. The vehicle is covered by current, valid liability insurance in the amount of \$ _____
(Minimum is a \$ 1,000,000.00 liability insurance.)
- 5. The vehicle is to be driven by _____
- 6. Permission is granted to use the above vehicle to transport students as described below:
- 7. The classes or groups I am willing to transport _____

Year/Month/Day

Signature of Owner

"Thank you for helping our School"

Authorization by Director of Operations

I have seen the owner's Proof of valid insurance _____

Authorization valid for period _____

Signature of Director Operations

Date

(To be completed by the volunteer driver who will transport students on school authorized activities, whether the driver owns his car or drives someone else's car.)



I declare that:

1. I have a valid driver's license.

CLASS _____ DRIVER'S LICENCE # _____
Please include a photocopy of valid driver's license.

2. Passengers will be required to wear seatbelts.
3. I have not been the negligent party in an accident within the last two years.
4. I will not drive under the influence of alcohol or illicit drugs.
5. If my license is suspended, I understand that this authorization is null and void.
6. I will abide by the instructions given by the teacher in charge or the Headmaster prior to departure.

Year/Month/Day

Signature of Owner

"Thank you for helping our school."

AUTHORIZATION BY DIRECTOR OF OPERATIONS

I have seen the driver's license _____

Authorization valid for period _____

Signature of Director of Operations

Date



Dear Parent/Guardian:

There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities. The school will normally make your name, home address, and your email, as well as the child's name and grade available to faculty and staff at the school and to committees appointed by the school e.g. parent guild, gala committee. Your personal information will not be disclosed to anyone for any business, commercial or other purpose not related to the administration of the school. Telephone numbers will **not** be given out. **Please sign the statement below to indicate your wishes.**

_____ Yes, I permit the release of my personal information for purposes consistent with the above.

_____ No, I do not permit the release of my personal information for purposes consistent with the above.

Signature: _____

Date: _____

Student's Name: _____

Office use only: Recorded In Maplewood by: Date:
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It is a tradition in schools such as ours to allow staff, parents 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. 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 newsletter, yearbook and, on occasion, the school's annual report, or in the news media. **Please sign the statement below to indicate your wishes.**

_____ Yes, I permit my child to be involved in such coverage, consistent with the above.

_____ No, I do not permit my child to be involved in such coverage, consistent with the above.

Signature: _____

Date: _____

Student's Name: _____

(Please print)



Legal Residency of Parents – Form A

(If parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. If legal guardian, attach copy of Court order appointing you as legal guardian.

1. I am (please one):

- A Canadian citizen (if not born in Canada, please attach photocopy of citizenship paper/card)
PLEASE INCLUDE A PHOTOCOPY OF BIRTH CERTIFICATE
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - Employment authorization (working permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 - Other – Document description: _____

(Must be cleared with Immigration Canada)

2. I am a resident of British Columbia (please one):

- Yes
Residency Address: _____

PLEASE INCLUDE ONE OF THE FOLLOWING A PHOTOCOPY OF BC DRIVER'S LICENCE/BC IDENTITY CARD/OWNERSHIP OF DWELLING OR LONG TERM LEASE OR RENTAL AGREEMENT

3. No, I am not a resident of British Columbia

Parent/Legal Guardian Name: _____
Parent/Legal Guardian Signature: _____
Date: _____



Legal Residency of Parents (Deceased) – Form B

To be completed and signed by the student or a knowledgeable adult (one who knows the student’s parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.

1. The student’s deceased parent was, at time of death:

- A Canadian citizen
- A landed immigrant

2. The student’s deceased parent was, at time of death, a resident of British Columbia (please one):

- Yes

Residency Address: _____

- No, was not a resident of British Columbia

Signed by:

Student: _____

Knowledgeable Adult’s Name: _____

Knowledgeable Adult’s Signature: _____

(Knowledgeable Adult is one who knew the student’s parent(s) and has knowledge of the facts respecting their decease and the matters set out in this document.)

Date: _____