



School District 10 (Arrow Lakes)

Strong Start Registration Form

Southern Zone

250-265-3638 Ext. 3998

Student Grade Level: Early Learning		Registration Date:
Teacher: Ms. Lora-Mae Swanson		
Student Information:		
Birth Certificate: Copied _____		Care Card:
Legal Family Name:	Legal First Name:	Legal Middle Name:
Gender: Male Female	Birthdate:	
Have you ever attended another Strong Start in BC? Y / N		Where:
Family Information:		
Mother:	Street Address: Mailing Address:	Phone: Cell: Email:
Father:	Address: (Same)	Phone: Cell: Email:
Alternate Caregiver:		Phone: Cell:
Emergency Contact:		Phone: Cell:
Has your child received age appropriate immunizations?	Yes / No	
Does your child have any know allergies	Yes / No	



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STUDENT MEDIA CONSENT FORM

In accordance with the BC Freedom of Information and Protection of Privacy Act, the Arrow Lakes School District is seeking your consent to collect, retain, use and disclose photographs, videos, images and/or name of students and groups of students in a variety of publications and on the School's District websites for educational purposes, such as recognizing and encouraging student achievement, and for the purpose of building the school community and informing others about the school district, its programs and activities.

Student names and/or images may be used in:

- School and School District communications, such as newsletters, brochures and reports
- School and School District websites and/or social media sites
- External media communication such as newspaper, television or online, including photographs
- Videos, CD's, DVD's for educational use only

Please note that school staff cannot control news media access, photos/videos taken by the media or by others in public locations (ie: field trips or off school grounds) or school events open to the public, such as sport events or student performances.

Please complete:

_____ I DO GIVE MY CONSENT for the School to collect, use and publicly disclose my child's name and/or photo for educational purposes only

_____ I DO NOT GIVE MY CONSENT to the use and disclosure of my child's name and/or image

Student Name

Parent Name

Parent Signature

Date