



# 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: \_\_\_\_\_

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

Do you have Indigenous Ancestry?  Yes  No

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

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

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: \_\_\_\_\_





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 Personal Information and Media Consent 2021-2022

### *Consent for publicity through VSB online channels and publications*

Schools and Districts obtain consent 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.

The Vancouver School Board 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:

**VSBC Communications**

**Business Address:** Communications Department, Vancouver School Board,

1580 West Broadway, Vancouver BC, V6J 5K8

**Email:** [communications@vsb.bc.ca](mailto:communications@vsb.bc.ca)



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 2021-2022

### *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](mailto: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:** \_\_\_\_\_

# Daily Health Check & What to Do When Sick



## Daily Health Check

Everyone going into a District school or site must complete a daily health check, including staff, students, and visitors. A daily health check means checking yourself or your child for new symptoms of illness, including symptoms of COVID-19.

Symptoms of illness (including COVID-19) include:

- Fever or chills
- Difficulty breathing
- Runny nose
- Headache
- Body aches
- Cough
- Sore throat
- Sneezing
- Loss of sense of smell or taste
- Loss of appetite
- Extreme fatigue or tiredness
- Nausea or vomiting
- Diarrhea

**If you are sick or feel unwell, stay at home. This is important to stop the spread of illness, including COVID-19, in schools and worksites.**

**You can attend school/work if:**

- Your symptoms are consistent with a previously diagnosed health condition (e.g., seasonal allergies), OR
- You have existing symptoms that have improved to where you feel well enough to return to regular activities, AND
- You are not required to self-isolate, or your self-isolation period is over (based on a positive COVID-19 test result, if taken).

## What to Do When Sick

**If you have mild symptoms of COVID-19**, you usually don't need a test. Mild symptoms are symptoms that can be managed at home. Most people don't need testing for COVID-19.

Stay home and away from others (as much as possible) until you feel well enough to return to your regular activities and you no longer have a fever. You should also avoid non-essential visits to higher risk settings such as long term care facilities and gatherings, for another 5 days after ending isolation.

If you have a Rapid Antigen Test at home, use it when you have symptoms. How long you should stay home depends on your test result. Find out more about [Rapid Antigen Test results](#).

**If you do not have symptoms of COVID-19**, you do not need a test.

**If you are unsure about your symptoms**, you can use the [Self-Assessment Tool](#), contact your health care provider or call 8-1-1.

Testing may be recommended for some people who may be more likely to get severe disease. See BCCDC for information on [who testing is recommended for](#).

## What to Do if Someone in Your Household is Sick

You can continue to attend school if someone in your household is sick and/or self-isolating as long as you do not have any symptoms of illness and feel well. This includes if they have tested positive for COVID-19.

Try to stay apart from the person in your household who is sick as much as possible.

Ensure you closely monitor yourself (or your child) for symptoms of illness and stay home if you develop symptoms of illness or feel unwell.

## If You Test Positive for COVID-19

Your age and vaccination status determine how long you should self-isolate for if you test positive for COVID-19.

Age	Vaccination Status	Guidance
Under 18 years of age	Unvaccinated, partially vaccinated or fully vaccinated	Self-isolate at home for 5 days AND until your symptoms improve and you no longer have a fever. Avoid non-essential visits to higher risk settings like long-term care facilities and gatherings for another 5 days after ending isolation.
18 years of age or older	Fully vaccinated	
		NOT fully vaccinated

Close contacts, who are usually others in your household, do not need to self-isolate (regardless of vaccination status), but should closely self-monitor for symptoms. BCCDC has more information for [close contacts](#).

**If you find it hard to breathe, have chest pain, can't drink anything, feel very sick, and/or feel confused, contact your health care provider right away or go to your local emergency department or call 9-1-1.**

This information is adapted from the BC Centre for Disease Control.  
For more information, visit <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>

# Summary: What to Do When Sick

## If you have symptoms of illness, stay home.

Most people don't need testing for COVID-19.

Use [BCCDC Self-Assessment Tool](#), connect with 8-1-1 or your health care provider to find out if a COVID-19 test is recommended.

### Symptoms of COVID-19 include:

- [Fever](#) or chills
- Cough
- Loss of sense of smell or taste
- Difficulty breathing
- Loss of appetite
- Runny nose
- Sneezing
- Diarrhea
- Sore throat
- Headache
- Body aches
- Nausea or Vomiting
- Extreme fatigue or Tiredness

## Go to an emergency department or call 911 if you:

- Find it hard to breathe
- Have chest pain
- Can't drink anything
- Feel very sick
- Feeling confused

## If you have MILD SYMPTOMS

(or have tested negative)

STAY HOME.

[For most people, testing is not recommended.](#)

Mild symptoms can be [managed at home.](#)

## If you TEST POSITIVE: SELF ISOLATE

1. [Complete an online form to report your test result](#)
2. [Manage your own symptoms](#)
3. [Let your household contacts know](#)

## Return to School/Work

Stay home until you feel well enough to return to your regular activities.

## If you are fully vaccinated OR less than 18 years of age

You can end isolation and return to school/work when all conditions are met:

1. **At least 5 days** have passed since your symptoms started, or from test date if you did not have symptoms.
2. Fever has resolved without the use of fever-reducing medication, such as acetaminophen or ibuprofen.
3. Symptoms have improved.

You should avoid non-essential visits to higher risk settings such as long-term care facilities and gatherings for another 5 days after ending isolation.

## If you are 18 years of age or older AND not fully vaccinated

You can end isolation and return to school/work when all conditions are met:

1. **At least 10 days** have passed since your symptoms started, or from test date if you did not have symptoms.
2. Fever has resolved without the use of fever-reducing medication, such as acetaminophen or ibuprofen.
3. Symptoms have improved.

## If you still have symptoms

Continue to isolate longer if you still have a fever or are not feeling better. If you are unsure or concerned connect with your health care provider or call 8-1-1.

## What to do if someone is sick in your household:

You can continue to attend school if someone in your household is sick and/or self-isolating as long as you do not have any symptoms of illness and feel well. This includes if they have tested positive for COVID-19. Ensure you closely monitor yourself (or your child) for symptoms of illness and stay home if you feel unwell. The best way to protect yourself and your family from COVID-19 is to get vaccinated. Vaccines are available for anyone ages 5 and up. Register now at: [Getvaccinated.gov.bc.ca](https://getvaccinated.gov.bc.ca)