

OROMOCTO HIGH SCHOOL

REGISTRATION PACKAGE



When registering your son/daughter, please ensure that you have the following information:

Last report card or transcript

Medicare number (if available)

Proof of Immunization

Birth Certificate

* We **MUST** have the students' Mother's maiden name to enter them into our system.

** Please note: All information must be fully completed before being processed.



Anglophone West School District
Student Data Collection Form 2022-2023
School: Oromocto High School

This form is to verify that the information we currently have on file is correct. Review the information listed and make any changes required directly on this form. Should this information change during the school year, please advise the school office. Please sign and return this form to your child's homeroom teacher.

(For School Use Only)

Grade: _____
Homeroom: _____
Bus In: _____
Bus Out: _____
½ day Bus: _____

STUDENT INFORMATION

Student's Name: _____ (Last, First Middle)

Student's Mother's Maiden Name: _____

Gender: () Female () Male () Non-binary

Preferred Name: _____ Date of Birth: (MM/DD/YYYY) _____

Physical Address

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If No please complete the information below)

Street Address/Apt.: P.O. Box: _____

Community: _____ Province: _____ Postal Code: _____

After School Information

Does this student go home? () Yes () No

Caregiver: Phone: () _____

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Additional Student Information

Home Phone: () _____

Languages Spoken at N.B. Home (Primary): _____

Languages Spoken at N.B. Home (Secondary): _____

Does your child have access to a device (computer, laptop, or tablet) at home to continue learning throughout the day?
(if you have 2 children and only 1 tool available, please choose YES for one child and NO for your second child)?

() Yes () No

Does your child have Internet access at home? () Yes () No

Student Contact 1 (Parent/Guardian)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

[] School Closure [] Emergency [] Can Pick Up [] Parent/Guardian [] Mailing [] Lives With

Phone 1: _____ Ext: _____ Type: _____ (e.g. Home, Mobile)

Phone 2: _____ Ext: _____ Type: _____

Phone 3: _____ Ext: _____ Type: _____

Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____ Language First Learned: _____

Physical Address

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If No please complete the information below)

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Student Contact 2 (Parent/Guardian)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

School Closure Emergency Can Pick Up Parent/Guardian Mailing Lives With

Phone 1: _____ Ext: _____ Type: _____ (e.g. Home, Mobile)

Phone 2: _____ Ext: _____ Type: _____

Phone 3: _____ Ext: _____ Type: _____

Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____ Language First Learned: _____

Physical Address

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If No please complete the information below)

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Student Contact 3 (Other/Emergency/Weather Closure)

Name: _____ Relationship: _____

Contact Valid For: (check all that apply)

School Closure Emergency Can Pick Up Parent/Guardian Mailing Lives With

Phone 1: _____ Ext: _____ Type: _____ (e.g. Home, Mobile)

Phone 2: _____ Ext: _____ Type: _____

Phone 3: _____ Ext: _____ Type: _____

Email Address: _____ (Please use BLOCK LETTERS)

Employer: _____ Language First Learned: _____

Physical Address

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Mailing Address

Same as Physical Address: () Yes () No (If No please complete the information below)

Street Address/Apt.: _____

Community: _____ Province: _____ Postal Code: _____

Please use a separate sheet to add more contacts if required.

Medical Information

Medicare number: _____

Dr. Name: _____ Dr. Phone: _____

Does this child have any life-threatening conditions (e.g. risk of anaphylactic shock)?

() Yes () No --- If Yes, please describe.

If Yes, has a plan been developed with the school for managing this condition? () Yes () No --- If No, please contact the school to make an appointment.

Does this child require an EpiPen®? () Yes () No --- If Yes, () Junior-Between 33-65 lbs. OR () Regular-66 lbs. or more

Does this child have any other medical concerns of which the school should be aware?

Is there any other information you would like us to have that would help us improve service to this child?
(e.g. special services received, other professionals/agencies which are serving this child, etc.)

Siblings

Name	School Attending
_____	_____
_____	_____
_____	_____
_____	_____

What do we do with student records

To support learning, the public education system keeps a variety of information about students. Some of this information is kept permanently. It provides a record should it ever be needed in the individual's lifetime. This information includes legal name, address, attendance, marks/grades, credits obtained, graduation status, transcript of marks, etc. Other types of information are also needed to provide a variety of services and supports to students. This second type of information is kept only if it is relevant to the services provided. It can include standardized assessments, student work samples, clinical findings, comments of teachers, or other professionals, health information, current disciplinary letters/interventions, appeal records, copies of probation and custody orders, etc. Medicare numbers are used for research and registration purposes, and to verify proof of immunization in accordance with the Personal Health Information Privacy and Access Act. Use of student information falls into three categories: to help educators and other professionals provide direct service to the student; for research and planning activities that improve education or improve services related to the overall student development; and for administrative purposes. If you have any questions regarding the use of personal information in the school system, please contact the Director of Schools at your appropriate Education Centre.

Custody Information

Please note: Schools are required to provide, on request from non-custodial parents, information about a student's education, except where a court order prohibiting access of a parent to a child exists. If there is a current, valid court order prohibiting access to this child, the responsibility rests with the custodial parent to provide the school with a copy of this document. Please contact the school.

Signature of Parent/Guardian

Date



Oromocto High School

25 Mackenzie Avenue
Oromocto, NB E2V 1K4

Phone: (506) 357-4015

Fax: (506) 357-4018



Supplementary Registration Form

Academic Programming Information for students enrolling at OHS
from School Districts other than Anglophone West School District

Student Name: _____

- | | | |
|---|-----|----|
| 1. Has your child ever received resource/special education support?
If yes, please provide details | Yes | No |
| _____ | | |
| _____ | | |
| 2. Does your child require continued resource support? | Yes | No |
| 3. Has your child ever had a Special/Individual Educational Plan?
If yes, please provide a copy. | Yes | No |
| 4. Has your child ever had a psycho-educational evaluation?
If yes, please provide a copy. | Yes | No |
| 5. Does your child have any specific learning disabilities?
If yes, please provide details | Yes | No |
| _____ | | |
| _____ | | |
| 6. Does your child have any physical disabilities/impairments?
If yes, please provide details | Yes | No |
| _____ | | |
| _____ | | |
| 7. Has your child ever had a behavior plan?
If yes, please provide a copy. | Yes | No |
| 8. Has your child ever been enrolled in an alternate setting?
If yes, please provide details | Yes | No |
| _____ | | |
| _____ | | |
| 9. Has your child ever been enrolled in a part time program?
If yes, please provide details | Yes | No |
| _____ | | |
| _____ | | |
| 10. Has your child ever been denied admission to a school?
If yes, please provide details | Yes | No |
| _____ | | |
| _____ | | |
| 11. Is there any other information which you believe is important in order to establish appropriate programming for your child?
If yes, please provide details | Yes | No |
| _____ | | |
| _____ | | |

Parent/Guardian Signature: _____ **Date:** _____



Oromocto High School

25 Mackenzie Avenue
Oromocto, NB E2V 1K4

Phone: (506) 357-4015

Fax: (506) 357-4018

Request for Student Records

Date: _____

Student Name: _____

Gender: M F

Date of Birth: _____ Last Grade Completed: _____

Last School Attended: _____

Street Address of School: _____

Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Parent/Guardian Signature: _____

Please forward records to:

Attention: Student Services/Guidance

Oromocto High School

25 Mackenzie Avenue

Oromocto, NB E2V 1K4

Phone: (506)357-4015 Fax: (506)357-4018

Signature: _____

Administrative Assistant - OHS



"Home of the Blues"





**STUDENT PHOTOGRAPHS AND STUDENT INFORMATION –
PARENT/GUARDIAN CONSENT FORM
APPENDIX A**

Category: Educational Services **Effective:** February 2018

The Anglophone West School District and its schools are required to comply with legislation which protects students' personal information, in particular the *Education Act*, the *Right to Information and Protection of Privacy Act* ((RTIPPA) and the *Personal Health Information Privacy and Access Act* (PHIPPA). Parents/guardians of students under the age of 18 must be informed of how personal information is used and to give permission for those uses. Throughout the school year, student information may be used and disclosed for a variety of purposes (e.g., academic achievement, student celebrations, school photos). The following uses of your/your child's personal information require specific consent from you.

I, _____ give consent for _____
name of parent/guardian (or student over 18) *(name of school)*
to use and disclose personal information regarding my child/me _____
for the activities checked below. *(name of student)*

Please check the appropriate boxes: (to be completed for all students K-12)

- Yes, my child's name and grade level may be released to a school photographer for school pictures.
- Yes, my child's name and grade level may be released to a school photographer for a student identification card.
- Yes, my child's name and grade level may be released to a school photographer for a school directory.
- Yes, my child's name, photo and video may be published or broadcast by media organizations for academic recognition or school extra-curricular activities.
- Yes, my child may participate in news conferences or public events that may be published or broadcast by media organizations.
- Yes, my child's name and photograph may be published in the school yearbook.
- Yes, if relevant for the safety of my child, my child's name, grade level, photograph, medical condition and emergency procedures may be posted in the school for appropriate staff's use during an emergency situation.
- Yes, my child's name, photo and video may be published on school or district website/social media pages (including, but not limited to, Facebook, Twitter, Instagram, You Tube) for academic recognition or school extra-curricular activities.
- Yes, my child's personal accomplishments may be recognized within the school community such as student of the month, athlete of the month or other award/recognition these could be announced over the schools PA system or published in the school newsletter or posted on the school website/social media pages (including, but not limited to Facebook, Twitter, Instagram, You Tube).
- Yes, my child may be photographed and/or audio/video recorded by educators for assessment and instructional purposes.
- Yes, my child's name and/or photo may be listed publicly throughout the school in classroom, administration and recognition boards in the school. Examples: classroom names on cubicles, hooks etc., honor roll recognition boards in hallways, etc.

If your child is in Gr. 12 please check the following boxes that are applicable:

- Yes, my child's name and/or photo may be listed in graduation composite.
- Yes, my child's name and/or photo may be listed on a graduation list/program.
- Yes, my child's name and/or photo may be listed on a graduation invitation.
- Yes, if requested, both my child's name and address can be released to an elected official for recognition purposes for the graduation from High School.
- Yes, if requested, my child's name can be released to media organizations.

Continued on Page 2 – **Signature Required on Page 2**



**STUDENT PHOTOGRAPHS AND STUDENT INFORMATION –
PARENT/GUARDIAN CONSENT FORM
APPENDIX A**

Category: Educational Services

Effective: February 2018

Right to Revoke Consent

You have the right to revoke consent at any time. Your revocation of consent must be in writing to the Principal of the school. Note that your revocation of consent would not be retroactive and would not affect uses or disclosures already made according to your prior consent.

Notes:

1. Students involved in performing arts, scholastic competitions or athletic activities perform or compete in public venues, including school. It is reasonable to expect that photographs or videos may be taken by spectators and the media. Once parents/guardians or other members of the public are invited, the event becomes a public event and anyone in attendance is allowed to take photographs or videos without first obtaining consent. Visitors are reminded to be respectful of other individual’s privacy, but the school is not able to control the images captured in these situations and the images may be shared by that person on social media sites.
2. Video surveillance equipment may be used in schools to enhance the safety of students and staff, to protect property and to aid in the identification of intruders or other persons who may pose a risk to school community members.
3. If the form is not returned, the default answer is “no” to all the questions.

➤

Signature Parent/Guardian
or Student (over 18)

Relationship to Student

Date

If you have any questions regarding our privacy practices, or wish to express your concern about how we have handled your personal information, please contact:

Coordinator, *Right to Information and Protection of Privacy Act*
(506) 453-5454
Anglophone West School District
1135 Prospect Street
Fredericton, NB E3B 3B9

Further information on the *Right to Information and Protection of Privacy Act* can be found online at www.gnb.ca/info or by contacting the Information Access and Privacy Unit of Service New Brunswick at info.priv@snb.ca or by phone at (506) 444-4180.

Oromocto High School

25 Mackenzie Ave. Oromocto, N.B. Canada E2V1K4
Tel. (506) 357-4015 Fax. (506) 357-4018

Computer Use Policy

Please Note: Every network user shall be assigned a unique and secure password to access the school network. This user ID should not be shared with others.

Network accounts may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure the users are using the system responsibly. Users should not expect that files stored or accessed by District computers are private.

Students Agree:

- To use any computer provided solely for delivery and support of your educational program.
- To not give out information about themselves or other people, such as passwords, name, address, phone number, age, gender or photo.
- To use information/software on the hard drive or any other data source of the computer provided for use without intentional modification (add, save, edit, delete) without the permission from the teacher. Students are not permitted to change any settings, including screen savers and backgrounds.
- To not download or access games, chat rooms, website accounts such as Hotmail, Yahoo or Gmail (government provided Email accounts only)
- To refrain from infringing on a person's or organization's copyright. Inappropriate activities include but are not limited to using text, sound or visual material without permission. Give references and credit when creating, using or altering electronic information.
- To not copy or destroy data or information on any networked or stand-alone computer.
- To not access, store or send material that is unlawful, abusive, obscene, harassing, demeaning or otherwise objectionable. OHS staff shall determine if material is inappropriate.
- **To not bring in or take any files on external storage devices from the school without the permission of the teacher. This means students cannot plug anything into the computers connected to the schools network.**
- To report any system faults that compromise the function, security or use of the system to the teacher or lab supervisor.
- To comply with the Department of Education's Policy 311 – [Information Technologies Use](http://www.gnb.ca/0000/pol/e/311A.pdf) (<http://www.gnb.ca/0000/pol/e/311A.pdf>)

Consequences:

1st offence. Written/verbal warnings, parents contacted and behaviour form submitted to administration.

2nd offence. Termination of computer access up to 30 days, parents contacted and behaviour form submitted to administration.

3rd offence. Termination of computer access for the semester, parent meeting and behaviour form submitted to administration.

4th offence. Suspension from school and possible legal action.

Note: Consequences, even for the first offence, may be assessed at any step of this policy, depending on the severity of the infraction.

I have read and understood the computer use policy for Oromocto High School. I agree to abide by this policy.

Student's Signature _____

Parent's Signature _____

Date _____



Oromocto High School

25 Mackenzie Avenue, Oromocto, NB, E2V 1K4 Tel. 357-4015 Fax. 357-4018

Important information about Oromocto High School:

No Scents is Good Sense!

Oromocto High School values the health of students and staff and is committed to providing a scent-reduced learning/working environment. Scented products such as perfumes, colognes, deodorants, hairspray, hair gels, and body oils contain chemicals which can cause serious problems for many people, especially those with asthma, allergies, and environmental illness. Please be sensitive to others health problems. **Wear unscented personal products!!**

DRESS CODE

All members of the education community are to dress appropriately when in school and at any school sponsored event.

Examples of inappropriate dress are such items that expose undergarments, clothing that promotes drugs/alcohol, profanity, sex, discrimination or violence, shorts, and skirts shorter than mid-thigh. All tops must cover the waist and meet the bottoms. All tops must cover the chest.



Now Available!
Pay School Fees Online

With SchoolCashOnline you can:

- ✓ Pay for your child's school fees online. Anytime, anywhere.
- ✓ Avoid the hassle of having cash on-hand to pay for school fees.
- ✓ Receive email notifications regarding school fees and events.
- ✓ Help us reduce the amount of cash in our schools.

» Fast ✓ Safe 👍 Convenient

School Cash Online is our school's preferred method of payment.



Behavior Expectations

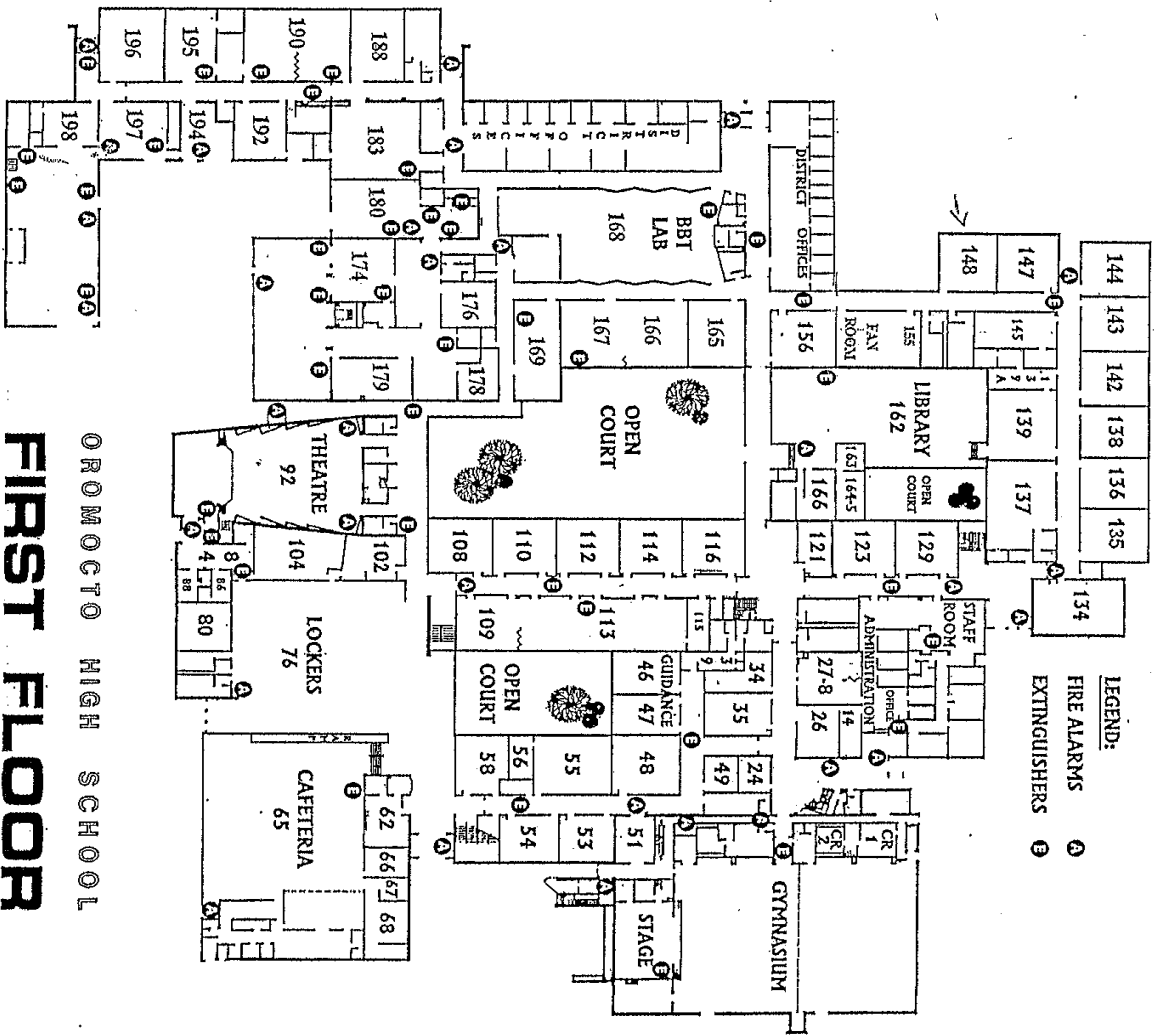
ALL STUDENTS ARE EXPECTED TO:

1. Consider other's rights to learn at all times.
2. Be Successful.
3. Be on time and prepared to work in all classes.
4. Remain in class for the entire period.
5. Resolve conflicts through non-violent co-operative strategies and seek assistance if needed.
6. Return trays, utensils, etc. to the cafeteria and place all other garbage in the garbage containers.
7. Use polite language.
8. Dress appropriately for school.
9. Respect school property.
10. Follow Oromocto High School rules and routines.
11. Listen to staff and respond to requests.
12. Be on task and complete assignments/homework, prepare for test and not disturb others from learning.
13. Accept responsibility for their actions.
14. Demonstrate self-control.

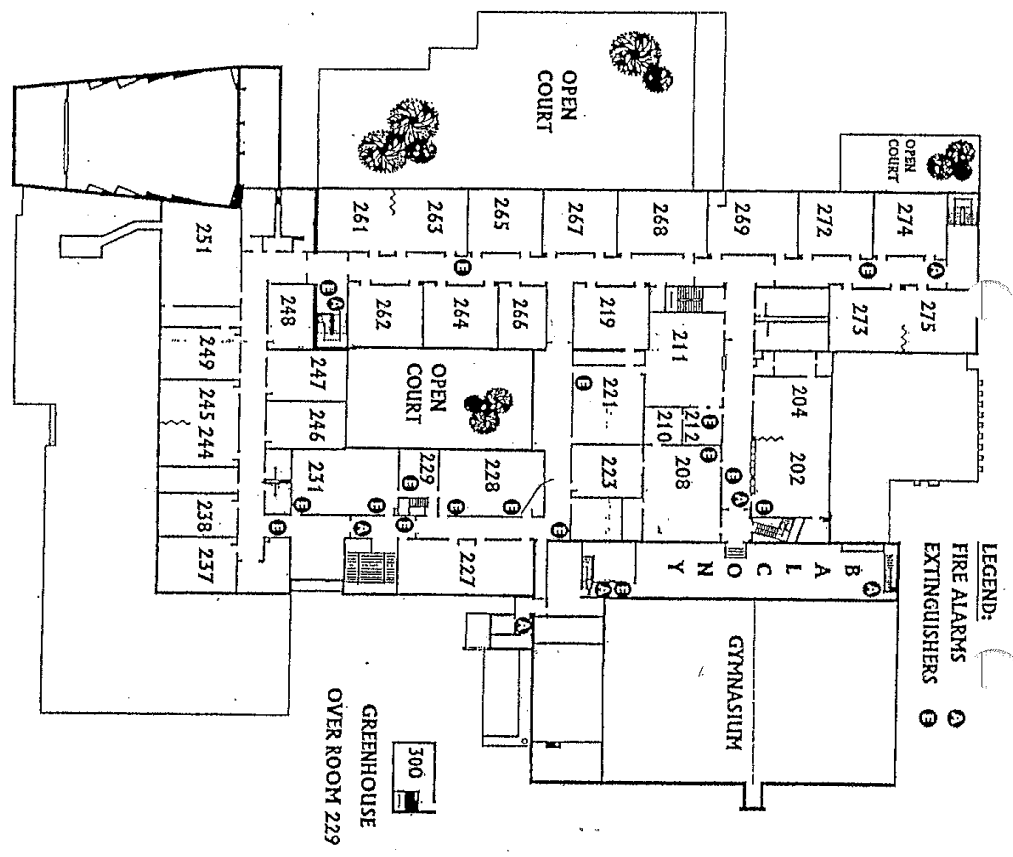
ALL STUDENTS ARE NOT ALLOWED TO:

1. Verbally, physically or sexually assault threaten, harass, abuse or intimidate any other person.
2. Use skateboards, rollerblades or play hacky sack anywhere in the building.
3. Personal electronic devices may be used at the discretion of the teacher during class time.
4. Bring to school any items that could be considered weapons.
5. Bring visitors to the school without permission from an Administrator.
6. Be in the hall without a hall pass.





OROMCTO HIGH SCHOOL
FIRST FLOOR



OROMCTO HIGH SCHOOL
SECOND FLOOR