



SUMMIT LEARNING CENTRE
SUMMER SCHOOL REGISTRATION FORM
(School Age Students only)

For Office Use Only

Information Verified by (Staff Name): _____
 Date: _____

Staff
Initial

REGISTRATION DOCUMENTATION: (Proof required for students who attend schools that are NOT in the Mission School District)

Proof of Age:

- Birth Certificate
- Certificate of citizenship
- Immigration Canada documents
- Passport
- Permanent Resident Card
- Indigenous Status Card
- Driver's License (if over 19)

Proof of Residency:

- Driver's License
- Rental Agreement
- Municipal Tax Bill
- Utility Bill
- Parent's Care Card
- Parent's BC Services Card
- IN DISTRICT

- International Approved by International Department
- Resource Deposit Paid: \$ _____ Appr Code: _____
- Paid for Course Paid: \$ _____ Appr Code: _____
- Refund to: _____

STUDENT INFORMATION:

Name of current school: _____

Name of counselor at current school: _____

COURSE REQUESTED _____ **CURRENT GRADE:** _____

My Counsellor at my present school is aware I'm requesting these courses: NO YES

(Student is advised to inform counselor at current school they are enrolling for the course mentioned above at Summit)

Legal Last Name: _____ **Usual Last Name:** _____

Legal First Name: _____ **Usual First Name:** _____

Legal Middle Name: _____ **Usual Middle Name:** _____

Birth Date: _____ **Age:** _____ **Legal Gender:** M F / Preferred: M F Transgender
(DD-MM-YYYY) (If Applicable)

Home Phone No. _____ **Cell Phone No.** _____

Student Email (if applicable): _____

Address: _____
Apt #, Street Name City Province/Postal Code

Mailing Address if different from above: _____

CITIZENSHIP: Country of Birth: _____ Citizen of: _____ Immigration Status: _____

LANGUAGE: At Home _____ Most Used _____ First _____

INDIGENOUS ANCESTRY: NO / If YES, please tick the applicable ancestry below:

- Inuit Metis Non-Status Status-Off Reserve Status-On Reserve

Band of Origin: _____ **Band of Residence:** _____

MEDICAL: Care Card Number: _____ Doctor's Name: _____ Phone: _____

Student has potentially life threatening condition. Details: _____

Please arrange a meeting with the school Principal if the student has a medically diagnosed life-threatening condition.

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SPECIAL NEEDS or LEARNING CONSIDERATIONS:

Identified Learning Needs / Special Needs: Yes No **Specify:** _____

Student currently has an **Individualized Education Plan (IEP):** Yes No If yes, current designation(s): _____

(if possible please provide copy)

Other information: _____

PARENTS(GUARDIANS) & CONTACTS

Contact #1: Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

Email: _____

Living with Student: Yes No Has Custody: Yes No

Can pick up?: Yes No Speaks English: : Yes No

Address if different: _____

Contact #2: Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

Email: _____

Living with Student: Yes No Has Custody: Yes No

Can pick up?: Yes No Speaks English: : Yes No

Address if different: _____

CUSTODY Are there any legal documents in force re:

Custody/Guardianship/Access Yes No

If yes, have you provided the school with a copy of these legal documents? Yes No

CUSTODY – if Agency Representative (eg. MCFD):

Continuing Custody Order Temporary Custody Order

If yes, have you provided the school with a copy of these legal documents? Yes No

Other Notes or Comments:

I verify that the information contained in this registration is accurate and complete.

Parent/Guardian Name *(Please print)*: _____

Parent/Guardian Signature (if student is under 19): _____ Date _____

The information on this form is collected under the authority of the School Act, Sections 13 & 79; and may be used by the District for Ministry of Education reporting; demographic, enrolment, budget facility and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

Letter of Commitment for Cross-enrolled Students

Student Name: _____ Grade: _____

School of Record: _____ Counselor Email: _____

I, _____ agree to enroll my child, as listed above, in Summit Learning Centre.

Parent Name (Please print)

I, _____ agree to enroll in Summit Learning Centre.

Student Name (Please print)

All courses at Summit Learning Centre are based on the BC Ministry of Education curriculum found at:

<http://www.bced.gov.bc.ca/irp/plo.php>

- Note: **Provincial Assessments** - For courses that require a **provincial assessment**, students are required to complete their course work 2 weeks in advance of the assessment date, and contact the **teacher AND their school counselor 6 weeks** in advance of the assessment date, to register to write the assessment. **Assessments are to be written at the school of record, NOT at Summit, so it is very important students register with their school counselor to advise them of their intent to write the assessment.**

All course outlines, syllabus and assessment criteria can be found at: <http://sd75.knowplace.ca/>

As a parent, I agree to, and understand the following:

- I understand that my child is required to be actively engaged in all courses within 2 weeks of enrolment, and maintain a status of active engagement throughout the course to maintain enrollment
- I understand that my child must submit student work on a regular and ongoing basis in all subject areas
- I understand that my child must maintain regular and ongoing communication with my child's teacher either in person, over the phone or via email, and through student work submissions
- I understand that my child is required to participate in school district and provincial assessments and surveys
- I understand that if my child fails to abide by the above criteria, their continued enrollment at Summit will be in jeopardy, and they will be issued a 'warning of withdrawal' email, with directions required to maintain enrollment at Summit, and that failure to comply will result in their withdrawal from Summit.

Parent Signature: _____ Date: _____

As a student, I agree to, and understand the following:

- I am required to be actively engaged in each course within 2 weeks of enrolment, and maintain a status of active engagement throughout the course to maintain enrollment
- I am required to submit assignments on a regular and ongoing basis in all subject areas
- I am required to review, and abide by, the academic integrity policy for Summit Learning
- I am required to maintain regular and ongoing communication with my teachers in all subjects via email, phone, face to face, and including through assignment submissions.
- I am required to contact my teacher for direction or support as needed
- I am required to participate in invigilated tests and exams as required per course
- I am required to contact my teacher immediately if for any reason I am unable to meet the above criteria
- I understand that if I fail to abide by the above criteria, my continued enrollment will be in jeopardy, and I will be issued a 'warning of withdrawal email', with directions required to maintain enrollment at Summit, and failure to comply will result in my withdrawal from Summit

Student Signature: _____ Date: _____

Academic Integrity Policy

Please read the following information regarding the Academic Integrity policy for students at Summit Learning Centre. After reading the document, please sign and date the last page as an indication that you have read and understood the information outlined below.

Plagiarism or Academic Dishonesty is:

1. Submitting work that you have copied from the internet, a friend, or any other source or person.
2. Having someone else complete your work for you.
3. Submitting work that has been significantly edited by a tutor, parent, or any person.
4. Using information from a person or source during a test, unless authorized by the teacher or the course instructions.
5. Providing, or accepting, unauthorized access to restricted course materials (tests, passwords, quizzes, answer keys), without the teacher's written consent.
6. Submitting the same work for different assignments or courses.

Note: Students are responsible for keeping a record of the resources used when completing assignments/projects. Please be sure to check your specific course, or teacher, for the Citation style that you are required to use.

Potential or escalating consequences of plagiarism or academic dishonesty:

1. Redoing the assignment/test under teacher supervision at Summit during regular school hours.
2. Receiving a "0" on the assignment/test.
3. Being required to do all future tests and/or major assignments under the supervision of a Summit teacher, or a BC certified teacher.
4. Being withdrawn from the course or receiving a failing grade on the course.
5. Being withdrawn from the school.

In all instances of plagiarism, or academic dishonesty, a parent/guardian will be notified, in addition to the school administrator. Consequences will be determined at the discretion of the teacher and administrator on a case by case basis.

- **Invigilation Guidelines at Summit**

1. Final exams need to be supervised by teachers via Zoom.

2. If there is a discrepancy of more than 25% between the supervised tests and other coursework, then a teacher can:
 - a. Weigh the supervised test more heavily than previous course work.
 - b. Require the student to re-do the test and/or previous coursework under the supervision of a Summit teacher during regular school hours.
 - c. Require that all future tests and major assignments be completed under the supervision of a Summit teacher during regular school hours.

I have read, and understand, the above Academic Integrity Policy, and Test Invigilation Guidelines, for Summit Learning Centre.

Student Name: _____

Student Signature: _____

Parent Signature: _____

Date: _____