

## AP 3260-F5 Registration Addendum for Student Living with a Responsible Adult

The Public Schools Act allows students living with a responsible adult to enrol in their local school. A responsible adult is an adult who is not the student's parent/legal guardian but who has been designated by the student's parent/legal guardian to provide day-to-day care for the student. To enrol in school while living with a responsible adult, the parent/legal guardian must reside in Canada and be a citizen or permanent resident.

School divisions have the authority to review proposed arrangements to determine if they meet the intention of the legislation. Parents/legal guardians may appeal decisions through the school division. All decisions by school divisions are final. If the student is found not to be residing with the responsible adult and/or not in the school catchment, they may be removed from the school division.

The following form is to be filled out by families whose parent or legal guardian wants their child to live full-time with a responsible adult within the school division catchment area. Additional information and/or documentation may be required to satisfy the school division that the student is eligible for registration. In addition to this form, the parent(s)/legal guardian(s) must complete the school's registration package.

By completing and signing this form as the parent(s)/legal guardian(s), you are:

- declaring that the student is living full-time with the responsible adult in the school catchment;
- granting permission for care and control of your child to the responsible adult;
- providing proof of address for the responsible adult.

The completed form must be presented at an in-person meeting with the Principal.

Principals will consult with the Superintendents' Department prior to providing a decision regarding acceptance.

### CONTACT INFORMATION

Student Name: \_\_\_\_\_

School being applied for: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent/Legal Guardian 1 Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Parent/Legal Guardian 2 Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Responsible Adult 1 Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Responsible Adult 2 Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### **A. COMMUNICATIONS**

The responsible adult(s) will be listed as the primary contact for the student and be the decision maker for day-to-day permissions. The responsible adult(s) will receive communications from the school. The responsible adult(s) are authorized as the primary decision maker for the following (check all that apply):

- ☐ accessing the school's parent portal
- ☐ signing school forms such as photo releases
- ☐ signing medication forms
- ☐ approving school vaccinations
- ☐ participating in student-specific planning processes
- ☐ approving student-specific educational plans
- ☐ providing informed consent for school-based assessments and/or screenings
- ☐ providing informed consent for school-based clinical services

- ☐ providing informed consent for external services and supports
- ☐ releasing medical information
- ☐ releasing information for outside agencies
- ☐ receiving report cards
- ☐ attending student-led/parent-teacher conferences
- ☐ signing forms for off-site activities such as field trips, sports trips, and other outings
- ☐ receiving code of conduct concerns
- ☐ emergency situations
- ☐ other: \_\_\_\_\_

The parent(s)/legal guardian(s) would also like to receive the following communication:

- ☐ day-to-day communications from the school
- ☐ access to the school's parent portal
- ☐ report cards
- ☐ other: \_\_\_\_\_

## B. CONDITIONS & LIMITATIONS

Please select one (1) of the following:

- ☐ There are no conditions or limitations attached to the responsible adult's authority
- ☐ The following conditions and limitations apply to the responsible adult's authority:
  - List any conditions (e.g. communication the parent(s)/legal guardian(s) want to receive OR specific decisions that require consent of the parent(s)/legal guardian(s))
    - i. \_\_\_\_\_
    - ii. \_\_\_\_\_
    - iii. \_\_\_\_\_
    - iv. \_\_\_\_\_
  - List any limitations (e.g. cannot consent to the student travelling out of province, cannot change the student's school)
    - i. \_\_\_\_\_
    - ii. \_\_\_\_\_
    - iii. \_\_\_\_\_
    - iv. \_\_\_\_\_

## C. EMERGENCY CONTACT VERIFICATION

Please identify the order of whom should be contacted after the responsible adult in the case of an emergency.

First contact (responsible adult): \_\_\_\_\_

Second contact: \_\_\_\_\_  
 (Name and phone number) (Relationship to student)

Third contact: \_\_\_\_\_  
 (Name and phone number) (Relationship to student)

**D. RESPONSIBLE ADULT(S) CONSENT**

As the responsible adult(s) caring for \_\_\_\_\_ (student), I acknowledge that I will act as their primary contact and decision maker for the situations identified above and that I will have care and control of them.

I understand that I will be the first emergency contact for the student and I will be responsible for picking them up if they are sick or need to be removed from school for any reason.

I confirm that the student will be living full-time at my home. I understand that registration documents will state that they are residing full-time at my home in the school catchment area.

I confirm that I understand the responsibilities of my role as the responsible adult for the student.

**Responsible Adult 1 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Responsible Adult 2 signature (optional):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E. PARENT(S)/LEGAL GUARDIAN(S) CONSENT**

By signing this form, I acknowledge I have given permission for my child, \_\_\_\_\_, to reside in the Interlake School Division catchment with \_\_\_\_\_ (responsible adult). I acknowledge that the responsible adult lives in the school division catchment and will have care and control of my child.

I confirm that the student will be living full-time at the home of the responsible adult and I understand that registration documents will state that the student is residing full-time at the responsible adult's home in the school catchment area.

**Parent/Legal Guardian 1 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian 2 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Accept ☐ Reject ☐

**School Principal signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_