



## Registration Addendum for Student Living with a Responsible Adult with Parental Consent

The Public Schools Act allows students living with a responsible adult to enroll 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 enroll in school while living with a responsible adult, the parent (legal guardian) of the student must reside in Canada and be a citizen or permanent resident.

The Division has the authority to review proposed arrangements to determine if they meet the intention of the legislation. Parents may appeal decisions through the Division's appeal processes. All decisions by the Division are final.

The following form is to be filled out by families whose parent (legal guardian) wants their child to live with a responsible adult within the Division's catchment area. Additional information and/or documentation may be required to satisfy the Division that the student is eligible for registration.

By filling out and signing this form as the parent (legal guardian), you are declaring that the student is living with the responsible adult in the Division's catchment, and you are granting permission to the student being registered in the Division while living with the responsible adult.

In addition to this form, the parent (legal guardian) must complete the registration package, and with the help of the responsible adult, provide proof of address of the responsible adult(s) in the catchment.

Please note: 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.

**For more information on the responsibilities of a Responsible Adult, please refer to AP 130: Student Registration of a Student Living with a Responsible Adult at [svsd.ca](http://svsd.ca).**

### CONTACT INFORMATION

Student Name (hereafter referred to as the student): \_\_\_\_\_

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

Parent (Legal Guardian) Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent (Legal Guardian) Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



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

Relationship of the responsible adult to student: \_\_\_\_\_

Responsible Adult Name (optional): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Relationship of the responsible adult to student: \_\_\_\_\_

## Responsibilities and Communication

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 is authorized as the primary decision maker for the following: (select all that apply)

- Access the school's parent portal
- Sign school forms such as photo releases
- Sign medication forms
- Approve school vaccinations
- Participate in student-specific planning processes
- Approve student-specific educational plans
- Provide informed consent for school-based assessments and/or screenings
- Provide informed consent for school-based clinical services
- Provide informed consent for external services and supports
- Release of medical information
- Release of information for outside agencies
- Receive report cards
- Attend student-led/parent-teacher conferences
- Sign forms for off-site activities (e.g., field trips, sports trips, and other outings)
- Code of conduct concerns
- Emergencies
- Other: \_\_\_\_\_

The responsible adult will receive communications from the school. The parent (legal guardian) would also like to receive the following communication:

- Day-to-day communications from the school
- Access to the school's parent portal
- Report cards

Please reach out to the school if you require clarification on any of these areas.



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**Conditions and Limitations**

Please select one of the following:

There are no conditions or limitations attached to the responsible adult's authority.

OR

The following conditions and limitations apply to the responsible adult's authority.

List any conditions (e.g., communication the parent (guardian) want to receive, specific decisions that require consent of the parent (guardian).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List any limitations (e.g., cannot consent to the student travelling out of province, cannot change the student's school)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Emergency Contact Verification**

Please identify the order of whom should be contacted after the responsible adult in the case of emergency.	First contact (responsible adult):	
	Second contact (parent/guardian/emergency contact):	
	Third contact (parent/guardian/emergency contact):	

**Parent(s)/Legal Guardian(s) Consent**

By signing this form, I acknowledge I have given permission for my child, \_\_\_\_\_ (the student), to reside in the Swan Valley School Division Catchment with \_\_\_\_\_ (the responsible adult). I acknowledge that the responsible adult lives in the Division's 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. 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.

I understand that the responsible adult will be listed as my child's primary contact and decision maker for day-to-day permissions. I further acknowledge that I have filled out who is to be contacted for the situations listed above.



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Legal Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

Legal Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

I understand that I may withdraw this consent at any time by notifying the school principal in writing.

## Responsible Adult Consent

As the responsible adult caring for \_\_\_\_\_ (the student), I acknowledge that I will act as their primary contact, decision maker for the situations filled out 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 that I will be responsible for picking them up if they are sick or need to be removed from the 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 Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

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

Date: \_\_\_\_\_

Signature

School has verified: (check once verified)

- Legal guardianship to designate the responsible adult(s)
- Contact information for both parent(s)/legal guardian(s) and responsible adult(s)
- Residency of the responsible adult(s) via two pieces of identification