

## Registration Overview

Thank you for your interest in registering your children with Pathways Academy. By registering for homeschool, you will be responsible for providing and supervising your child's educational program, including curriculum and materials.

Registration forms are due September 15. Please be aware that **this form can not** be used to enroll your children in our distributed learning (DL) program. If you have questions about the difference between registering your child for homeschool and enrolling your child in DL, please contact us.

### Required Documentation:

- Birth Certificate (legible copy per student)

### Supporting Documentation: (if applicable)

- Legal custody documents
- Citizenship card, Landed Immigrant, work visa
- Medical Form, if needed

*All information collected by this form is protected by the Pathways Academy Privacy Policy.*

## Privacy Policy & Consent

At Pathways Academy (PA), we seek to be open and honest regarding student and family information. We seek to uphold standards set out by the Personal Information Privacy Act of 2004 (PIPA). PA asks for your permission and consent in collecting personal information needed for registration. This includes copies of birth certificates, legal guardianship and court orders (if applicable), student records, and other similar information. PA uses personal information as follows:

- To communicate with parents and students, to process registration forms, and ultimately to help provide the quality educational experience that you expect.
- To enable the school to operate its administrative function.
- When required by law: The type of information the school is legally required to disclose most often relates to family court issues, legal proceedings, court orders, and tax reporting requirements. Student information will be submitted to the Ministry of Education as required to establish eligibility for student funding and to maintain student records. Only the information specifically requested is disclosed and the school takes precautions to satisfy itself that the authorities making the request have legitimate grounds to do so.
- When permitted by law: The school is legally permitted to disclose some personal information in situations such as an investigation of illegal activities, reasonable methods to collect overdue accounts, a medical emergency, or suspicion of illegal activities, etc. Only pertinent information is disclosed.
- To request student educational records.

If, for any reason, personal information is required to fulfill another purpose, the school will, where appropriate, notify you and ask you for your consent before the school proceeds. The school does not sell, lease or trade information about you to other parties. The school will securely store all digital and hard copies of parent and student personal information. For more information, the privacy officer for PA is Mr. Ron Ammundsen, and he may be reached at [ron.ammundsen@pathwaysacademy.ca](mailto:ron.ammundsen@pathwaysacademy.ca).

**I/We consent to the collection, use and disclosure of such personal information for the above uses. All the information I provide will be current and accurate.**

Parent/Legal Guardian's Name: \_\_\_\_\_

*Print Name*

Parent/Legal Guardian's Signature: \_\_\_\_\_

*Signature*

YYYY-MM-DD

*Click inside the signature box. You will be prompted to create and use an **electronic signature**.*

**OR**

*You may print the completed form to sign manually.*

### Parent/Legal Guardian Information

**Guardian 1** *(primary contact for the school)*

**Guardian 2**

MAIN INFORMATION		
First Name:		
Last Name:		
Relationship to Student:		
Marital Status:		
E-mail:		
Home Phone:		
Cell Phone:		
Occupation:		
Work Phone:		
HOME ADDRESS		
Street Address:		
City, Province:		
Postal Code:		
MAILING ADDRESS (if different than home address)		
Address:		
City, Province:		
Postal Code:		

### Student #1

MAIN INFORMATION	
Legal First Name: _____	Birthdate (YYYY-MM-DD): _____
Legal Middle Name: _____	Gender on Birth Certificate: _____
Legal Last Name: _____	Citizenship: _____
Preferred First Name (if different): _____	Aboriginal Ancestry (optional): _____
Preferred Last Name (if different): _____	Desired Start Date: _____
BC Health Services # (Care Card): _____	Grade Level (at start date): _____
Anaphylactic allergies or serious medical conditions: _____	
PREVIOUS SCHOOL	
School Name: _____	City: _____ Reason for changing schools: _____
Dates of Attendance: _____ to _____	

### Student #2

MAIN INFORMATION	
Legal First Name: _____	Birthdate (YYYY-MM-DD): _____
Legal Middle Name: _____	Gender on Birth Certificate: _____
Legal Last Name: _____	Citizenship: _____
Preferred First Name (if different): _____	Aboriginal Ancestry (optional): _____
Preferred Last Name (if different): _____	Desired Start Date: _____
BC Health Services # (Care Card): _____	Grade Level (at start date): _____
Anaphylactic allergies or serious medical conditions: _____	
PREVIOUS SCHOOL	
School Name: _____	City: _____ Reason for changing schools: _____
Dates of Attendance: _____ to _____	

## Student #3

## MAIN INFORMATION

Legal First Name: \_\_\_\_\_ Birthdate (YYYY-MM-DD): \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_ Gender on Birth Certificate: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Preferred First Name (if different): \_\_\_\_\_ Aboriginal Ancestry (optional): \_\_\_\_\_  
 Preferred Last Name (if different): \_\_\_\_\_ Desired Start Date: \_\_\_\_\_  
 BC Health Services # (Care Card): \_\_\_\_\_ Grade Level (at start date): \_\_\_\_\_  
 Anaphylactic allergies or serious medical conditions: \_\_\_\_\_

## PREVIOUS SCHOOL

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Reason for changing schools: \_\_\_\_\_  
 Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

## FORM A: Legal Residency of Parent/Guardian

The Ministry of Education requires the school to obtain proof of residency for **every student**. As such, this form must be completed and signed by a parent or the legal (court-appointed) guardian.

- Please attach a copy of the court order appointing you as legal guardian if you are not the parent.
- Please attach the documentation described below if you were not born in Canada or are not a Canadian Citizen.

## CANADIAN CITIZEN or LAWFULLY ADMITTED INTO CANADA

I am: (please CHECK one)

- ☐ **A Canadian Citizen** (if not born in Canada, please attach a photocopy of citizenship paper/card)
- ☐ A Permanent Resident (landed immigrant) (attach photocopy of landed immigrant status paper or PR card)
- ☐ Lawfully admitted into Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach photocopy of document):
- ☐ Admission as a refugee or refugee claimant
  - ☐ Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
  - ☐ Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- ☐ A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, preclearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
- ☐ Other – Document description: (must be cleared with Citizenship and Immigration Canada)
- \_\_\_\_\_

## RESIDENCY IN BRITISH COLUMBIA

- ☐ Yes: Residency Address (in full, again): \_\_\_\_\_  
 City, Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_
- ☐ No, I am not a resident of British Columbia

## CONFIRMING SIGNATURE

Parent/Legal Guardian: \_\_\_\_\_  
*Print Name*

Parent/Legal Guardian: \_\_\_\_\_  
*Signature* YYYY-MM-DD

Click inside the signature box. You will be prompted to create and use an **electronic signature**.

OR continue and print the completed form to sign manually.

\*Please provide copies of **birth certificates** and other applicable **supporting documentation** (see Page 1).

Send to: [office@pathwaysacademy.ca](mailto:office@pathwaysacademy.ca)



PO Box 10096 RPO Hart  
 Prince George, BC V2K 5Y1  
 Phone: 1-888-787-3618  
 Fax: 1-888-263-8611  
 office@pathwaysacademy.ca

### Consent for Release of Confidential Student Information

	Student 1	Student 3
Legal first name:	_____	_____
Legal middle names:	_____	_____
Legal last name:	_____	_____
Birthdate (YYYY-MM-DD):	_____	_____
Releasing School:	_____	_____
	Student 2	Student 4
Legal first name:	_____	_____
Legal middle names:	_____	_____
Legal last name:	_____	_____
Birthdate (YYYY-MM-DD):	_____	_____
Releasing School:	_____	_____

The student(s) named above have registered with Pathways Academy for the 2025-26 school year.

1. Permanent Student Record Card (Form 1704)
2. Last 2 years of Student Progress Reports
3. Copies of Inclusions (if any):
  - a. Health services information in reference to the 'Medical Alert' checkbox
  - b. Court orders in reference to the 'Legal Alert' checkbox
  - c. Support services information (psychometric assessments, etc.)
  - d. Notification of student being homeschooled
4. IEP, CMP, and/or SLP, if applicable

**I certify that I am the parent/guardian of the student(s) named above, and I hereby consent to the release of the above documentation to Pathways Academy.**

Parent/Legal Guardian's Name: \_\_\_\_\_  
*Print Name*

Parent/Legal Guardian's Signature: \_\_\_\_\_  
*Signature* YYYY-MM-DD



*Print the completed form to sign manually.  
 OR  
 Click inside the signature box to create/use  
 your electronic signature.*