K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?





FOR OFFICE USE ONLY: (Plea	sse ensure Proof of Age and Resi	dency are provided and	initial in allocated area)
CATCHMENT SCHOOL:	Da	te:	STAFF
Information Verified By (Staff Name)	:		INITIALS
Current Year: Enrollment Date:		Grade:	
☐ Next Year: Date of Registration:	Time of Reg		urrent/Next Grade:
☐ Cross Boundary: ☐ YES ☐ N	O If YES, Name of Cross Bounda	ry School Requested:	
REGISTRATION DOCUMENTATION			
Proof of Age:	Proof of Residency:		s (catchment area schools only):
☐ Birth Certificate	☐ Driver's License	□ Driver's License□ Proof of Purchase of Res	idonos
☐ Certificate of Citizenship☐ Immigration Canada Documents	□ Rental Agreement□ Municipal Tax Bill	☐ Municipal Tax Bill	siderice
□ Passport	☐ Utility Bill	☐ Notary Authorized Letter	
☐ Permanent Resident Card	☐ Parent's Care Card	☐ Rental Agreement, Accor	
☐ Indigenous Status Card	☐ Parent's BC Services Card	☐ Hydro ☐ Gas ☐ Cable	e OR 🗆 Phone Bill
☐ Driver's License (if over 19)		☐ Mortgage Statement	
TO BE COMPLETED BY PARENT/G	GUARDIAN (this point forward):		
STUDENT INFORMATION:			
LEGAL Name:			
USUAL Name:	Name) (F	First Name)	(Middle Name)
(Last I	· · · · · · · · · · · · · · · · · · ·	irst Name)	(Middle Name)
Date of Birth: (DD-MM-YYYY)	_ Age: Legal Gender: L	☐ M ☐ F / Preferred (Gender: ☐ M ☐ F ☐ Other
Phone(s)/Email:			
(Student Home)	(Student Cell)	(Student Work – if applicable)	(Student Email)
Address:	t, Street Name)	(City)	(Province, Postal Code)
Mailing Address (if different from above	,	(Oily)	(1 Tovilloo, 1 ootal oodo)
CITIZENSHIP:			
Country of Birth:	Citizen of:	Immigration Sta	tus:
LANGUAGE:			
First Language:	Used at Home:	Most Used	l:
INDIGENOUS ANCESTRY: ☐ NO	YES / If YES, please tick the ap	oplicable ancestry below:	
☐ Inuit ☐ Metis	<u> </u>	☐ Status-Off Reserve	☐ Status-On Reserve
Band of Origin:	Band of Res	idence:	
FORMER SCHOOL / STRONGSTAF			
	School	District #: City	<i>/</i> :
Has student ever attended a Mission			
MEDICAL:			
	Doctor's Name:	Dha	one:
<u> </u>	Doctor's Name:	Pn0	one:
☐ Student has potentially life-threat	ening condition. Provide Details:		

DISABILITIES and/or DIVERSE LEARNING NEEDS (please provide any applicable documentation):				
Identified Disability and/or Diverse Need(s) \square NO \square YES. If Yes, Please Provide Details:				
Student currently has an Individualized Education Plan (IEP)	□ NO □ YES: If YES, Current Designations(s):			
,	<u></u>			
Other Information:				
PARENTS/GUARDIANS:				
Parent/Guardian #1.				
Relationship: Last Name:	First Name:			
Phone(s)/Email: (Home) (Cell)	(Work) (Email)			
Living with Student? \Box YES \Box NO / Has Custody? \Box YES \Box NO	O / Can Pick-Up? ☐ YES ☐ NO / Speaks English? ☐ YES ☐ NO			
Address if Different from Student's:				
Parent/Guardian #2.				
Relationship: Last Name:	First Name:			
Phone(s)/Email: (Home) (Cell)	(Work) (Email)			
Living with Student? \square YES \square NO / Has Custody? \square YES \square NO	O / Can Pick-Up? \square YES \square NO / Speaks English? \square YES \square NO			
Address if Different from Student's:				
CUSTODY:	CUSTODY-Agency Representative: (e.g., MCFD)			
Are there any legal documents in force re: Custody / Guardianship / Access? \square YES \square NO	☐ Continuing Custody Order ☐ Temporary Custody Order			
If YES, provide the school with a copy of these legal documents. If you have concerns about the documents, speak with the school principal.	If YES, provide the school with a copy of these legal documents.			
EMERGENCY CONTACT INFORMATION: (OTHER than Parent	 ts/Guardians)			
Contact #3.				
Relationship: Last Name:	First Name:			
Phone(s):				
(Home)	(Cell) (Work)			
Can Pick-Up? ☐ YES ☐ NO / Contact #4.	Speaks English? ☐ YES ☐ NO			
	First Name			
Relationship: Last Name:	First Name:			
Phone(s): (Home)	(Cell) (Work)			
Can Pick-Up? ☐ YES ☐ NO /	Speaks English? ☐ YES ☐ NO			
Contact #5.				
Relationship: Last Name:	First Name:			
Phone(s):				
(Home) Can Pick-Un2 □ VFS □ NO /	(Cell) (Work) Speaks English? □ YES □ NO			
·	•			
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):				
	(DD-MMM-YYYY)			

Network, Internet and Wi-Fi Access User Agreement Form for Students



The personal information on this form is collected by School District No. 75 (Mission) under the authority of the School Act. The information will be used for educational purposes. This information will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Information and Privacy Coordinator, School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 826-6286.

Student Name:	Div:
School:	Grade:
I have read Administrative Procedure #4.0: Network, Internet, and Wi-follow the rules and regulations in the policy. I understand that if terminated and I may face other disciplinary measures.	•
Student Signature:	Date:
Parent or Guardian Section	
Students under the age of 19 must also have the signature of a parent or	r guardian who has read this agreement.
As the parent or guardian of the above-named student, I have read <i>Internet, and Wi-Fi Procedure for Students</i> and agree to abide by the network services are intended for educational purposes.	
In consideration of the privilege of using the MPSD.CA Network, I here any institutions with which it is affiliated, from any and all claims and child's use of, or inability to use, the MPSD.CA Network, including, but no unauthorized use of the system to purchase products or services.	damages of any nature arising from my
I will instruct my child regarding any restrictions against accessing restrictions set forth in the District Student Acceptable Use Policy and Figure 1. The importance of following the rules for personal safety and understand No. 75 (Mission) to restrict access to all controversial materials, and (Mission) responsible for materials acquired via its networks.	Regulations. I will emphasize to my child that it is impossible for the School District
☐ I give permission for	
Parent/Guardian Signature: Da	te:
Parent/Guardian Name:	
Home Address: P	hone:

This form will be retained at the office of the enrolling school of the student.

Mission Public Schools – Forms: Network, Internet and Wi-Fi Access User Agreement Form for Students (Administrative Procedure #4.0: Network, Internet and Wi-Fi Access User Procedure for Students) Form Revised – November 2021

Administrative Procedure #210b Network, Internet, and Wi-Fi Procedure for Students K – 12



The Board of Education will set appropriate standards for users to access the MPSD Network, Internet, and Wi-Fi Access in order to perform work and studies. This use must not jeopardize operation of the School District Network or the reputation and/or integrity of the School District.

General Guidelines

Internet Usage

- Users must comply with all applicable laws and regulations and must respect the legal protection provided by copyright and licenses with respect to both programs and data.
- Internet usage must be able to withstand public scrutiny and/or disclosure. Sites should be accessed in accordance with the criteria established in the Selection of Supplementary Learning Resource Materials Administrative Procedure #212.
- Sensitive information must not be transmitted via or exposed to Internet access.
- Internet usage must be consistent with professional conduct and not for personal financial gain.
- Users must not attempt to obscure the origin or any message or download material under an assumed Internet address.
- Administrators must ensure that all student users sign a Network, Internet and Wi-Fi Access User
 Agreement Form for Students K -12 before access is allowed. Parents/guardians will be advised by the
 School District that they can withdraw their consent at any time.
- The Systems Administrator monitors the use of the School District network and will monitor selected network traffic at the request of School District administration or the Ministry of Education.

Responsibilities

Users

- Users are responsible for ensuring that their use of the MPSD Network, Internet and Wi-Fi is appropriate and consistent with this policy.
- Users with an Access Agreement completed are personally responsible for the security of their user account, if one is granted, as follows:
 - Passwords must not be disclosed to any other individual.
 - Responsible for all activity that occurs within their account.
 - Notifying the immediate supervisor, teacher or systems administrator immediately if a security problem is suspected.
- Users are responsible for informing a teacher, an administrator or the system administrator if they mistakenly access inappropriate information or receive any message that they feel to be inappropriate.
- Users are responsible for following virus protection procedures to avoid the spread of computer viruses.
- Users are responsible for checking their email on a regular basis and for deleting unwanted messages.

Administrators

 Administrators are responsible for ensuring that all students review this policy, the Computer Network Administrative Procedure # 601 and Internet Access for Students and Staff: Safe Practices Administrative

Administrative Procedure #210b Network, Internet, and Wi-Fi Procedure for Students K – 12



Procedure #107. These policies are to be reviewed annually with users and parents of students to ensure they are aware of their obligations and responsibilities.

 Administrators and supervisors are responsible for taking appropriate action when this policy is contravened.

Systems Administrator

- The District Systems Administrator is responsible for monitoring network usage in term of traffic/load.
- On an annual basis, the systems administrator will delete all non-renewed network access agreements (i.e. graduated students, students who do not have parental and/or school permission, students who have withdrawn, transferred, etc.).
- Students that leave the School District, will have their accounts disabled. Student's accounts will be purged and deleted at the end of each school year.
- Limited privacy is afforded to student personal files on the School District network through routine maintenance and monitoring of the system.
 - Pursuant to the School Act, parent(s)/guardian(s) have the right to view the contents of their student's files.
 - A search will be conducted if there is a reasonable suspicion that a student has breached the rules and regulations governing use of the MPSD.CA network, the District Code of Conduct Policy #19, or the law.
- The School District will cooperate fully with law enforcement officials conducting an investigation into illegal
 activities related to student use of the MPSD.CA network.

Safe Practices

- The MPSD.CA network must not be used for any of the following. Engaging in any of these activities may be considered an illegal act and subject to an investigation by school and/or law enforcement officials.
 - transmitting any materials in violation of Canadian laws:
 - violating, or attempting to violate, the security of the district's computers, data or network equipment or services;
 - offering, providing or purchasing products or services;
 - political lobbying;
 - posting or linking personal and/or private information about themselves or other people. (See the Information and Privacy Act for a definition of personal information);
 - knowingly or recklessly posting false or defamatory information about a person or organization;
 - engaging in personal attacks, including prejudicial or discriminatory attacks;
 - using obscene, profane, lewd, vulgar, rude, inflammatory, threatening or disrespectful language at any time;
 - harassing another person;
 - posting chain letters or sending unnecessary messages (spamming) to a large number of people;
 - posting information that could cause damage or danger;
 - plagiarizing works found on the Internet;
 - accessing material that is profane or obscene (pornography), that advocates illegal acts, or that advocates violence or discrimination (hate literature);
 - pursuing unauthorized access or attempt to access another person's accounts, files or computer;
 - attempting to spread or create computer viruses, destroy data or disrupt the computer system in any way;
 - engaging in any act that contravenes the District Code of Conduct Policy #19.

Administrative Procedure #210b Network, Internet, and Wi-Fi Procedure for Students K – 12



Date Adopted: October 2001

Date Amended: April 2018

Definition:

- "User" means students authorized to access the network, internet and Wi-Fi via a School District service provider and.
- "Internet" means the global interconnection of data networks that commonly use (but are not limited to) the Internet Protocol.
- "Sensitive Information" means personal, confidential or protected information whose release is unauthorized – i.e. information which is reasonably likely to be accepted or excluded from access under the Freedom of Information and Protection of Privacy Act.
- "Offensive material" includes, but is not limited to, pomography, hate literature or any material which contravenes the BC Human Rights Act.

Cross Reference: District Code of Conduct Policy #19

Internet Access for Students & Staff: Safe Practices Administrative Procedure #107 Selection of Supplementary Learning Resource Materials Administrative Procedure #212

Photograph, Video, and Media Consent Form



File No. 1025.99

School Districts must comply with the *Freedom of Information and Protection of Privacy Act* which sets out the privacy rights of individuals and provides regulations on protecting personal information for the public sector.

Mission Public Schools must have consent to collect, use, and publicly release photographs, videos, and audio of students.

Please complete the information below and return this form to your school.

Student names or images may be shared for the following purposes:

1. School yearbooks
Yes, I consent to the release of my child's personal information for the prescribed purpose outlined above.
No, I do not consent to the release of my child's personal information for the prescribed purpose outlined above.
2. School and/or school district website, newsletter, social media sites, or videotaping in the classroom and/or during special events for presentation purposes.
Yes, I consent to the release of my child's personal information for the prescribed purpose outlined above.
No , I do not consent to the release of my child's personal information for the prescribed purpose outlined above.
Student Name:
School:
Parent/ Guardian Name:
Parent/ Guardian Signature:
Date:

NOTE: Mission Public Schools does not have control over public events at which individuals voluntarily appear or attend, and external media is present.

The information described above is collected in accordance with Section 26 (c) (d) and (g) of the Freedom of Information and Protection of Privacy Act. Mission Public Schools must seek consent to disclose personal information for the examples listed above. Questions and concerns should be directed to the School Principal or the District Privacy Coordinator at privacy@mpsd.ca.

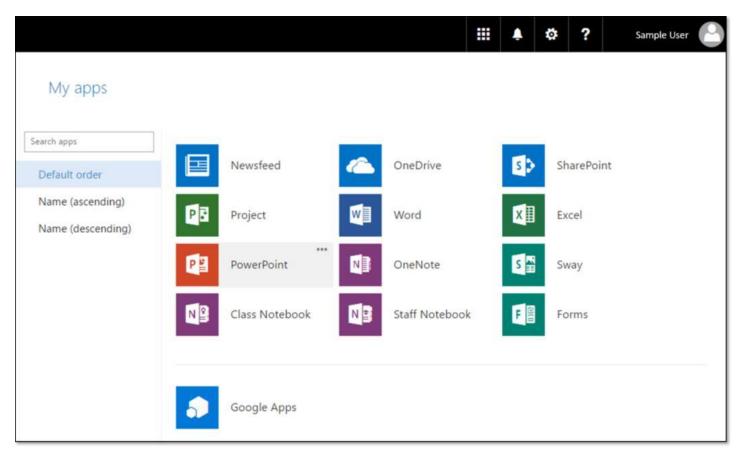


What is Office 365

Office 365 Education is a collection of services that allows you to collaborate and share your schoolwork. It's available for free to teachers who are currently working at an academic institution and to students* who are currently attending an academic institution. The service includes Office Online, and OneDrive online file storage. This service also allows teachers and students to install the full Office applications on up to **5 PCs or Macs for free**.

Students MUST have parent permission granted for Office 365

This form is initially completed at Kindergarten entry or by new students to Mission, and when a student is transitioning from Elementary to Middle, and Middle to Secondary School.





Office 365

Dear Parent/Guardian:

Students will be provided with personal user accounts to create and manage their school assignments through Office 365.

As a school district, we are subject to the BC Freedom of Information and Protection of Privacy Act. This

requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care. , School Principal School Address and Contact Information: **Consent:** Office 365 - I have read the above information from ____ School and understand that when implementing a web-based service we will be creating personal, private accounts for students. I understand that the objective of Office 365 is to enable opportunities to create and manage school assignments. Students who are not granted permission by their parents will not be penalized and alternative assignments will be provided. I consent to my child using Office 365. By signing this Agreement, I on my own behalf or, as applicable, on behalf of my child, understand and agree that: Student's work in Office 365 may be accessed by the student's teachers, school based administrator and you as the invited parent.

*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.

Date

This consent will be considered valid from the date at which it is signed and must be completed another time when the student transitions to the next education level. I also hereby acknowledge that I have read and understood the above

This form must be returned, signed and dated, to the student's school so that an Office 365 account can be created.

Grade

Date

information on Office 365.

Print Name of Student

Signature of Parent or Guardian



Consent Form All About Me

Dear Parent/Guardian:

Albert McMahon Elementary School is going to be using All About Me as a Career Education Resource. Students will be provided with personal user accounts for career education purposes.

As a school district, we are subject to the *BC Freedom of Information and Protection of Privacy Act*. This requires the school district to ensure families provide consent for educational digital resources. This is in accordance with s.26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). Students' creations will be archived as an educational project under the authority of s.27(1)(a)(i) of FOIPPA and only accessible to the student who created it. In accordance with this Act, we must at all times protect the privacy of students under our care.

Mr. Shane Sliziak Albert McMahon Elementary School 32865 Cherry Avenue, Mission BC V2V 2V1

Consent:

underst	ood the above information on t	the Use of <i>All About Me.</i> Grade	Date	
		the Use of <i>All About Me.</i>		
	sent will be considered valid fro	om the date at which it is	signed. I also hereby acknowledge th	nat I have read and
• 9	=	* *	alf of my child, understand and agree udent's teachers, school based admir	
	I consent to my child using	, All About Me.		
penalized	oportunities to explore career ell and alternative assignments w	ducation. Students who ar will be provided. I also reco	dents. I understand that the objective not granted permission by their pargnize that I may be invited to view mem photos that may be posted by my	rents will not be y child's work in All

This form must be returned, signed and dated, to the student's school so that an All About Me account can be activated for the student named above.

Walking Field Trip Permission Form



PLEASE READ CAREFULLY AND COMPLETE, SIGN, DATE AND SUBMIT TO THE CLASSROOM/HOMEROOM TEACHER OR OFFICE

(The consent is in effect for the duration of your child's attendance at a school. PLEASE NOTE: the consent can be revoked at any time by contacting the school)

STUDENT NAME (Print Usual First and Last Name)	GRADE	SCH00L

From time to time during school hours, teachers find opportunities to enhance student learning with walking field trips outside the classroom. These 'walking field trips' may be spontaneous, taking advantage of the weather or to collect or see something in the neighbourhood, and may also occur on a regular basis. Such field trips may include, but are not limited to, the following:

- Nature Walks
- Neighbouring School Events
- Terry Fox Run
- Neighbourhood Improvement Projects
- Fitness Breaks / Walks or Runs for Physical Education Classes
- Use of a Local Community Playing Field, Park, or Tennis Court
- Sketching Classes

SUPERVISION:

The classroom teacher will directly supervise walking field trips. Depending on the grade level and the nature of the activity, additional supervision may be provided by teachers, education assistants, or parents/guardians to meet the supervision requirements outlined in <u>Administrative Procedure: 3.2.1 – Field Trips</u>. At all times, teachers will endeavour to ensure the safety of students during these excursions.

RISK REDUCTION:

Although walking field trips are considered low risk for accidents, or personal injury to students, there are risks that could occur, including falling, danger from cars, and not following teacher instructions/directions. Classroom teachers will discuss behavioural expectations with students and take the appropriate safety precautions before embarking on the walking field trip, to minimize risk and enhance the safety of each student.

PARENT/GUARDIAN WALKING FIELD TRIP CONSENT:

Walking field trips are impromptu in nature, and as such, the school is seeking in advance, informed consent for your child to participate in walking field trips within our school community. Your child's teacher may or may not provide you with notice in advance. These walking field trips are optional and alternate arrangements will be made for students who do not have consent.

Please complete the areas below and submit the <u>full page</u> to the classroom/homeroom teacher <u>or</u> office:				
First and Last Name of Student	(PLEASE PRINT):			
\square YES , I CONSENT to my child	d participating in Walking Fiel	d Trips		
\square NO, I DO \underline{NOT} CONSENT to	my child participating in Wall	king Field Trips		
Name of Parent/Guardian:	(PLEASE PRINT)	Signature of Parent/Guardian:		
Contact No.:	Email:	Date:	(DD-MM-YYYY)	



ALBERT MCMAHON ELEMENTARY SCHOOL

PARENT ASSOCIATION COMMITTEE (PAC)

The PAC needs you. We are in search of parents who wish to be a part of their child's education.

What does the Parent Advisory Committee Do?

We raise funds and provide school programs that help to enhance the experience of students and parents. The fundraisers generate extra funds for computers, smart boards and projects such as the community garden and outdoor learning space, etc.

Some of our most popular programs provided by PAC volunteers are: The Home Reading Club with monthly prizes, a pizza lunch and pancake breakfast; Popcorn Friday's; and our Hot Lunch Program, offering lunches generally once a week.

What will it do for you?

Keep you informed. Gives you information on the programs run during and after school hours. Gives you the knowledge in your child's education and what they are learning. Volunteering your time gives you resources to help your children in their education. You get to know your child's teacher and Principal.

We can accommodate your schedule. We are looking for a wide variety of help. You tell us what you are able to do and we can find the perfect job for you. If you are able to help every month for 1 hour, one week only, one event, one position for 1 year we are in need of you.

Please email PAC at: albertmcmahonpac@gmail.com for further information.

Please sign below to provide permission for your contact information to be used by the PAC to contact you.

Parent Name:	Phone:		
Email:	.		
Child's Name(s):		Div.	

Fruit and Veggie Opt-Out Form

(School Fruit and Vegetable Nutritional Program)



NUTRITIONAL

PROGRAM

PLEASE SUBMIT THIS FORM <u>ONLY</u> IF YOU DO <u>NOT</u> WISH YOUR CHILD TO PARTICIPATE AND/OR IF YOU NEED TO ALERT US TO CERTAIN FOOD ALLERGIES

(The opt-out form is in effect for the duration of your child's attendance at a school and can be revoked at any time by contacting the school).

STUDENT NAME (Print Usual First and Last Name)	GRADE	SCH00L

The schools in our district are fortunate to have been accepted into the BC School Fruit and Vegetable Nutritional Program. Administered by the BC Agriculture in the Classroom Foundation and supported by the Province of British Columbia and the Provincial Health Services Authority, the goal is to encourage healthy eating by providing fresh BC fruits and vegetables to students during class time. Fruits and vegetables contain vitamins, minerals, phytochemicals, antioxidants, and fibre that promote health and prevent disease.

PLEASE NOTE: This snack is not meant to replace food normally consumed at recess or lunch.

For students in grades K-5, there is also the option to have milk (+Milk) delivered along with the fruit and vegetables. A percentage of +Milk delivery will be fortified soy beverage for students with lactose sensitivities.

The students will receive these healthy treats 12 times in the school year at no charge!

To ensure every student's health and safety, please complete and return this form **ONLY** if you do **NOT** wish your child to participate in the program, **AND/OR** if you need to alert us to certain **FOOD ALLERGIES**.

Please Complete the Areas Below and Submit the <u>Full Page</u> to the Classroom/Homeroom Teacher <u>or</u> Office:				
Usual First and Last Name of Student (PLEASE PRINT):				
NO, I do NOT wish my child to participate in the BC School Fruit and Vegetable Program.				
	0 0			
(Grades K-5 Only): NO, I do NOT wish my child to participate in	the K-5 +Will Flog	Talli		
,	MEDICAL ALERT: My child has food allergies you need to be aware of, and therefore, they may not be able to participate in every offering. To assist you, below is information on my child's 'allergy profile'.			
Please list allergy(s) in the area below and define allergy profile(s):				
(For Example: It is airborne It is by ingestion only I	It can be contracted	d through touch/the skin)		
If you require further clarification, please contact me at: Phone:		Email:		
Name of Parent/Guardian:	Signature:			
Name of Parent/Guardian: Signature: Signature:				
Date:				
		(DD-MM-YYYY)		

Welcome to SchoolCashOnline

Fast. Safe. Convenient.

For safety and efficiency reasons, Mission School District would like to reduce the amount of cash & cheques coming into our schools. Please join the thousands of parents who have already registered and are enjoying the convenience of paying ONLINE!

It takes less than 5 minutes to register. Please follow these step-by-step instructions so you will begin to receive email notifications regarding upcoming events involving your child.



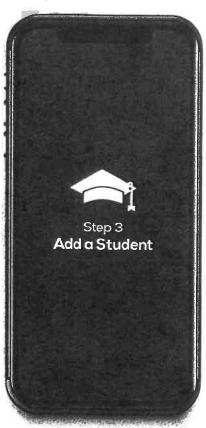


- Enter in your first name, last name, email and create a password.
- ✓ Select a security question.
- Check YES to receive email notifications



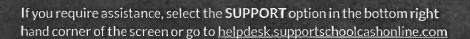
A registration confirmation email will be forwarded to you. Click on the link provided inside the email to confirm your email and School Cash Online account (check spam).

The confirmation link will open the School Cash Online site, prompting you to sign into your account. Use your email address and password to log in.



This step will connect your child to your account.

- a) Enter the School Board Name.
- b) Enter the School Name.
- c) Enter Your Child's First Name, Last Name and Date of Birth.
- d) Select Continue.
- e) On the next page confirm that you are related to the child, check in the **Agree** box and select **Continue**.
- f) Your child has been added to your account.





SchoolCashOnline



Fast. Safe. Convenient.

Welcome to School Cash Online

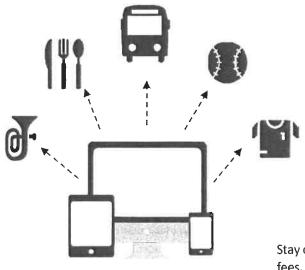
What is School Cash Online?

School Cash Online is an online parent portal that offers a safe, fast and convenient way to pay for school activity fees. The portal is customized to meet your school's needs and allows you as a parent, to add your students, make payments, check current balance/account history, print or view receipts, and receive notifications about upcoming events.

Why Use School Cash Online?

With School Cash Online, you can pay all your student's school fees with the click of a button. Wherever. Whenever. Trips to the school to drop-off cash or sending your student with money will be a thing of the past. School Cash Online also enables you to keep track of your student's school items and activities.

Purchase these items and more online.



Which Payment Methods are Accepted?



Credit Card

Pay with Visa or MasterCard on School Cash Online by entering your credit card number, CVV number (the three digits on the back of your card), card expiry date, and billing information.



eCheck

An electronic version of a paper cheque used to make payments online. Anyone with a chequing or savings account can pay by eCheck through School Cash Online.

How to Register

Follow these instructions to create your School Cash Online account today.

Create Your Profile:

Go to https://mpsd.schoolcashonline.com and click on "Get Started Today".

2

Confirm Your Email:

Check your inbox for the email confirmation and click on the link inside. Sign in with your new login details.

Add a Student
Click "Add Stud

Click "Add Student" and fill in the required fields with your child's details.

Stay connected by selecting "Yes" to email notifications about upcoming fees.







I want to receive email notifications for new fees assigned to my student and updates on school-related activities.