



Student Registration Form
Personal Data & Health Information
School Year: _____

The information requested on this form is being collected pursuant to the school Act, Section 18, Alberta Regulation 213/88 and Alberta Regulation 175/93 and the Freedom of Information and Protection of Privacy Act, Sections 32 (c), 37 (b) and 38 (c). Information acquired through this form is kept secure and access is restricted.

A. Student Information

Bus Number _____

Legal Name: _____ Sex: M F
Surname Legal Surname Given Name
(leave blank if same)

_____ Birthdate: _____
Middle Name Usual Name Year Month Day

Age as of Sept. 1 _____ Entering Grade: _____

Entry to Elementary School _____ Entry date to this School _____
Date

Origin School _____

Student Address

Telephone no. (normal home location) _____

Mailing Address: Box Town Postal Code

Residential Number St or Ave
Address (as indicated on your power bill)

Rural Address: Lot Block and Plan

OR

Quarter _____ Section _____ Township _____ Range _____ Meridian _____

Student Resides with: (please check)

- Mother & Father Mother Only Father Only Independently
- Mother & Stepfather Father & Stepmother Guardian Other _____

A copy of the Student Birth Certificate or Visa Immigration Documentation is required for all students

CUSTODY: In some instances a child is designated as a "Protected" student if a court has issued an order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. Please indicate if the school administration should be aware of any Court Order for the protection of your child.

Yes No If "Yes", please discuss this situation with the school administration. A copy of the Court Order or any other legal document shall be supplied.



B. Parents

Mothers Name _____ Fathers Name _____

Marital Status _____ Marital Status _____

Employer Information _____ Employer Information _____

Employer Name _____ Employer name _____

Employer Phone No. (780) _____ Employer Phone No. (780) _____

Address _____ Address _____

Mailing Address (if different) _____ Mailing Address (if different) _____
 Same as Student Same as Student

E-mail Address _____ E-mail Address _____

Cell Phone: _____ Cell Phone _____

The above information is being collected to enable schools to direct Communications to an appropriate address.

C. Guardian(s) if applicable:

Guardian's Name(s): _____

Employer's Name: _____ Employer's Phone No. (780) _____

Telephone Number: _____ - _____ - _____

Address: _____ Mailing Address(if different): _____

E. Emergency Contact:

In case of emergency, school closure, or inclement weather, or if no one answers the home telephone number, please provide us with names, addresses and phone numbers of the contacts.

Contact	Name	Phone Number	Address
Emergency Contact #1			
Emergency Contact #2			



Section 23 Health Information:

Please contact the school with health conditions that may affect the student at school or on the bus (asthma, epilepsy, diabetes, rheumatic fever, allergies, medication taken, etc.)
Please write "None" if student is normally healthy
Should this information change during the school year, please notify the school

Health Conditions School Should be aware of: _____

Family Doctor's name: _____ Town: _____ Telephone: (780) _____

Student's Personal Health No. _____

ENROLLMENT INFORMATION

Citizenship of Student:

First Language _____ Born in Canada Yes
No

- Canadian Citizen
- Child of Canadian Citizen (child not a Canadian Citizen)
- Permanent resident/landed immigrant
- Child of permanent/temporary resident
- Other, Please specify _____
- Cree Chipewyan French Other _____

Last School Attended

Name of School: _____ Grade: _____

Address: _____ Postal Code: _____

Phone No. (780) _____ Email address: _____

If you know the name of the School District in which you reside, please indicate here: _____

**Acceptance of Registration
For Office use only:**

- Resident student: Registration accepted Student I.D. No. _____
- Non Resident Student: Registration accepted Alberta Education I.D. No. _____
- Non Resident Student: Registration Not Accepted Copy of Birth Certificate Provided: _____

School: _____ Locker No: _____

Grade Level: _____ Bus Route: _____

Homeroom: _____ Bus Driver: _____

Teacher: _____ Resident School Board: _____



<p><u>Aboriginal Heritage:</u></p> <input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non Status Indian/First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	<p><u>If Treaty Indian:</u></p> Band No. _____ Family No. _____ Individual No. _____ Living on Reserve: <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><u>Living on Reserve</u></p> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Alberta Learning is collecting this personal information pursuant to Section 33C of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 – 102 Street, Edmonton, AB, T5J 4L5, (780) 427-8501.

Northland School Division No. 61

Section 23 Francophone Education Eligibility Declaration

Citizens of Canada

- whose first language learned and still understood is French; or
- who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or
- of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.

A. According to the criteria described previously and as set out in the *Canadian Charter of Rights and Freedoms*, are you eligible to have your child receive a French first language (Francophone) education? (Please place an X in the appropriate box.)

Yes No Do not know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

Yes No

To exercise your Section 23 rights, you must enroll your child with the Francophone Regional authority listed below:

- The Northwest Francophone Education Region No. 1 - St. Isidore (780) 624-8554

Please note that this information must be kept in the student's record.

Authorization

To the best of my knowledge, the above information is accurate and complete.

- I authorize the release of this information to the Regional Health Authority
- I authorize the release of my child's name, address and phone numbers to the Local School Board Committees.
- In the event my child is transferred to another school, I authorize the release of this information to the receiving school.
- In the event of an emergency, such as a sudden illness or accident and the parent/guardian cannot be contacted by telephone, school personnel have my permission to take my child to our family doctor, or another available doctor.
- I authorize the release of this information to Alberta Learning for funding purposes

 Signature of Parent/Guardian

 Date

**Freedom of Information and
Protection of Privacy Provisions
Relating to the Collection of Information**



School Year: _____

Student Name: _____

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The information collected on this form as part of the school registration process is personal information as referred to in the Freedom of Information and Protection of Privacy (*FOIP*) Act, which becomes effective for Alberta School Districts on September 1, 1998. This personal information is collected pursuant to the provisions of the *School Act* and its regulations, and pursuant to section 32(c) of the *FOIP Act* as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment. The *FOIP Act* requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act. **This includes many activities and procedures that are part of normal school community interaction, such as:**

- 1) Individual photos that are taken;
- 2) Photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and busses;
- 3) Class and team photos that are taken and used within the school;
- 4) Student name and description of activities that are used in the school newsletter and other school communications;
- 5) Student name, photograph and write-up that are included in school yearbook (if one is produced);
- 6) Student names that are included in an honor roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
- 7) Media photographs or videos of classrooms and school activities, where individual students can not be identified, may be taken and used by the media;
- 8) Student names that are used on artwork, written material, or other items to be displayed in the school;
- 9) The use of student names, related contact information and phone numbers for classroom reps and school council;
- 10) The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the board applies on a student's behalf;
- 11) The use of student names and relative contact information for the Public Health Authorities.
- 12) Other similar activities within the school.

Computer generated or



handwritten

**Freedom of Information and
Protection of Privacy Provisions
Relating to the Collection of
Information**

School Year: _____

Student Name: _____

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Parents/Guardians are required to sign the appropriate form for the following activities:

- 1) Photographs or videos taken by the media or any other organization where individual students are identified or instances where students are interviewed.
- 2) Photographs or videos taken by the Division where the material will be used outside of the school system.
- 3) Release of student names outside of the school.
- 4) Copyright for artwork or creative writing which will be reproduced for use outside of the classroom.

Please note that photos and or videos of school activities that are open to the general public may not restrict such activity at public events.

If you have any questions or concerns regarding the collection of information, or intended use of information, please contact Mr. Richard Baier, FOIPP Coordinator, at the Northland School Division office, 624-2060.

I have read and understand the uses that will be made of the personal information as listed above, and I have provided the required information on the Registration Form to the best of my knowledge.

Signature

Print Name

Date



Freedom of Information and Protection of Privacy Provisions Consent to Disclose Personal Information

Student Name: _____ Page Seven

Freedom of Information and Protection of Privacy Regulation, A.R. 200/95 as amended, Section 6)

Personal Information about your child(ren) that is collected through the registration process is frequently used by the school in a variety of ways as part of the normal educational operation of the school and the Division. This consent form is to be completed in the following circumstances.

- a) The use of the student's address and telephone number for the purpose of fundraising by the school.
b) The taking of individual/group photos and the use of names in school calendars, yearbooks, newsletters.
c) The use of student names on lists such as honor rolls, awards, field trips, teams, programs for school sponsored events such as graduation, concerts, and such similar school events.
d) Creation of phone lists for teachers in the event they must contact parents/legal guardians.
e) Creation of parental phone lists needed for activities or programs.
f) Videotaping for disciplining purposes of a group or individual student when being transported on a school bus to and from school and/or on extra-curricular activities.

I, _____ hereby give my consent to the school to use
Name of Parent/Guardian

- Information as collected on the Registration Form:
[] Section A - Student Information
[] Section B - Parental Information
[] Section C - Guardian Information
[] Section D - Emergency Contacts
[] Section E - Last School Attended
[] Section F - Health Information
[] Section G - Other Information
[] All Information

for the educational purposes specified above except items:

- [](a) [](b) [](c) [](d) [](e) [](f)
(please check applicable exceptions, if any)

Signed this _____ day of _____
Day Month, Year

Parent/Legal Guardian or Independent Student



**Freedom of Information and
Protection of Privacy Provisions
Consent to Disclose Personal Information
Photos/Videos**

**Student Name: _____
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Freedom of Information and Protection of Privacy Regulation
A.R. 200/95 as amended, Section 6).

This consent form is to be completed in the following circumstances:

- When photos and/or videos are taken by the media or an outside organization or when interviews are undertaken where individual students are identified by name.
- When photos and/or videos are taken by the board/school where individual students are identified and the material is to be used for purposes inside or outside the school.

I, _____ hereby give consent
Name of Parent/Legal Guardian, Independent Student

For _____ to be
Name of Student, if not Independent Student

- Interviewed by
- Photographed by
- Videotaped by

Name of Organization

for the purpose of: (indicate the purpose of the photographs, videos, or interviews and how this information may be used):

Signed this _____ day of _____
Day Month, Year

Parent/Legal Guardian or Independent Student

Computer generated or handwritten



**Freedom of Information and
Protection of Privacy Provisions
Copyright Release Form**

Student Name: _____
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Student Name: _____

I hereby grant permission to _____ on behalf of my
(Name of School)

children, _____ to (please check
(Name(s) of Student(s))

appropriate boxes):

_____ Record and Tape my child(ren)

_____ Display any of my child(ren)'s work

_____ Reproduce any of my child(ren)'s work

_____ Photograph or other representation of one child(ren)

for non-profit, educational purposes. I understand the production(s)/work(s) may be shown at education displays during open house, in-service sessions and other school related activities at school or school board sites or at school or school board sponsored displays in the community, or used in a school publication.

Signed this _____ day of _____ 20

Parent/Legal Guardian or Independent Student