

# STUDENT REGISTRATION FORM 2018-2019

HÉRITAGE (Catholic school)     NOUVELLE FRONTIÈRE     QUATRE-VENTS

REGISTRATION: (Please Circle)      K   1   2   3   4   5   6   7   8   9   10   11   12

## ELIGIBILITY

*According to section 23 of the Canadian Charter of rights and freedoms, a student is eligible to enroll in a francophone school if one of his or her parents meets at least one of the following criteria.*

Please check Yes or No for each statement.

1. One of the parent's first language learned and still understood is French;  Yes  No
2. One of the parent's primary education was in a French First Language school in Canada;  Yes  No
3. One of the parents has a child who has received or is receiving primary or secondary instruction in a French First Language school in Canada.  Yes  No

**If none of the above criteria is met, please continue to the next section: Exceptional circumstances.**

**EXCEPTIONAL CIRCUMSTANCES** (*in accordance with School Board policy*) – Meeting one of these conditions is a first step in applying for eligibility under the conditions of the Admission Policy of the School Board and its' administrative procedures. Please check statements which apply to student.

- A parent or grandparent is of French heritage and would like their child/grandchild to reintegrate French culture and identity into their lives.
- A parent would like his/her child to maintain their French language, culture, identity. (i.e. a permanent resident or immigrant to Canada.)
- A student who had been enrolled previously in an Immersion Program and whereas a French Immersion program is not available in the community where a francophone school under the jurisdiction of the Conseil scolaire du Nord-Ouest N° 1 is located.

**If student meets one of the above conditions, please complete the form and contact the school principal to continue the Exceptional Circumstances admission application process.**

## STUDENT INFORMATION (Please print)

Student's Last Name: \_\_\_\_\_ Student's Other Family Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Student's Middle Name or Initial: \_\_\_\_\_

Date of Birth (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_       Copy of Birth Certificate (Required)

Gender:  M  F

Citizenship:  Canadian  Other \_\_\_\_\_  Visa or other documentation: \_\_\_\_\_ (Please attach a copy)

Student Address and Legal Description or residence:

Street # or legal description

City or Town

Province

Postal Code

## MEDICAL INFORMATION

Alberta Health Care Number: \_\_\_\_\_

Medical conditions (allergies, speech/language difficulty, other) Please provide details below:

Allergies             yes    no   If yes, specify: \_\_\_\_\_  
Language difficulties    yes    no   If yes, specify: \_\_\_\_\_  
Epilepsy             yes    no   \_\_\_\_\_  
Other                    yes    no   If yes, specify: \_\_\_\_\_

Please indicate if your child needs a:

ASTHMA / INHALER:    Yes    No            EIPEN:    Yes    No            MEDICATION:    Yes    No

If yes, you must complete and sign the **“Request to administer medication or medical care”** Form. See **Appendix C**.

Please provide any other information regarding the health and safety of your child:

## PARENT(S)/GUARDIAN(S)

The student resides with:    Mother and Father    Mother    Father    Guardian    Other

\_\_\_\_\_  
NAME OF MOTHER/LEGAL GUARDIAN            Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
home    work    cell

Mailing Address of Mother/Legal Guardian: \_\_\_\_\_  
Street # or PO Box                          City or Town                          Province                          Postal Code

Legal description of residence: \_\_\_\_\_            Email\*: \_\_\_\_\_  
(\*See Appendix D)

\_\_\_\_\_  
NAME OF FATHER/LEGAL GUARDIAN            Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
home    work    cell

Mailing Address of Father/Legal Guardian: \_\_\_\_\_  
Street # or PO Box                          City or Town                          Province                          Postal Code

Legal description of residence: \_\_\_\_\_            Email: \_\_\_\_\_  
(\*See Appendix D)

## LANGUAGES SPOKEN

Language(s) spoken by the mother:    French    English    Other(s), specify: \_\_\_\_\_

Language(s) spoken by the father:    French    English    Other(s), specify: \_\_\_\_\_

Language(s) spoken by the child:    French    English    Other(s), specify: \_\_\_\_\_

Language(s) spoken in the home:    French    English    Other(s), specify: \_\_\_\_\_

## OTHER EMERGENCY CONTACT(S): Please identify at least one emergency contact:

\_\_\_\_\_  
Full Name of contact person            Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
home    work    cell

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHYSICAL ADDRESS, INCLUDING LEGAL DESCRIPTION OF RESIDENCE: \_\_\_\_\_

**BUS TRANSPORTATION**

Need bussing?  No  YES – See **Appendix B**

**ABORIGINAL SELF-IDENTIFICATION**

If you wish to declare the student is Aboriginal, please select one:

First Nation (status)  First Nation (non-status)  Métis  Inuit

For further information, please refer to: <https://education.alberta.ca/system-supports/results-reporting/> or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by the school board, please contact the School Board Superintendent at [brigittekropielnicki@csno.ab.ca](mailto:brigittekropielnicki@csno.ab.ca) or 1-866-780-8855.

**ALBERTA HUMAN RIGHTS ACT (SECTION 11.1)**

Section 11.1 of the Alberta Human Rights Act states that school boards (including charter schools) must notify parents when curricula, courses, teaching materials, teaching or activities include material dealing primarily or explicitly with religion, human sexuality or sexual orientation.

Teachers will send a notice and an exemption form to parents for courses that contain material dealing mainly with and openly of religious and human sexuality.

**GUARDIANSHIP, CUSTODY, ACCESS**

If an order exists affecting guardianship, custody or access under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act* or the *Young Offenders Act*, please indicate whether the principal should be informed.

No  Yes (If yes, please discuss the details with the principal and provide a legal copy of the Order to the school.)

**SCHOOL HISTORY: (schools attended starting from most recent)**

Name of School	City/Town	Province	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Personal information is collected under the authority of Section 23 of the Alberta School Act pursuant to Article 32c of the Freedom of Information and Protection of Privacy Act (FOIPP). For more information, please contact the Secretary Treasurer at CSNO at (780) 624-8855 or 1-866-624-8855.*

**DECLARATION**

I accept the philosophy, policies, appendices A & B (Freedom of Information and Protection of Privacy Act - FOIPP and Bus Transportation), the school fees, the rules of the Conseil scolaire du Nord-Ouest N° 1.

I hereby declare the above information to be true, correct and complete.

\_\_\_\_\_  
**Signature (parent/guardian/independent student)**

\_\_\_\_\_  
**Date**

## APPENDIX A

### FREEDOM OF INFORMATION AND PROTECTION OF POLICY ACT (FOIPP)

#### Please read the following carefully before signing the Student Registration Form

Since September 1, 1998, all school boards in Alberta are subject to the Freedom of Information and Protection of Policy Act (FOIPP). The FOIPP Act sets out policy and regulations regarding the collection, use, protection and disclosure of personal information.

The personal information collected on the Student Registration Form is used to deliver an educational program and ensure a safe and secure school environment. Information will be used in the following circumstances:

- The use of the name, photo and comments of a student in the school newsletter, the yearbook, or any other publication of the school or the school board.
- The use of video footage, individual photos, class photos, team photos or club photos for school purposes.
- The use of photos or videos of school or class activities taken by the media where the students are not easily identifiable.
- The use of the name, grade and photo of a student in school activities such as athletics, art displays or celebrations.
- The use of the name and date of birth of a student to recognize a birthday.
- The use of the name of a student on a poster or other work displayed at a school or the school board or another location as designated by the school or school board.
- The disclosure of information to local Regional Health Authorities for vaccination and health purposes.
- The use of the name of a student for honour roll, during the graduation ceremonies, for scholarships or other acknowledgements from the school board.
- The use of the name of a student and educational information necessary to determine his/her eligibility for scholarships, provincial or federal awards or other awards for which the school or school board applies on behalf of the student.
- The use of the name of a student, those responsible for the student and their phone numbers to verify a student's absence.
- The use of the name of a student, those responsible for the student and their phone numbers for transportation and emergency purposes.
- The disclosure of the medical information of a student with serious or life-threatening medical conditions.
- The disclosure of the name of a student, those responsible for the student, telephone numbers and addresses to the School Council for communication purposes.

*Article 23 of the Alberta School Act conforms to Article 32(c) of the Freedom of Information and Protection of Privacy Act (FOIPP) and its provisions apply.*

In the event that an activity not listed above necessitates the publication of personal information, a request for authorization will be sent to you.

## APPENDIX B

### BUS TRANSPORTATION

*If you require transportation, please read the information for the school in which your child is enrolled.*

**École Quatre-Vents:** The Conseil scolaire du Nord-Ouest maintains a transportation agreement with the Peace River School Division # 10. P.R.S.D. # 10 provides transport for all students enrolled at École Quatre who live more than 2.4 kilometres from the school. **Parents who require transportation are asked to contact Peace River Bus Garage directly at 780-624-3006.** Employees there will provide you with information regarding your child's bus stop location, boarding time and drop off time.

**École Nouvelle Frontière:** The Conseil scolaire du Nord-Ouest manages transportation services for École Nouvelle-Frontière. Transportation is provided by First Student Canada. First Student Canada ensures transportation safety by applying safety regulations with vigilance and professionalism. **Please fill out the form below.** A bus driver will contact you and inform you of your child's bus stop location, boarding time and drop off time.

**École Héritage:** The Conseil scolaire du Nord-Ouest manages transportation services for École Héritage. Transportation is provided by contracted bus drivers who ensure transportation safety by applying safety regulations with vigilance and professionalism. **Please fill out the form below.** A bus driver will contact you and inform you of your child's bus stop location, boarding time and drop off time.

**\* For more information on the CSNO's school transportation guidelines (i.e. costs, boarding times and locations, responsibilities, etc.) please consult the administrative directive 560, School Transportation, on the CSNO website at: [www.csno.ab.ca](http://www.csno.ab.ca).**

#### Please complete this section if your child requires transportation.

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address and Legal Description or residence:

Street # or legal description	City or Town	Province	Postal Code
-------------------------------	--------------	----------	-------------

MORNING ADDRESS - (going to school)

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

AFTER SCHOOL ADDRESS - (return from school)

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

Special needs (Detail here): \_\_\_\_\_

**Emergency Contacts** (At least 2 names/please include home and cell phone numbers):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone numbers (work / home / cell)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone numbers (work / home / cell)

**REQUEST TO ADMINISTER MEDICATION OR MEDICAL CARE**

The personal information on this form is collected under the terms of section 33 c) of the Freedom of Information and Protection of Privacy Act (FOIPP). This information will be used only for the administration of medical care as described below. If you have any questions concerning the collection or use of this information, please contact the Treasurer of the Conseil scolaire du Nord-Ouest at 780-624-8855.

**INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Health Insurance Number: \_\_\_\_\_

Designated medical establishment/hospital and/or name and phone number of physician: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

Name of legal parent(s)/tutor(s) : \_\_\_\_\_

Legal address: \_\_\_\_\_

Telephone : Home: \_\_\_\_\_ Work (mother): \_\_\_\_\_

Cell: \_\_\_\_\_ Work (father): \_\_\_\_\_

**ALTERNATE CONTACT (IN CASE OF EMERGENCY)**

Name : \_\_\_\_\_ Telephone : \_\_\_\_\_

Legal address : \_\_\_\_\_

**PARENTAL REQUEST**

I, \_\_\_\_\_, authorize the personnel of \_\_\_\_\_

Name of parent/guardian Name of school

to administer medicine or medical care to: \_\_\_\_\_

Name of Student

Name of medication	Dose	Frequency
<input type="checkbox"/> A copy of pharmaceutical information (including a description of side effects) has been provided to the school.		

Name of medication	Dose	Frequency
<input type="checkbox"/> A copy of pharmaceutical information (including a description of side effects) has been provided to the school.		

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Parent/Guardian**

## AUTHORIZATION TO USE ELECTRONIC COMMUNICATIONS

The new Canadian Anti-Spam Legislation \* (CASL) came into force on July 1<sup>st</sup>, 2014. Since then, we can no longer send electronic communications that might contain "commercial" content without your permission. (\*For more information visit the website: <http://fightspam.gc.ca>)

In order to facilitate communication within the school community, the Conseil scolaire du Nord-Ouest (CSNO) and the school wish to contact you by email. Messages will be sent by the school (occasionally by the principal, a staff member or the School Board) and may include: announcements, calendars, invitations, important messages, forms, etc.

**Since these electronic messages may contain various offers, fees, sales or events of financial nature related to school life, we need your consent to contact you by email.**

PLEASE COMPLETE AND INCLUDE THIS FORM WITH REGISTRATION FORM

### REQUEST FOR CONSENT

Name of parent(s) / Tutor(s):

---

---

**Please check one of the following options:**

- I agree to receive electronic communications, which include news, updates and important messages concerning the activities of the school and the CSNO to the following email address(es): (PLEASE PRINT EMAIL ADDRESS BELOW)

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

**N.B. It will be possible to withdraw your consent at any time.**

- I do not agree to receive email communications from the school or CSNO.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For more information :**

**Conseil scolaire du Nord-Ouest N°1**  
CP 1220 Saint-Isidore (Alberta) T0H 3B0  
Telephone : 780 624-8855 / Toll free: 1 866 624-8855 [www.csno.ab.ca](http://www.csno.ab.ca)