

STUDENT REGISTRATION FORM 2019-2020 - PRÉMATERNELLE

- ÉCOLE HÉRITAGE (Catholic school) (800 \$) ÉCOLE QUATRE-VENTS (800 \$)
- ÉCOLE NOUVELLE FRONTIÈRE: MORNING OR AFTERNOON (1 000 \$)

WHO CAN ATTEND FRANCOPHONE PRESCHOOL?

- Children who are at least 3 ½ years of age and who are able to use the toilet unassisted.

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.

- One of the parent's first language learned and still understood is French; Yes No
- One of the parent's primary education was in a French First Language school in Canada; Yes No
- 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 child.

- 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 one of the above conditions is met, please complete the form and contact the school principal to continue with 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 **EPIPEN:** Yes No **MEDICATION:** Yes No

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

Is the vaccination program up to date? Yes No

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

I have completed and joined the Request to Administer Medical Care In Case Of Emergency Form.
 See **Appendix C. (REQUIRED)**

PARENT(S)/GUARDIAN(S)

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

_____ **Telephone:** _____ / _____ / _____
 NAME OF **MOTHER/LEGAL GUARDIAN** 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 E)

_____ **Telephone:** _____ / _____ / _____
 NAME OF **FATHER/LEGAL GUARDIAN** 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 E)

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:

_____ **Telephone:** _____ / _____ / _____
Full Name of contact person 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 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.)

PAYMENT

The Conseil scolaire du Nord-Ouest offers the preschool program at an affordable cost to parents. A non-refundable deposit of \$100 is required with each Registration Form. Please also provide payments (post-dated cheques or money order) to cover the balance of the Registration Fee. **See Appendix F.**

(If you are making a request for a "STUDENT ADMISSION - EXCEPTIONAL CIRCUMSTANCES," please pay only when your request has been approved.)

- I have completed and joined the « Method of Payment Form ». See **Appendix F (REQUIRED)**
- I am submitting an application for «Student Admission - Exceptional Circumstances».

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 & SIGNATURE

I accept the philosophy, policies, appendices A, B, C & E (FOIPP, Bus Transportation, Request to Administer Medical Care In Case Of Emergency Form & Method of Payment), 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

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 - PRÉMATERNELLE

For PRESCHOOL CHILDREN:

- Child must be 3 ½ years old BEFORE September 1st of the registration year to benefit from the transportation service.
- Transportation is provided in the mornings only; parents are responsible for return transportation home.
- Children must be able to understand and follow all safety rules (ex. child must stay seated).

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. **Parents who require transportation are asked to 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. **Parents who require transportation are asked to 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.**

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) : _____

After school address - (return from school) : _____

Special needs (Detail here): _____

Emergency Contact (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 MEDICAL CARE IN CASE OF EMERGENCY

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: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name of legal parent(s)/tutor(s) : _____

Legal address: _____

Telephone : Home _____

Cell (mother) _____

Work (mother) _____

Cell (father) _____

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 emergency medical care or to call emergency medical services (ambulance) for:

Name of Student

In case of emergency:

1. Administer first aid
2. Call emergency medical service (911)
3. Contact parent or emergency contact

Date

Signature of Parent/Guardian

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 _____
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A copy of pharmaceutical information (including a description of side effects) has been provided to the school.

Name of medication _____	Dose _____	Frequency _____
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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 1st, 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. This information will also be available on the school's website. **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

APPENDIX F- REQUIRED

METHOD OF PAYMENT

Please complete the section for the school in which your child is enrolled.

École Héritage: 4 half days per week / \$800 for the year

- I've joined a \$100 non-refundable deposit with this registration form. (Required)

To pay the \$700 balance of the registration fee, **please choose one of the following options:**

- I have joined a payment of \$700 to pay the balance of the registration fee.
- I have joined post-dated cheques (minimum \$100 per month, dated on the 1st and starting in September) to pay the balance of the registration fee.
- I commit to delivering money orders (minimum \$100 per month, starting in September) on the 1st of the month to pay the balance of the registration fee.

École des Quatre-Vents: 4 half days per week / \$800 for the year

- I've joined a \$100 non-refundable deposit with this registration form. (Required)

To pay the \$700 balance of the registration fee, **please choose one of the following options:**

- I have joined a payment of \$700 to pay the balance of the registration fee.
- I have joined post-dated cheques (minimum \$100 per month, dated on the 1st and starting in September) to pay the balance of the registration fee.
- I commit to delivering money orders (minimum \$100 per month, starting in September) on the 1st of the month to pay the balance of the registration fee.

École Nouvelle Frontière: 5 half days per week / \$1,000 for the year

- I've joined a \$100 non-refundable deposit with this registration form. (Required)

To pay the \$900 balance of the registration fee, **please choose one of the following options:**

- I have joined a payment of \$900 to pay the balance of the registration fee.
- I have joined post-dated cheques (minimum \$100 per month, dated on the 1st and starting in September) to pay the balance of the registration fee.
- I commit to delivering money orders (minimum \$100 per month, starting in September) on the 1st of the month to pay the balance of the registration fee.

Name of child

Name of parent / tutor

Date

Signature of parent / tutor