

## STUDENT REGISTRATION FORM 2020-2021 - PRÉMATERNELLE

- ☐ ÉCOLE HÉRITAGE (Catholic school) (800 \$)      ☐ ÉCOLE QUATRE-VENTS (800 \$)
- ☐ ÉCOLE NOUVELLE FRONTIÈRE: (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	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: _____
Language difficulties	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, specify: _____
Epilepsy	<input type="checkbox"/> yes <input type="checkbox"/> no	
Other	<input type="checkbox"/> yes <input type="checkbox"/> 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:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other(s), specify: _____
Language(s) spoken by the father:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other(s), specify: _____
Language(s) spoken by the child:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other(s), specify: _____
Language(s) spoken in the home:	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> 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: \_\_\_\_\_

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## BUS TRANSPORTATION

Child must be 3 years and 8 months old BEFORE September 1<sup>st</sup> of the registration year to benefit from the transportation service.

Need bussing? ☐ No ☐ Yes – See **Appendix B** for details.

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## 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.

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## 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.

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## 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.)

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## PAYMENT

The Conseil scolaire du Nord-Ouest offers the preschool program at an affordable cost to parents. A minimum payment of 50% of the Registration Fee is required by September 15, 2020 and the balance is to be paid by January 15, 2020. 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.*

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## 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.

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

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**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 56 of the Alberta Education 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 years and 8 months **BEFORE** September 1<sup>st</sup> 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](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) : _____			
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
<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**

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**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. 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.**

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PLEASE COMPLETE AND INCLUDE THIS FORM WITH REGISTRATION FORM

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**REQUEST FOR CONSENT**

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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)



## 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

The terms of payment for the Registration Fee are:

- Payment in full of \$800 Registration Fee before September 15, 2020.  
or
- Minimum payment of \$400 before September 15, 2020 and second payment for the balance of the Registration Fee, no later than January 15, 2021.

Payments can be made by check, Interac transfer or money order.

☐ I agree to respect the terms of payment of the registration fees.

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

The terms of payment for the Registration Fee are:

- Payment in full of \$800 Registration Fee before September 15, 2020.  
or
- Minimum payment of \$400 before September 15, 2020 and second payment for the balance of the Registration Fee, no later than January 15, 2021.

Payments can be made by check, Interac transfer or money order.

☐ I agree to respect the terms of payment of the registration fees.

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

The terms of payment for the Registration Fee are:

- Payment in full of \$1,000 Registration Fee before September 15, 2020.  
or
- Minimum payment of \$500 before September 15, 2020 and second payment for the balance of the Registration Fee, no later than January 15, 2021.

Payments can be made by check, Interac transfer or money order.

☐ I agree to respect the terms of payment of the registration fees.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Name of parent / tutor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent / tutor