

Registration and Student Information



Notice to Parent or Guardian of Religious Permeation

The *Alberta Human Rights Act* requires a school board to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion. All of the schools in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and the teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

Designated School: _____ **Requested Start Date:** _____

Student Information

School ID#:

ASN#:

Legal Surname:	Legal Given Name:	Legal Middle Name:
Also Known as Surname (if different than above)	Also Known as Given Name:	Phone Number (Home):
Grade Entering:	Date of Birth: (MM/DD/YYYY)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

Please attach a copy of Student's Birth Certificate for verification of Legal Name, Birth date and Citizenship.

Mailing Address/P.O Box # (if applicable):	City:	Province:	Postal Code:
Street/911/Rural Address: (Rural example: #246, 53068 Range Road 224 or 23456 Township Road 512)			
Subdivision:	Kindergarten Program Requested: (Please Check One <input checked="" type="checkbox"/> ECS/AM <input type="checkbox"/> ECS/PM <input type="checkbox"/> ECS/Full Day M/W <input type="checkbox"/> ECS/Full Day T/T <input type="checkbox"/>		
English <input type="checkbox"/> Ukrainian Bilingual <input type="checkbox"/> French Immersion <input type="checkbox"/>			
Boundary Exemptions will be considered on an individual basis. Please state reasons for request.			
* School of Choice and / or Transportation fees may apply.			
Do you require bus service? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete and attach a transportation request form.			

Student Sacramental Information

This information will be used in conjunction with the Division's Religious Education Programs in cooperation with the Catholic Parish.

Religion of Student: Roman Catholic <input type="checkbox"/> Ukrainian Catholic <input type="checkbox"/> Non-Catholic <input type="checkbox"/>
Sacraments Celebrated: (Please check all that apply <input checked="" type="checkbox"/> Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation (Confession) <input type="checkbox"/> Confirmation <input type="checkbox"/>
If your child has been baptized in the Catholic Church, please <u>attach a copy</u> of his/her Baptismal Certificate.

Special Needs Information

Does your child have any physical, intellectual, behavioral or emotional needs which may require additional educational assistance, modification, or adaption beyond the regular educational program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe in space below:

Custody Information

NOTE: If a custody order or other legal document governing the custody or guardianship of your child exists, please discuss this situation with the school administration. **Legal documentation will be required and must be placed in the student record.**

Does a guardianship order exist for this student? Yes No If yes, which type? Temporary Permanent Other

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act*, the *Corrections Act*, the *Corrections and Conditional Release Act* (Canada), the *Youth Justice Act* or the *Youth Criminal Justice Act* (Canada). Is a Court Order for the protection of your child in place? Yes No

Parent/Guardian Information

Student Lives With: (Please Check One)

Both Parents Mother Only Father Only Shared Custody Guardian Foster Home Independent

Parent/Guardian 1 Surname:	Parent/Guardian 1 Given Name:	Catholic: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to Student
Parent/Guardian 1 Home Phone:	Parent/Guardian 1 Work Phone:	Parent/Guardian 1 Cell Phone:	
Parent/Guardian 2 Surname:	Parent/Guardian 2 Given Name:	Catholic: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to Student
Parent/Guardian 2 Home Phone:	Parent/Guardian 2 Work Phone:	Parent/Guardian 2 Cell Phone:	
Parent/Guardian 2 Alternate Address (if Shared Custody)			
Parent/Guardian 1 Email Address:		Parent/Guardian 2 Email Address:	
Must be a <u>direct phone line</u>, extensions cannot be used			
Direct Emergency Phone # Parent/Guardian 1		Direct Emergency Phone # Parent/Guardian 2	

Emergency Contact Information

#1 Emergency Contact Person (If parent/guardian is unavailable)	Name:	Relationship to Student:
Home Phone:	Work Phone:	Cell Phone:
#2 Emergency Contact Person (If parent/guardian is unavailable)	Name:	Relationship to Student:
Home Phone:	Work Phone:	Cell Phone:

Medical Information

Does your child have any medical conditions the school should know about? Yes No If yes, please specify:

Is your child a member of MedicAlert®? Yes No If yes, Medic Alert #

Citizenship of Student

Canadian Permanent Resident/Landed Immigrant Student Study Permit Child of Canadian Citizen

Child of Individual Lawfully Admitted to Canada for Permanent or Temporary Residence Other

Entry into Canada
(MM/DD/YYYY):

Student Study Permit Expiry Date
(MM/DD/YYYY):

Parent Work Permit Expiry Date
(MM/DD/YYYY):

(Attach Copy if applicable)

(Attach Copy if applicable)

Previous School(s) Attended & Dates of Enrollment

Name of School (Most Recent):		Dates Attended:	From (MM/DD/YYYY):
City and Province	Postal Code		To (MM/DD/YYYY):
Name of School:		Dates Attended:	From (MM/DD/YYYY):
City and Province	Postal Code		To (MM/DD/YYYY):

Aboriginal Declaration

If you wish to declare that your child is an Aboriginal person, please specify:

Status Indian/First Nations Non-status Indian/First Nations Metis Inuit

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (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. Alberta school boards are also collecting this information pursuant to the same section in conjunction with section 2(1)(t) of the Student Record Regulation and for the same purposes. This information will also be used to determine the provincial First Nations, Metis and Inuit Funding Allocation provided to school authorities.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501. If you have questions regarding the collection activity by the Elk Island Catholic Separate School Board, please contact Mr. Robert Simonowits, Assistant Superintendent – Student Services, Elk Island Catholic Separate School Board at (780) 467-8896.

Francophone Rights

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms the following applies:
Citizens of Canada

- whose first language learned and still understood is French, or
- who have received their primary school instruction in Canada in French or
- of whom any child has received or is receiving primary or secondary instruction in French in Canada,

have a right to have their children receive primary and secondary instruction in French.

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.

According to this criteria above 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

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education? (Please place an x in the appropriate box).

Yes No Do Not Know

Signature:	Date (MM/DD/YYYY):
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Consent to Disclose Personal Information to the School Council

The school has a School Council that represents the parents and engages in activities of the school. The school will normally make the parent/guardian name, phone number and mailing address as well as the student's name and grade level available to the School Council for contact purposes. I give permission for the release of the above information to the School Council. This consent will remain in effect for the years that the student attends EICS unless otherwise notified by the parent/guardian or student (if 18 years of age or independent).

Signature:	Date (MM/DD/YYYY):
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Copyright Permission

I grant permission to Elk Island Catholic Schools, on behalf of the student being registered, to:
 (Please check all appropriate boxes)

Video/Audio/Photograph my child Display any of my child's work Reproduce any of my child's work

This work will be produced for non-profit, educational purposes during the student's attendance at EICS. I understand the production(s)/work(s) may be shown at educational displays during Board sponsored open houses, inservice sessions, other school related activities at school or school board sites, or in a school publication. This consent will remain in effect for the years that the student attends EICS unless otherwise notified by the parent/guardian or student (if 18 years of age or independent).

Signature:

Date (MM/DD/YYYY):

The information collected on this registration form is required to allow the Division, through its administrators, to make such decisions as are necessary in order to fulfill its obligation to provide students with an appropriate Catholic education program that meets their needs, to provide a safe and secure environment, to protect the student's rights and to determine eligibility and/or suitability for provincial or federal programs and the funding available both under the **School Act** and the **Regulations** and through the **Charter of Rights and Freedoms**. The information will be made available to employees of Elk Island Catholic Schools, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the children or students in schools and to Alberta Education on a "need to know" basis. Please read the information contained on the attached Notice form which describes particular uses to which personal information may be put. The information will be used for authorized programs and activities that are part of normal school life, and will be governed by the **Freedom of Information and Protection of Privacy Act**. We realize that there may be occasion where you have concerns relating to the safety of your child with respect to any of the uses of this information. In this case, please contact the school where your child attends.

If you have questions regarding the use or disclosure of this information, please contact the school principal or Ms. Pattie Danos, Community Relations and FOIP Coordinator, EICSRD No. 41, at (780) 449-6469.

DECLARATION BY PARENT, LEGAL GUARDIAN, OR STUDENT (IF STUDENT LIVING INDEPENDENTLY)

I hereby affirm that I have read and understand the EICS FOIP Notice form and the Notice of Religious Permeation. I affirm that the information provided on this registration form is complete and correct.

Signature:

Date (MM/DD/YYYY):

FOR OFFICE USE ONLY

Registration Approved by School Division Administrator

Principal's Name: _____

Signature: _____

Date: _____

Registration has been acknowledged by the Designated Boundary School Administrator: Yes No

N/C Spec. Ed. Request Approval: APPROVED NOT APPROVED WAIT LIST STATUS

Landed Immigrant Request Approval: APPROVED NOT APPROVED WAIT LIST STATUS

International Student Request Approval: APPROVED NOT APPROVED WAIT LIST STATUS

Approved by: _____

Signature of Assistant Superintendent – Student Services

Date

School: _____

Start Date: _____