



# Student Registration

2018-2019

## Mission Statement

*Fort McMurray Public School District is a learning community dedicated to educating all students for personal excellence.*

Date of Registration:

YR	MM	DD
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**FOR OFFICE USE ONLY:**

Alberta School No.: \_\_\_\_\_

District ID: \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_

**GENDER**      **MALE**       **FEMALE**

**Is this your designated school:**    **YES**     **NO**

**Has the student ever attended a school in Alberta?**      **YES**     **NO**

Name of last school attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### ABORIGINAL SELF-IDENTIFICATION

If you have aboriginal heritage please read the following aboriginal identity question.  
You **DO NOT** need any cards or any documentation for this aboriginal self-identification.

<b>If you wish to declare the student is Aboriginal, please select one:</b>			
<b>First Nation (Status)</b> <input type="checkbox"/>	<b>First Nation (non-status)</b> <input type="checkbox"/>	<b>Métis</b> <input type="checkbox"/>	<b>Inuit</b> <input type="checkbox"/>
For further information, please refer to: <a href="http://www.education.alberta.ca/system-supports/results-reporting">www.education.alberta.ca/system-supports/results-reporting</a> or contact Alberta Education at 780-427-8501.			
If you have any questions regarding the collection of student information by the school board, please contact the School Board Superintendent at 780-799-7900.			

**1. Student Information**

Write the student’s legal name and date of birth below. **For registration, a copy of a legal document, such as a birth certificate, that provides proof of legal name and age and access to education is required.**

Student’s **Legal** Surname: \_\_\_\_\_  
Student’s **Legal** First Name: \_\_\_\_\_  
Student’s **Legal** Middle Name(s): \_\_\_\_\_

**Date of Birth:**      **Year (YYYY)** \_\_\_\_\_ **Month (MM)** \_\_\_\_\_ **Day (DD)** \_\_\_\_\_

**CITIZENSHIP OR IMMIGRANT STATUS – please check one or more**

- Canadian Citizen
- Lawfully admitted to Canada for permanent residence
- Child of Canadian Citizen
- Child of an individual who is lawfully admitted to Canada for permanent or temporary residence
- International Student (Parent/Guardian residing in another country) Birth Country, if not Canada \_\_\_\_\_

**Documentation on file:**

- Birth Certificate
- Passport
- Permanent Resident Card
- Record of Landing
- Refugee Protection Claimant Document
- Parent Work Permit or Parent Study Permit (Expiry date: YYYYMMDD \_\_\_\_\_)
- Student Study Permit(Expiry date: YYYYMMDD \_\_\_\_\_)
- Temporary Resident Permit (Expiry date: YYYYMMDD \_\_\_\_\_)
- Visitor Record (Expiry date: YYYYMMDD \_\_\_\_\_)
- Canadian Visa (Expiry date: YYYYMMDD \_\_\_\_\_)
- Other (Specify): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**First language spoken in the home:**     English     French     Other \_\_\_\_\_

**Second language spoken in the home:**     English     French     Other \_\_\_\_\_

**Student’s Residence**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Secondary/Cell: \_\_\_\_\_  
Email Address (please print): \_\_\_\_\_ Business phone: \_\_\_\_\_

**2. Student History**

**Has your child been identified with a disability or special need?**     **YES**     **NO**  
School’s verification of special need     Diagnosis     IPP     Assessment

**Medical Information:**

**Student’s Medical Information:** Are there any serious medical conditions about which you wish the school be aware?  
 **YES**     **NO** If yes, please list below:

Medical notes: \_\_\_\_\_

**3. PARENT (OR LEGAL GUARDIAN) INFORMATION**

**Custody:** 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, or the Young Offenders Act. Please indicate if the school administration should be aware of any such Court Order for the protection of your child.  **YES**  **NO**  
 (If “yes” please make arrangements to discuss this situation with the school administration. Legal documentation will be required.)

If there are two parents or legal guardians, it is important to fill in both sections 4 and 5 whether or not the parents or legal guardians are living together. (A “legal guardian” is a person appointed by the court as the guardian. Documentation is required).

**Residence:** (Student lives with: check one)

- Both Parents     1<sup>st</sup> Parent     2<sup>nd</sup> Parent     Independent     Other (please specify) \_\_\_\_\_

**4. First Parent / Legal Guardian**

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Mr. Mrs. Ms. etc.  
 Relationship to Student:     Mother     Father     Legal Guardian    Other (Please Specify) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Secondary/Cell: \_\_\_\_\_  
 Email Address (please print): \_\_\_\_\_ Business phone: \_\_\_\_\_

**5. Second Parent / Legal Guardian**

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Mr. Mrs. Ms. etc.  
 Relationship to Student:     Mother     Father     Legal Guardian    Other (Please Specify) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Secondary/Cell: \_\_\_\_\_  
 Email Address (please print): \_\_\_\_\_ Business phone: \_\_\_\_\_

**6. Emergency Contact**

An "emergency contact person" is someone **other than** the student’s parent or guardian.

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Mr. Mrs. Ms. etc.  
 Relationship to Student: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Primary phone: \_\_\_\_\_ Secondary/Cell: \_\_\_\_\_  
 Business phone: \_\_\_\_\_

**List all siblings, whether school age or not:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female   
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female   
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

**FRANCOPHONE RIGHTS Section 23 Eligibility**

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, the following applies to Canadian citizens’ rights to have all their children receive primary and secondary instruction in French: -Citizens of Canada whose first language learned and still understood is French or who have received their primary school instruction in French or who have one or more children in the family having received or are receiving primary or secondary school instruction in French, in Canada.

Do you claim to be eligible to have this child taught in the French language pursuant to Section 23 of the Canadian Charter of Rights and Freedoms? **YES**  **NO**

If “yes”, do you wish to exercise your right to have your child educated in a French first language program? **YES**  **NO**

**NOTE:** 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. This does not include a French Immersion program. To exercise your Section 23 rights, you must enroll your child with a Francophone Regional Authority. If eligible, the Student Record Regulation requires Fort McMurray Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

**Notice of Collection and Use of Personal Information under s.34 of the *Freedom of Information and Protection of Privacy Act (FOIP Act)***

Fort McMurray Public School District collects personal information that relates directly to and is necessary for various operating programs and activities of the District; and to fulfill its mandate of providing students with an education program in accordance with its obligations under the *School Act* and its regulations. In addition to personal information provided on registration forms, the District may take recordings of students or student work at school or school related activities that form part of the educational program of the District. Such recordings include digital, photos, film, video, audio and emerging technologies.

The following are examples of ways in which personal information may be used by the District: Establish a student record and determine residency; Determine program placement, determine eligibility and/ or suitability for provincial or federal funding; Provide information to the Minister of Education for research and statistical analysis ; Feature a student in the school calendar, newsletter, yearbook, or other school publication; Recognize students and their creative works through display or performance at school; Acknowledge students in class lists, honor rolls, graduation ceremonies; Determine student eligibility or suitability for awards or scholarships, in the event that the District applies on the student's behalf; Contact students or their parents or emergency contacts ; Verify absences; Provide transportation services ; Provide identification cards; Offer assistance to students encountering medical and/or emergency situations ; Provide video surveillance on school premises, as governed by District policy ; Provide District authorized surveys; Take individual, class, team or club photos for school purposes ;Take recordings of students engaged in classroom or other school activities; Allow media or other organizations into schools, under the supervision of school personnel, to film classrooms and students, where students are not interviewed or identified by name or face.

Events that are open to the general public are considered public events, and the District cannot control or prevent the further distribution or use of photos, videos, images or other personal information obtained by those who attend including the media.

This notice is provided to you for information only and is not an all-inclusive list. These activities contribute to a healthy and functioning school, and students' participation in these activities is viewed as an important component of their education. Written consent for your child to participate in these activities is not being requested. However, if you have concerns regarding the collection or use of such information, please contact the principal of the school that your child attends.

**Consent to Use and Disclose Personal Information**

In accordance with the *FOIP Act* and the *Copyright Act*, the District requests consent for various purposes, as outlined below. Consent is voluntary and can be revoked at any time by notifying the Principal in writing. You will be provided with an opportunity to verify your consent annually. If you do not return this form it indicates refusal to consent. If you have concerns regarding these matters, please contact the Principal of the school your child attends.

**A. Appearing on Websites**

The District on occasion posts student personal information including full name, photographs, recordings and/or interviews on district and school websites. Your consent is requested to use your child's personal information for this purpose. Please note that in the context of ordinary internet use, student personal information may be copied, altered or moved by anyone who visits these websites; and if your consent is withdrawn, the District will remove the image and/or personal information from its website however it may be available on the internet indefinitely.

**I consent to the above use of personal information:** YES  NO

**B. Appearing in the Media**

The District on occasion authorizes media and outside organizations to photograph, record and/or interview students while under its supervision. This means that a photograph, digital recording, or interview of a student with identification by full name and grade may be collected, used, reproduced and broadcast by media or outside organizations. Your consent is requested to use your child's personal information for this purpose. This does not include public events in which the media may attend.

**I consent to the above use of personal information:** YES  NO

**C. Displaying Creative Work**

The District on occasion displays the creative work of students produced through school activities (e.g. art, dance, drama, compositions, wood or metal work, robotics, scientific experiments). This means that a photograph, digital recording, or actual presentation of the item with identification of the student by full name and grade may be collected, used and displayed at external exhibits at community sites, competitions, and reproduced in District promotional publications distributed outside of the District, including websites. Your consent is requested to use your child's personal information for this purpose. In addition, under the *Copyright Act*, your release is requested to grant permission to the District to record your child, display and/or reproduce his/her creative work.

**I consent to the above use of personal information:** YES  NO

**Other permissions for the Fort McMurray Public School District:**

- My child's participation in the human sexuality sections of the Health Program
- My child's participation in the abuse prevention component of the Health Program

**OPTIONAL INFORMATION**

I give permission to provide access to my child's information to the District ESL/ELL New Family Coordinator.  YES  NO

**DECLARATION BY PARENT OR LEGAL GUARDIAN**

I hereby certify the foregoing information to be true, correct, and complete.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature (REQUIRED)

**How to complete this form**

**Aboriginal Self-Identification** – if you have aboriginal heritage, this question is for you. You do **NOT** need any cards or any documentation for this aboriginal self-identification.

**FRANCOPHONE RIGHTS Section 23** – do you or your parents speak French as a first language? If NO, then probably your answer to this section is NO.