



STUDENT REGISTRATION 2019-2020

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

Date: _____
Grade: _____ School: _____
Kindergarten/ECDP: AM _____ PM _____ If registering for Ecole Dickinsfield or Ecole McTavish
Specify: English _____ French _____
Is this your designated school: Yes _____ No _____

Student's Name: _____
Gender: Male: _____ Female: _____ Unknown: _____ Unspecified: _____

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) _____

Student's Residence:

Address: _____
City: _____ Postal Code: _____
Primary phone: _____ Secondary/cell: _____
Email Address: _____ Business phone: _____

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
- _____ 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 home: English _____ French _____ Other _____
 Second language spoken in home: English _____ French _____ Other _____

Student History and Medical Information:

Has student attended a school in Alberta: Yes _____ No _____

Name of last school attended: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Telephone: _____ Fax: _____

Has your child been identified with a disability or special need? Yes _____ No _____

School Verification of special need: Diagnosis _____ IPP _____ Assessment _____

Are there any serious medical conditions that you wish the school to be aware of?: Yes _____ NO _____

Medical Notification: _____

Aboriginal Self- Identification:

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

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

First Nation (Status) _____ First Nation (non-status) _____ Metis _____ Inuit _____

For further information please refer to www.education.alberta.ca/system-supports/resulta-reporting 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 District Superintendent at 780-790-7900.

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 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 the sections below 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: Please indicate who student lives with

Both Parents _____ 1st Parent _____ 2nd Parent _____ Independent _____

Other (please specify) _____

First Parent/Legal Guardian

Mr. Mrs. Ms. Surname: _____ First Name: _____
Relationship to student: Mother _____ Father _____ Legal Guardian _____ Other (Specify) _____
Address: _____ City: _____
Postal Code: _____ Email address: _____
Primary Phone: _____ Secondary/cell: _____
Business phone: _____

Second Parent/Legal Guardian

Mr. Mrs. Ms. Surname: _____ First Name: _____
Relationship to student: Mother _____ Father _____ Legal Guardian _____ Other (Specify) _____
Address: _____ City: _____
Postal Code: _____ Email address: _____
Primary Phone: _____ Secondary/cell: _____
Business phone: _____

Emergency Contact

An “emergency contact person” is someone OTHER THAN the student’s parent or guardian.

Mr. Mrs. Ms. Surname: _____ First Name: _____
Relationship to Student: _____
Address: _____
Primary Phone: _____ Secondary/cell: _____
Business phone: _____

Siblings:

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 _____

THIS SECTION FOR EARLY CHILDHOOD DEVELOPMENT

Screening and Assessment Information:

Are you aware or do you suspect that your child may have a developmental (speech, language, physical, social, Intellectual, emotional delay? Please describe:

Has your child been assessed by health authority personnel or other agencies for developmental delays, disabilities, etc.?

Please describe and attach any available reports.

Is your child toilet trained? Yes _____ No _____

I give permission for my child's speech, language, fine motor, gross motor and general development to be assess by

Qualified personnel: Yes _____ No _____

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 have concerns regarding these matters, please contact the Principal of the school your child attends.

Appearing on Websites:

The District on occasion posts student's 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's personal information may be copied, altered or used 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 _____

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 _____

Displaying Creative Work:

The District on occasion displays the creative work of students produced through school activities (eg: 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 outside of the District, including websites. Your consent is requested to use your child's personal information for this purpose. In addition, 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:

I consent to my child's participation in the human sexuality sections of the Health program: Yes _____ No _____

I consent to my child's participation in the abuse prevention component of the Health program: Yes _____ No _____

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 citizen's 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 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 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 Section 23 rights, you must enroll your child with a Francophone Regional Authority. If eligible, the Student Record Regulation requires Fort McMurray Public School District 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 Section 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/federal funding; provide information to the Minister of Education for research and statistical analysis, feature a student in the school calendar, newsletter, yearbook, or school publications; recognize students and their creative works through display or performance; 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 parents or emergency contacts; verify absences; provide transportation services; provide identification card; 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 purpose; take recordings of students engaged in classroom or other school activities; allow media or other organizations into schools, under 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 or prevent the further distribution of 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 function 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 your child's school.

DECLARATION BY PARENT OR LEGAL GUARDIAN

I HEREBY CERTIFY THE FOREGOING INFORMATION TO BE TRUE, CORRECT AND COMPLETE:

DATE: _____

SIGNATURE: _____

(Required)

FOR OFFICE USE ONLY:

Alberta School Number: _____

District ID Number: _____

Entered into PowerSchool: _____

Notes:



Fort McMurray Public School District #2833
231 Hardin Street, Fort McMurray, AB T9H 2G2
Telephone: 780.799.7900 | Fax: 780.743.2655
Website: www.fmpsdschools.ca
Twitter: @FMPSD

Google Apps for Education Parent Permission Form

Dear Parents/Guardians,

The Fort McMurray Public School District plans to utilize Google Apps for Education (GAFE) for students in a pilot program that would include your child. This permission form describes the tools and student responsibilities for using these services. A strong partnership with families is essential for the success of this program.

The following services are provided in Google Apps for Education:

- Mail - An email account for school use managed by the Fort McMurray Public School District that enables students to only communicate to other users within the same email system. External communication beyond the District domain is strictly prohibited.
- Calendar - A calendar providing the ability to organize schedules, daily activities, and assignments for students. Classroom and school calendars can also be accessed where available.
- Docs - Word processing, spreadsheet, drawing, and presentation tools similar to Microsoft Office and accessible from any device capable of accessing the service.
- Sites – A website creation tool, students can create, edit and share files and websites for school related projects.

These services are hosted by Google on their servers and are available at any time from any Internet enabled device. Some examples of student use could include class projects, electronic portfolios and working in groups on presentations to share with others. The District's Acceptable Use Policy applies at all times to the use of District provided GAFE accounts. Access to and use of student email is considered a privilege accorded at the discretion of the District.

The District maintains the right to immediately withdraw the access and use of these services including email when there is reason to believe that violations of law or District policies have occurred. In such cases, the alleged violation will be referred to a building Administrator for further investigation. The Fort McMurray Public School District cannot and does not guarantee the security of electronic files located on Google systems.

The general right of privacy will be extended to the extent possible in the electronic environment. Fort McMurray Public School District and all electronic users should treat electronically stored information in individuals' files as confidential and private. Users of student email are prohibited from accessing files and information other than their own. The District reserves the right to access GAFE student account information to evaluate student work, to monitor progress and/or support potential investigations.

Fort McMurray Public School District Google Apps for Education Permission Form

Doing What's Best For Kids



Fort McMurray Public School District #2833
231 Hardin Street, Fort McMurray, AB T9H 2G2
Telephone: 780.799.7900 | Fax: 780.743.2655
Website: www.fmpsdschools.ca
Twitter: @FMPSD

for Student Email, Online Documents, Calendar, and Sites

By signing below, I confirm that I have read and understand the following:

I understand that Google mail, documents, calendar, sites and Google educational apps are the main resources used by the District to support instruction. Work produced by your child may be stored in Google Apps for Education and by virtue of this online environment and given the collaborative nature of student work, files and documents are stored and worked on by multiple students and reviewed online by staff. Google has high security standards. I understand that it is my child's responsibility not to share their login and password information with others as this may cause information to be accessible by someone other than my child.

My signature below confirms my consent to allow my child to be assigned a Google Apps for Education account.

I understand that by participating in Google Apps for Education, information about my child will be collected and stored electronically. I understand that I may ask for my child's account to be deactivated at any time.

_____ YES, I give permission for my child to be assigned a Fort McMurray Public School District Google Apps for Education account. This means my child will receive an email account, access to Google Docs, Calendar, and Sites.

_____ NO, I do not give permission for my child to be assigned a full Fort McMurray Public School District Google Apps for Education account. This means my child will NOT receive an email account or access to Docs, Calendar, and Sites.

School Name & Grade Level: (Print) _____

School Teacher Name: (Print) _____

Student First Name: (Print) _____

Student Last Name: (Print) _____

Parent/Guardian

Signature: _____ Date: _____