

New Student Registration Form

This registration form is a legal document and must be completed for each NEW to Fort McMurray Public School Division student in your family. The form needs to be completed in its entirety and submitted by a parent or guardian or by the student if living independently.

SCHOOL USE ONLY

ASN # (9 digits):

Date entered into PowerSchool:

School Year:

Division ID Number:

Citizenship Documentation:

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP) The information collected on this form as part of the school registration process is personal information as referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the Education Act and its regulations (e.g. for the establishment of a student record, determination of residency) and pursuant to section 33(c) of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment (e.g. program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health-related information in the event of problems or emergencies). Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under his administration (e.g. research, statistical analysis). If you have any questions or concerns regarding the collection or intended use of this information, please contact the school principal or visit <https://www.fmpsdschools.ca/board/procedures/4954>

Registration is for the:

- ☐ Current School Year
- ☐ Upcoming School Year

Right to Register

As per the Education Act, to register a student in Alberta, you must be either a legal parent/guardian, an independent student (any student 18 years of age and older or 16 years of age and older and considered legally "independent" as defined by the Education Act) and reside within the boundaries of the School Division (Fort McMurray Public Schools).

Declaration of Right to Register as a:

- ☐ Legal Parent/Guardian
- ☐ Independent Student (Note: If under 18, you must provide Independent Student Status documents)

To prove residency within the RMWB, we need proof of address. The proof of address must display a legal parent/guardian/independent student's name and current address. Examples of accepted proof of address documents are:

- Driver's License
- Utility Bill
- Bank Statement
- GST Rebate
- Home or Renter Insurance
- Income Tax Statement
- Mortgage Statement
- Utility Bill Assessment
- Property Tax

Note: If the student is living with a non-legal guardian within the RMWB, to attend an FMPSD school, you must provide one of the above documents for the non-legal guardian and a completed FMPSD Consent to Guardianship document

Student Information

To access The Education Amendment Act 2024, which addresses transparency in communication between school authorities and parents, go to www.alberta.ca/supportingalbertastudentsandfamilies.

Please enter the student's legal name as it appears (including capitalization)

| |
|---|
| Student's Legal First Name: |
| Student's Legal Middle Name: |
| Student's Legal Last Name: |
| Does the student use a name different from their legal name? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes: |
| First Name: |
| Last Name: |
| Date of Birth: mm/dd/yyyy |
| Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNSPECIFIED <input type="checkbox"/> UNKNOWN If unspecified/unknown (not req'd): _____ |
| Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other If other (not req'd): _____ |
| Please provide an appropriate identifying document in regard to student information. |

School Entering (To find your neighbourhood school, go to www.fmpsdschools.ca/schools):

For École Dickinsfield School or École McTavish Public High School, specify:

- ☐ English
- ☐ French

The Fort McMurray Christian School is a partnership between the Fort McMurray Public School Division and the Fort McMurray Christian School Society. I consent for pertinent Student registration information to be shared with the Society to share Society-related business and engage families with the Society, along with providing monthly invoicing of school fees.

- ☐ Yes
- ☐ No

Fort McMurray Islamic School partners with the Markaz Ul Islam. Do you consent to share the name of the student you are registering for, as well as their parent/guardian's mailing address, phone number, and email?

- ☐ Yes
- ☐ No

Grade Entering:

Preferred Time for ECDP or K:

- ☐ AM
- ☐ PM
- ☐ Full-Day (students within Dr. Clark catchment only)

****Please complete the Early Childhood Development Program (ECDP) and Kindergarten Registration Addendum at the end of the registration package.**

Student Address

Mailing Address:

City:

Province:

Postal Code:

Primary Phone Number:

Secondary Phone Number:

Is the physical address different from the mailing address above?

- ☐ Yes
- ☐ No

If Yes:

Physical Address:

City:

Province:

Postal Code:

Primary Phone Number:

Secondary Phone Number:

Has the student ever attended school?

- ☐ Yes
- ☐ No

If Yes:

Name of Current School Attending:

Street Address:

City:

Province:

Postal Code:

School Phone Number:

First Nations, Métis, Inuit Self-Identification

If you wish to declare the student you are registering as First Nations, Métis, or Inuit please check one of the following:

- ☐ First Nation (status)
- ☐ First Nation (non-status)
- ☐ Métis
- ☐ Inuit

For further information, please refer to www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx or contact Alberta Education at 780-427-8501.

Citizenship

Is the student you are registering a Canadian Citizen?

- ☐ Yes
- ☐ No

If Yes:

Please provide a valid copy of both sides of proof of Canadian citizenship document (to learn more go to www.fmpsdschools.ca/registration/student-identification-documents)

If No:

What is the residency/ immigration status of the student you are registering for?

- ☐ Permanent Resident
- ☐ Temporary Resident - International Fee Paying Student
- ☐ Child of a Canadian Citizen
- ☐ Child of an individual lawfully admitted to Canada for permanent or temporary residence
- ☐ Step-Child of a Canadian Citizen
- ☐ Step-Child of a Foreign Worker
- ☐ Refugee

Please provide the student's birth certificate **and** a valid copy of both sides of proof of residency/immigration document(s) of both the student and a parent/guardian (to learn more go to www.fmpsdschools.ca/registration/student-identification-documents)

English as a Second Language (ESL) Information (ESL students can be Canadian-born or Foreign-born)

The student's primary language is English.

- ☐ Yes
- ☐ No

If No:

The student I am registering was born in:

- ☐ Canada
- ☐ Outside of Canada

The student's first language is?

The student's language spoken at home is?

Specialized Student Services

Does the student you are registering have an Individualized Program Plan (IPP) or specialized learning needs?

- ☐ Yes
- ☐ No

Medical Information

Does the student you are registering have any medical concerns the school should be made aware of?

- ☐ Yes
- ☐ No

If Yes:

Please indicate medical concerns you would like to share: (check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Haemophilia | |

Allergy specifics:

EpiPen: ☐ Yes ☐ No

Other medical concerns:

Francophone Rights - Section 23

According to the Education Act and Section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have their children receive school instruction in French. This applies if the parent/guardian is a resident of Alberta and French was the first language learned and is still understood, by at least one parent or one or more of the parents or one or more of their children have received or are receiving instruction in a French First Language Program or school in Canada (this does not include a French Immersion program).

Do you claim to be eligible to have this student 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 the student educated in a French First Language Program?

- ☐ Yes
- ☐ No

Note: In Alberta, parents/guardians can only exercise this right by enrolling the student in a French First Language (Francophone) Program offered by a Francophone Regional Authority. This does not include a French Immersion program. If eligible, the Provincial Student Record Regulation requires Fort McMurray Public School Division to release demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

Independent Student Status

The School Act defines an independent student as someone who is: (i) 18 years of age or older, or (ii) 16 years of age or older, and (a) who is living independently, or, (b) who is a party to an agreement under 57.2 of the Child, Youth and Family Enhancement Act. Are you claiming status as an "Independent Student" under the definition of the School Act?

- ☐ Yes
- ☐ No

Guardianship, Custody or Access Rights

Is there a court order or agreement in place that affects the custody, guardianship, access, safety, or security of the student being registered?

- ☐ Yes
- ☐ No

If Yes:

What type of order or agreement is in place for the student being registered?

- ☐ Access and/or Custody
- ☐ Parenting
- ☐ Guardianship
- ☐ Protection

Please provide appropriate legal documents.

Transportation

Busing is available for most FMPSD Schools for \$510/year. To find more information about busing go to www.fmpsdschools.ca/departments/transportation. To set up busing, either contact your school or go through your Parent Portal account at fmpsdpowerschool.com/public.

Parent/Guardian Information

Identify up to 4 parent/guardian contacts for the student being registered. **ALL** legal parents/guardians must be added, regardless of whether they live together. A guardian is defined in Section 20 of the Family Law Act or a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or Section 23 of the Family Law A.

Contact #1 (Primary School Contact)

First Name:

Last Name:

Primary Phone Number:

Secondary Phone Number:

Email address:

Student's Legal Parent/Guardian?

- ☐ Yes
- ☐ No

| | |
|---|---------------------------|
| Does the student live with Contact #1? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adult Student <input type="checkbox"/> Other | If other, please specify: |
| Does Contact #1 have the same mailing address as the student being registered? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If No:

| |
|------------------|
| Mailing Address: |
| City: |
| Province: |
| Postal Code: |

| |
|--|
| Is Contact #1 authorized to pick up this student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

| | |
|---|---------------------------|
| Contact #2 | |
| First Name: | |
| Last Name: | |
| Primary Phone Number: | |
| Secondary Phone Number: | |
| Email address: | |
| Student's Legal Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the student live with Contact #2? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adult Student <input type="checkbox"/> Other | If other, please specify: |

| |
|---|
| Does Contact #2 have the same mailing address as the student being registered? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

If No:

| |
|------------------|
| Mailing Address: |
| City: |
| Province: |
| Postal Code: |

| |
|--|
| Is Contact #2 authorized to pick up this student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

| | |
|---|---------------------------|
| Contact #3 | |
| First Name: | |
| Last Name: | |
| Primary Phone Number: | |
| Secondary Phone Number: | |
| Email address: | |
| Student's Legal Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the student live with Contact #3? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adult Student <input type="checkbox"/> Other | If other, please specify: |
| Does Contact #3 have the same mailing address as the student being registered? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If No:

| |
|------------------|
| Mailing Address: |
| City: |
| Province: |
| Postal Code: |

| |
|--|
| Is Contact #3 authorized to pick up this student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

| | |
|---|---------------------------|
| Contact #4 | |
| First Name: | |
| Last Name: | |
| Primary Phone Number: | |
| Secondary Phone Number: | |
| Email address: | |
| Student's Legal Parent/Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the student live with Contact #4? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adult Student <input type="checkbox"/> Other | If other, please specify: |
| Does Contact #4n have the same mailing address as the student being registered? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If No:

Mailing Address:

City:

Province:

Postal Code:

Is Contact #4 authorized to pick up this student from school?

- ☐ Yes
☐ No

Emergency Contact Information:

The following information is used if the student becomes ill or injured at school or in the event of an emergency and you cannot be reached. Please list adults who can act in your absence to assume responsibility for the student.

| | | |
|--|--|---------------------------|
| Emergency Contact #1 | | |
| First Name: | | |
| Last Name: | | |
| Primary Phone Number: | | |
| Relationship to Student <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Child Care <input type="checkbox"/> Other | | If other, please specify: |
| Is Emergency Contact #1 authorized to pick up this student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|--|---------------------------|
| Emergency Contact #2 | | |
| First Name: | | |
| Last Name: | | |
| Primary Phone Number: | | |
| Relationship to Student <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Child Care <input type="checkbox"/> Other | | If other, please specify: |
| Is Emergency Contact #2 authorized to pick up this student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|--|---------------------------|
| Emergency Contact #3 | | |
| First Name: | | |
| Last Name: | | |
| Primary Phone Number: | | |
| Relationship to Student <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Child Care <input type="checkbox"/> Other | | If other, please specify: |
| Is Emergency Contact #3 authorized to pick up this student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Sibling Information:

Note: The provision of sibling information is optional and is collected for communication and planning purposes. Please list any siblings currently attending or who have attended FMPSD. *If more than 2, please contact the school.

| | |
|-------|---------------------------|
| Name: | Date of Birth: mm/dd/yyyy |
| Name: | Date of Birth: mm/dd/yyyy |

Consent to Communicate Through Electronic Means

FMPSD requires your consent to use email as an option for communicating school or general Division information. We will keep you informed and up-to-date on the latest school and Division information, events and announcements through electronic communications such as emails and newsletters from the student's school and/or FMPSD.

I consent to receive all electronic communication from FMPSD (if you choose not to consent, you will only receive attendance messages and emergency messages).

- ☐ Yes
☐ No

Consent for Use of Student Information

In accordance with the FOIP Act (bit.ly/ALBFOIP) and the Copyright Act (bit.ly/CANCop), FMPSD is requesting your permission for the following uses of the students' personal information. Please note that consent is not a requirement. You may choose whether or not to grant your consent. Once given, consent can be given or revoked prior to any such use or disclosure by notifying the school principal in writing.

Please respond Yes or No to each of the following areas of consent:

| | |
|--|---|
| <ul style="list-style-type: none"> • I consent to the student being registered to be interviewed, photographed, videoed, and/or recorded by the media, approved community organizations, and/or FMPSD. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • I consent to the student being registered's work and/or accomplishments displayed, recognized, and/or reproduced outside of school (i.e. signed artwork, creative writing, science fair, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • I consent to the student being registered's name, photograph and/or school work posted on FMPSD and FMPSD school websites. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> • I consent to the student being registered's name, photograph and/or school work posted on FMPSD and FMPSD school social media. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Acceptable Use of Information and Communication Technology

Students registered at FMPSD are given a Google Workspace for Education account to support instruction. Additional third-party Google apps/services are provided to students as a means of instructional support. FMPSD student computer accounts and associated apps/services are used for teacher-student/student-student collaboration, staff and student communication, documents, presentations, skill development, instructional mastery, etc.

I understand that by participating in Google Workspace for Education and associated third-party app/services, information about the student I am registering will be collected and stored electronically, and I may ask for the student's account to be deactivated at any time.

- ☐ Yes
☐ No

As a condition of using Fort McMurray Public School Division network resources, access to Division information resources is a privilege, and as such, students and staff must abide by the AP 140: Acceptable Use of Information and Communication Technology (<https://www.fmpsdschools.ca/board/procedures/4914>) and Responsible Digital Citizenship Through Admirable Use Policy (<https://www.fmpsdschools.ca/download/375398>).

- ☐ Yes
☐ No

Early Childhood Education Digital Assessment (ECDP to Grade 3 Students)

The Fort McMurray Public School Division uses online digital portfolio services that record, analyze and report on age-appropriate student skill development. Given the collaborative nature of student work, files and documents are stored and worked on by multiple authorized staff and reviewed online by Division staff.

These services are hosted by 3rd party vendors and may have data storage abroad with security measures to prevent unauthorized access. The Division continues to review and examine these services to ensure reasonable safeguards are in place for the protection of my child's information. For more details, go to <https://bit.ly/3voyhRT>.

By providing consent you understand that Early Childhood Education Digital Assessments are one of the main resources used by the Division to support early childhood learning and that it is your responsibility not to share your parent/guardian login and password information with others as this may cause your student's information to be accessible by someone other than yourself.

I consent for the student I'm registering to be assigned an Early Childhood Education Digital Assessment account.

- ☐ Yes
☐ No

FMPSD Permissions

I consent to share contact information with the school's School (Parent) Council.

- ☐ Yes
- ☐ No

I consent to share contact information with the school's parent society, which is responsible for school fundraising.

- ☐ Yes
- ☐ No

I consent to the student I am registering participating in the human sexuality (www.fmpsdschools.ca/board/procedures/4976) sections of the Health Program:

- ☐ Yes
- ☐ No

I consent to the student I am registering participating in the abuse prevention component of the Health Program:

- ☐ Yes
- ☐ No

I have reviewed the ARTO/VTRA Fair Notice (www.fmpsdschools.ca/download/516169).

- ☐ Yes
- ☐ No

I have reviewed the School Emergency Program (www.fmpsdschools.ca/download/395767).

- ☐ Yes
- ☐ No

Fort McMurray Public School Division Specialized Programs

Fort McMurray Public School Division offers specialized programs that have a secondary registration process and have fees associated with them. If you would like to learn more about these programs, please go to the links below:

- PEAK Athletic Academy - <https://peak.fmpsdschools.ca/>
- Reggio Inspired Early Childhood Development Program (ECDP) or Kindergarten - <https://bit.ly/FMPSDReggio>
- PACE Academy - <https://bit.ly/fmpsd-pace>

Declaration By Parent, Legal Guardian, or Independent Student

The information provided in this registration document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view student information and make educational decisions for this student unless otherwise indicated here and supported with legal documentation.

Name:

Signature:

Date: YYYY _____ MM ____ DD ____



Early Childhood Development Program (ECDP) and Kindergarten Registration Addendum

Student's Name: _____

School: _____

School Year: _____ - _____

Registering for:

- ☐ ECDP (This is an unfunded program with annual fees; go to <https://www.fmpsdschools.ca/programs/early-learning> for more information)
- ☐ Kindergarten

Fort McMurray Public School Division Specialized Programs

If registering for Walter and Gladys Hill or Christina Gordon, are you interested in the Reggio Inspired Early Childhood Development Program (ECDP) or Kindergarten? <https://bit.ly/FMPDReggio>

- ☐ Yes
- ☐ No

Screening and Assessment Information

Are you aware of or do you suspect that the student may have a developmental (speech, language, physical, social, intellectual, emotional) delay?

- ☐ Yes
- ☐ No

If yes, please describe:

Has the student been assessed by health personnel or other agencies for developmental delays, disabilities, etc?

- ☐ Yes
- ☐ No

If yes, please describe and attach any available reports:

Is the student toilet-trained?

- ☐ Yes
- ☐ No

Declaration By Parent Or Legal Guardian

I give permission for the student's speech and language, fine and gross motor, social-emotional and general development to be assessed by qualified personnel.

- ☐ Yes
- ☐ No

I understand that the granting of my permission is voluntary and that I may withdraw my consent at any time by contacting the student's school.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____