East Central Catholic Schools

East Central AB Catholic Separate Schools
Regional Division No. 16

Student Registration

2018-2019 School Year

School: _____ Date of Registration: _____
Month / Day / Year

Registering for Grade: _____

For Office Use Only

Notice to Parent or Guardian of Religious Permeation:

The *Alberta Human Rights Act* requires East Central AB Catholic Schools 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.

The essential purpose of our schools is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and 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 education program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

Student Information:

Legal Verification: We require a copy of a legal document that provides proof of legal name, age and citizenship or immigration status. Any of the following documents are acceptable to copy: Canadian birth certificate, adoption papers, permanent resident card, student study permit, parent work permit or parent study permit.

Write the student's legal surname (last name) and given names below. These are the names on the student's birth certificate, adoption papers or other legal documents listed above. If the student uses a different first or last name, there is space at the end of this section (preferred names).

Student's Legal Last Name: _____

Students Legal First Name: _____

Student's Legal Middle Name: _____

Gender:
Male ☐
Female ☐
X - Unspecified ☐

Grade: _____

Birth Date: _____
Month/Day/Year

Student's Birth Country: _____

Birth Certificate Enclosed: ☐

Home Address: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Legal Land Description (Rural students): _____ - _____ - _____ - _____ - _____
¼ Sec. Twp. Rge. W M

Home Phone: _____ Unlisted: Student's Cell Phone: _____

Student Email (optional): _____

Also known as (A.K.A) last name: _____ Also known as (A.K.A) first name: _____

Religion: _____ Parish: _____

Information for Sacramental Preparation: Is your child baptized in the Catholic Faith? ☐ Yes ☐ No

Has your child been confirmed? ☐ Yes ☐ No Has your child received First Communion? ☐ Yes ☐ No

To assist our Catholic parish with sacramental preparation, do you consent to the district sharing your child's sacramental preparation information with the school's local Catholic Parish? ☐ Yes ☐ No

If Religion is other than Catholic faith, please sign the following acknowledgment:

I hereby acknowledge and accept the values and philosophy of a Catholic school and that my child will participate in the prayer life, church and church related activities, religious courses, instruction and exercises in which Catholic ethical and moral standards are taught. Additionally, I am aware that my child is being admitted to this school as a non-resident student, and because of this, the District accepts the responsibility of my child's education until such time as my child finishes his or her program in this school, voluntarily withdraws, or is expelled from the district.

Parent/Guardian Signature: _____ **Date:** _____

School History

Please indicate if the student has ever been registered in Alberta Schools:

☐ Yes – Name of the last school attended:_____

☐ No – Name, address, city and country of the last school attended:_____

English as a Second Language (ESL) Eligibility

ESL Students can be Canadian-born or Foreign-born.

My child is: ☐ Canadian Born or ☐ Foreign Born Birth Country:_____

Student's first language learned (specify):_____

Student's primary home language (specify):_____

Citizenship or Immigrant Status:

- ☐ Canadian Citizen
- ☐ Permanent Resident
- ☐ Student Authorization – Study Permit (Parent/Guardian Residing in another country)
- ☐ Child of a Canadian Citizen
- ☐ Child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not include tourists or visitors)

A copy of the following was provided to the school:

- ☐ Canadian Adoption Certificate
- ☐ Canadian Birth Certificate
- ☐ Canadian Citizen Papers
- ☐ Permanent Resident Card/Landing Form
- ☐ Work Study Permit
- ☐ Refugee Protection Claimant Form

Client ID#_____

Visa #_____

Expiry Date:_____

Date of Arrival in Canada:_____

Medical Information (Optional)

You do not have to provide information about medical concerns, but the information could be crucial to the well-being of the student. Are there any serious medical conditions you would like the school to be aware of that affect the student? Please indicate below:

☐ Diabetes ☐ Epilepsy ☐ Allergies ☐ Hemophilia ☐ Heart Condition ☐ Asthma ☐ Other

Medical Notes:_____

_____

Parent or Guardian Information

The *School Act* defines a parent as a legal guardian of the child. Legal Guardianship is legally defined in section 20 of the *Family Law Act,* 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 Act. Legal Guardianship may also be established by a temporary or permanent guardianship order under the Child Welfare Act, or by way of a court order or agreement in accordance with the Family Law Act. Pleas identify the legal guardians of the child being enrolled. If there are questions as to whether an individual is a parent or guardian pursuant to the legal definitions, please contact the school principal for assistance.

With respect to each parent/guardian, please indicate whether the parent/guardian is Catholic. Residency of a student in the District is, in certain circumstances, based upon the faith of the parent/guardian.

Parent 1 Information ☐ Parent ☐ Guardian ☐ Child resides with this person ☐ Parent is responsible for student

Relationship to Student: ☐ Father ☐ Mother ☐ Other (Please Specify):_____

Last Name:_____ First Name:_____

Contact information of this Parent or Guardian (if different from student's):

Address:_____

City:_____ Province:_____ Postal Code:_____

Home Phone:_____ Day Phone:_____

Other Phone:_____ Email:_____

Religious Declaration: ☐ Catholic ☐ Other

Parent 2 Information ☐ Parent ☐ Guardian ☐ Child resides with this person ☐ Parent is responsible for student

Relationship to Student: ☐ Father ☐ Mother ☐ Other (Please Specify):_____

Last Name:_____ First Name:_____

Name of Emergency Contact #1:_____ Relationship:_____

Day Telephone:_____ Address:_____

Name of Emergency Contact #2:_____ Relationship:_____

Day Telephone:_____ Address:_____

**Please note if Babysitter or Daycare is different than Emergency Contact # please provide it below:

Name:_____ Telephone:_____

Guardianship, Custody or Access Rights

Guardians of the student must be identified to ensure each party's rights are respected. If an order exists affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. In rare instances a child may be designated as "protected" if a court issues a restraining order under the *Child Welfare Act*, the *Family Law Act*, the *Young Offenders Act* or similar legislation.

Please indicate if any such document(s) exists ☐ No ☐ Yes → A copy is in the student's file and is the following type of legal documentation:
☐ Access and/or Custody ☐ Parenting ☐ Guardianship ☐ Protection

Sibling Information (optional)

Note: The provision of sibling information is optional and is collected for communication and planning purposes.

Do you have other children attending or will be attending this school District? ☐ Yes (please list) ☐ No

Name	Age	Name:	Age:

Program

Does your child have any special needs that we need to be aware of? ☐ Yes ☐ No

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

Francophone Education Eligibility Declaration

Pursuant to Section 23 of the *Canadian Charter of Rights and Freedoms:*

Citizens of Canada

- Whose first language learned and still understood is French; or
- Who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or
- Of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

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.

A. According to the criteria above, 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

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

☐ Yes ☐ No

If you claim an entitlement to a Francophone education under these terms East Central AB Catholic Schools may be required to release personal information provided on this form to the local Francophone Education Board upon written request of that jurisdiction.

Aboriginal Self-identification:

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

For further information, please refer to https://education.alberta.ca/system-supports/results-report 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 780-842-3992.

Student Responsible Use Agreement

As a condition of the East Central Alberta Catholic Schools Network resources, I understand that access to district information resources including access to the internet is a privilege and agree to abide by the policies and regulations identified in the Information Technology Acceptable Use Agreement.*

☐ I have read and understood the policies and regulations identified in the Information Technology Acceptable Use Agreement.

Freedom of Information and Protection of Privacy Act

I have read and understood the Freedom of Information and Protection of Privacy (FOIP) Act – Parent/Guardian Consent Form*

☐ I herby consent to the use and disclosure of the personal information as listed in the Freedom of Information and Protection of Privacy (FOIP) Act – Parent/Guardian Consent Form (107-1)*.

*All documents referenced above were made available at the time of registration and are available on our public website www.ecacs16.ab.ca.

Media Participant Consent

Please check all that you agree to:

☐ I hereby give East Central AB Catholic Schools permission to photograph, video tape, audio tape and/or interview my child while he/she is under the supervision of East Central AB Catholic Separate Schools.

☐ I hereby give East Central AB Catholic Separate Schools permission to use, publish, display and copyright any work, written material or creative work created or authored by my child through school activities. I understand that the artwork, written materials or creative work may be used by East Central AB Catholic schools in district or school displays, publications, websites, other electronic media and advertising or promotional materials. I understand that East Central AB Catholic Separate Schools may make minor edits as deemed appropriate.

☐ I hereby give East Central AB Catholic Schools permission to permit outside organizations to photograph, video tape, audio tape and/or interview my child while he/she is under the supervision of East Central AB Catholic Schools. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced and broadcast by the outside organization.

Consent to Release of Information to School Council

The school has a School Council which 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 students name grade level available to the School Council for contract purposes. I give permission for the release of the above information to the School Council.

Date:_____ ☐ Yes ☐ No

_____ _____

Signature of Parent/Guardian/Independent Student *Parent/Legal Guardian*

Consent to Communicate Through Electronic Means

Under *Canadian Anti-Spam Legislation*, we need to establish consent to use your email address provided below for the purposes of communicating with you. We use email addresses to contact you regarding your child's attendance and progress. We will also send your email address an invitation to subscribe to school announcements. For more information about the Canadian Anti-Spam Legislation please visit www.fightspam.gc.ca.

Do you provide consent for us to contact you for the purposes listed above?

Parent/Guardian 1 Yes ☐ No ☐ Parent/Guardian 2 Yes ☐ No ☐

_____ _____

Email Address (please print) Email Address (please print)

I hereby certify the above information to be true, correct, and complete. I have also identified all guardians for this student.

Signature:_____ Date:_____

(This registration document must be dated and signed by the parent, guardian or independent student)

Collection and Use of Personal Information Disclaimer

The information collected on this form is required to allow ECACS to fulfill its obligations under the *School Act*, the Regulations, and through the *Charter of Rights and Freedoms.* These obligations are to provide a safe and secure environment, protect the student's rights and determine eligibility for particular programs and funding. The information will be made available to employees of East Central Alberta Catholic Separate Schools Regional Div #16, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the students in schools and to Alberta Education on a need to know basis. Please read the information contained on the NOTICE OF ACTIVITIES in the FOIP Parent/Guardian Form, which describes particular uses for which personal information may be accessed. The information will be used for authorized programs and activities that are a part of normal school life.

If you have any questions or concerns regarding the collection or intended uses of this information please contact the school principal.