**Lethbridge School District No. 51**  **Student Registration**

**Registration Year 2019/2020**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School** | **École Agnes Davidson School** |  | **Grade 1-5** |  **Grade** | **English French**  |

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| --- |
| **Student’s Legal Last Name** |
| **Student’s Legal First and Middle Name** |
| **Preferred Last Name** | **Preferred First Name** |
| **Student’s Date of Birth** | **Month** | **Day** | **Year** |
| **Gender** | **Male** | **Female** | **Unknown** | **Unspecified** |
| **Student’s Physical Address:**City Province Postal Code |
| **Student’s Mailing Address** (if different than student’s residence)Address City Province Postal Code |
| **Home Phone:**  ( ) | **Other Phone:**  ( ) |
| **Siblings currently enrolled with Lethbridge School District No. 51** |
| **Medical Information** (i.e. medical conditions, allergies, etc.) |
| **School History**Name and location of previous school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date last attended previous school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Grade Completed:  |

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Contact 1** | **Parent/Guardian Contact 2** | **Parent/Guardian Contact 3** |
| Name: | Name: | Name: |
| Address: | Address: | Address: |
| Relationship to Student: | Relationship to Student: | Relationship to student: |
| Home Phone: | Home Phone: | Home Phone: |
| Work Phone: | Work Phone: | Work Phone: |
| Cell Phone: | Cell Phone: | Cell Phone: |
| E-Mail Address: | E-Mail Address: | E-Mail Address: |
|  |  |  |
| **Emergency Contact 1** | **Emergency Contact 2** | **Emergency Contact 3** |
| Name: | Name: | Name: |
| Relationship to student: | Relationship to student: | Relationship to student: |
| Home Phone: | Home Phone: | Home Phone: |
| Work Phone: | Work Phone: | Work Phone: |
| Cell Phone: | Cell Phone: | Cell Phone: |

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| **Aboriginal Self Identification:**If you wish to declare that the student is Aboriginal, please select one. | First Nation (status) First Nation (non-status) Metis Inuit |
| First Nation of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Student’s Indian Registry Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *For further information, please refer to:* [*www.education.alberta.ca/system-supports/results-reporting*](http://www.education.alberta.ca/system-supports/results-reporting) *or contact Alberta Education at 780.427.8501. If you have questions regarding the collection of student information by the school board, please call 403.380.5299.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Citizenship:** | 1 Canadian Citizen |  | 5 Study Permit |  | 7 Temporary Resident |  |
|  | 2 Permanent/Landed immigrant |  | 6 Child of Canadian Citizen |  | 9 Child of individual lawfully admitted to Canada / Unknown |  |

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| **English as a Second Language (ESL) Eligibility** *A student may be eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be born in Canada or in another country.* |
| Languages spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Students first language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you need assistance with interpretation: | Yes No |

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| --- |
| **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 (this means instruction in a French only school, **not a French Immersion program**) 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 instruction in French (this means instruction in a French only school, **not a French Immersion program**) in Canada, have the right to have all their children receive primary and secondary instruction in the same language.
 |
| According to this criteria, are you eligible to have your child educated in French? | Yes | No |
| If yes, do you wish to exercise your right to have your child educated in French? | Yes | No |
| **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.** |

I hereby certify that the foregoing information is true, correct and complete to the best of my knowledge and belief.

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

**Lethbridge School District No. 51**

**2019/2020 Student Registration Package**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_**

**INSTRUCTIONS**

1. Read the Freedom of Information and Protection of Privacy Act information and Normal School Information notifications sheet enclosed in this package and retain this document at home for your reference.
2. Complete or verify the Student Registration Form.
3. Read and complete the enclosed Consent Forms.
4. Return the completed registration package to the school.

**Consent to receive Commercial Electronic Messages (CEM’s)**

On July 1, 2014 Canada’s Anti-Spam Legislation (CASL) came into effect. As of this date, Lethbridge School District No. 51 cannot send any messages by any means of telecommunication including e-mail messages, text messages, instant messages and direct messages to social networking accounts, where one or more of the purposes of this message is to encourage participation in commercial activity, whether or not there is an expectation of profit, unless we have received express consent to send these messages.

Lethbridge School District No. 51 values the many learning opportunities, activities and mementos that enhance the educational experience that we provide to our students. Some of these opportunities include performances, field trips, travel, school clothing, student photos, yearbooks, hot lunches or similar school related activities. In order for Lethbridge School District No. 51, our schools and school councils to communicate our programs, activities and special offers through electronic means, we require your consent.

By signing this document, I/we consent to receiving a commercial electronic message (CEM) from Lethbridge School District No. 51, its schools, and school councils. Examples of these would include, but would not be limited to:

* Newsletters
* Offers to purchase goods and services such as
	+ Apparel
	+ Yearbooks
	+ School Photos
	+ Travel offers
	+ Hot lunches
* Advertisements for school activities, events and programs for which there is a fee

*Note that consent to receive CEM information may be withdrawn at any time by contacting the School or Lethbridge School District No. 51.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian/Independent Student give my consent to receive Commercial Electronic Messages (CEM’s) from Lethbridge School District No. 51, its schools and school councils. This consent will remain in effect until I expressly withdraw my consent by notifying the School or Lethbridge School District No. 51.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian/Independent Student Date

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please print clearly)

**CONSENTS FOR INFORMATION DISCLOSURE**

**Copyright Release**

As part of a student's educational program, they may be recorded and taped; have their work displayed; have their work reproduced for non-profit, educational purposes. Their production(s)/work(s) may be shown at educational displays during open house, in-service sessions and other school-related activities at school or School Board sites, or at school or School Board sponsored displays in the community, or used in a school publication.

\_\_\_\_\_\_\_\_\_\_\_\_ I give my consent to the information disclosures as described above.

\_\_\_\_\_\_\_\_\_\_\_\_ I do not give my consent to the information disclosures as described above.

I understand that this consent is valid for this current school year only.

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 Print Name Signature of Parent/Guardian/ Date

 Independent Student

M**edia/Internet Consent**

Lethbridge School District No. 51 enjoys and encourages an open and positive relationship with print (i.e. newspapers, magazines, etc.) and broadcast media (i.e. television, radio, etc.) as a means of promoting and reporting on school activities. In addition, schools are using the Internet (websites, web based programs) to increase positive learning, sharing and recognition opportunities for staff and students.

By signing this section I/we consent to the disclosure of information for use by Media and/or School District use for learning and/or celebration of learning purposes. Examples of these would include, but would not be limited to:

* Interviews for media or school publications (i.e. - school newsletters, etc.)
* Photograph of the student and posting of student’s name
* Group and class photographs that include student and their name
* Class work (i.e. - art, stories, projects) done by student
* Awards, scholarships, prizes received by student
* Participation of Student in Extracurricular Activity (Athletics, clubs, fundraising efforts, music)
* Collaboration with other schools and classrooms using web based programs such as Skype, YouTube, Twitter, etc.

Please mark one of the following to indicate your consent:

\_\_\_\_\_\_I give consent to disclosures as described above.

\_\_\_\_\_\_I do not give consent to the above disclosures.

\_\_\_\_\_\_I give consent, with the following exceptions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Signature of Parent/Guardian/ Date

 Independent Student

**Public Health**Alberta Education will share student demographic information with Alberta Health Services in the case of health emergencies, such as a disease outbreak.

##### **Students NEW to the School**

If you are registering as a new student you must have the following accompany your registration package:

**• a photocopy of your birth certificate**

**• a copy of your most recent report card from last school attended**

**• a copy of a document verifying your address**

**Important Freedom of Information for Parents**

The personal information requested on this form as part of the school registration process is collected under the authority of Alberta’s Freedom of Information and Protection of Privacy Act (FOIP), the *School Act* and its regulations, and the Canadian Charter of Rights and Freedoms, Section 23.

This information will be used for the establishment of a student record, determination of residency, for a school board’s obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including 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/her administration (e.g. research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

## **Normal School Information Disclosure**

## ***Parents/Guardians Please Read Carefully***

The Freedom of Information and Protection of Privacy Act requires that consent be obtained for the collection and use of personal information that is not authorized under the *School Act*. The Lethbridge School District #51 believes that the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged.

* the use of a student’s name, photo, comments in the school calendar, newsletter, yearbook, graduation book, or other school publication.
* the taking of individual, class, team or club photos for school purposes and the use of student photos for the issuance of identification passes (i.e., library, activity, transit/bus).
* the use of student names on artwork or other creative work or material of students displayed at school or School Board sites, provided the Copyright Release section of this form is signed.
* the use of student names in honour rolls, birthday recognition, and other such acknowledgements within the school or School Board.
* the publication of student names as part of graduation and award ceremonies.
* the use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the Board applies on a student's behalf.
* the use of students’ names, related contact information and telephone numbers for absenteeism verification.
* the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not identifiable (the accompanying *Media Consent Form* may provide consent for situations where individual students are identifiable or interviewed and the material will be used outside the school). Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. The school may not be able to restrict such activity at public events.
* the circulation of personal information on a “need to know” basis for students who have severe, life threatening medical conditions or for students in emergency situations.
* the taking of photos/videos of classroom or other school activities by the School Board where the material will be used within the school. (Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place.)

**If you have concerns with any of these uses of information, please notify the school principal in writing.**

 ***Please retain this document at home for future reference.***

Ecole Agnes Davidson

School



## 2103 – 20 Street South, Lethbridge, Alberta, T1K 2G7, Phone (403) 328-5153, Fax (403) 320-1912

##### Principal Mr. B Higginson Vice Principal Mme M Cummins

Name and Address of Previous School Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir/Madam:

Would you please send the cumulative and confidential records for the following student(s), who have registered at our School. If you have any additional information regarding these student(s), we would appreciate this also.

|  |  |  |
| --- | --- | --- |
| **Name of Student** | **Present Grade** | **Date of Birth** |
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I hereby give my consent for the release of the above requested records.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent (guardian)

Thank you.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr. Broc Higginson

Principal