



### STUDENT REGISTRATION FORM

East Central Alberta Catholic Schools Regional Division - Blessed Sacrament School

Phone: 842-3808; Fax: 842-2244; email: tpochlko@ecacs16.ab.ca



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 Learning on a need to know basis. Please read the information contained on the NOTICE OF ACTIVITIES, 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.

<b>FOR OFFICE USE ONLY:</b> <i>To Verify Legal Name, Birth date and Citizenship, please attach a Copy of Student's Birth Certificate</i>		
Registration Date:	School Code:	Birth Certificate:
Alberta Education I.D. Number:	Home Room:	

<b>Student Information:</b>			
<b>Legal Name</b> (as it appears on the Birth Certificate):			
Last Name:	First Name:	Middle Name:	
Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:	ECS: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day
Month	Day	Year	

<b>Student also known as</b> (if different from above):	
Surname:	Given Name(s):

<b>Student's Current Mailing Address:</b>			
Box Number / Street Address:			
Apartment Number:	City / Town:		
Province:	Postal Code:	Telephone Number:	

<b>Student's Permanent Mailing Address</b> (if different than above):			
Box Number / Street Address:			
Apartment Number:	City / Town:		
Province:	Postal Code:	Postal Code:	

<b>Legal Land Description</b> (Rural Students):
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<b>Student Lives With:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Home <input type="checkbox"/> Independent Student
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<b>Parent / Guardian Information</b>					
<b>Father / Guardian</b>	Name:		<b>Mother / Guardian</b>	Name:	
	Day Phone:			Day Phone:	
	Evening Phone:			Evening Phone:	
	Address (if different):			Address (if different):	
	City:	Postal Code:		City:	Postal Code:
	Parent Religion:			Parent Religion:	

<b>Emergency Contact (1)</b>	Name:		<b>Emergency Contact (2)</b>	Name:	
	Phone Number:			Phone Number:	
	Relationship:			Relationship:	

<b>Please note if babysitter or daycare is different than emergency number:</b>	Name:	Phone Number:
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**Custody Information**

In rare instances, a child may be designated as "Protected" if a court issues a restraining order under the *Child Welfare Act*, the *Domestic Relations Act*, or the *Youth Criminal Justice Act*. In other instances, an order affecting the custody or access rights to the student may be issued. If a custody access or restraining order exists, a copy will be required to be placed in the student record to ensure that the order can be properly enforced.

Please indicate if any such order exists:  Yes  No

**Citizenship**

Is the student a Canadian citizen?  Yes  No

If no, please check one of the following:

- Permanent Resident / Landed Immigrant  Student Authorization – Visa Number \_\_\_\_\_  
 Visa Expiry Date \_\_\_\_\_
- Child of a Canadian Citizen  Child of an individual lawfully admitted to Canada for permanent or temporary residence
- Other

Other Children	Name(s)	Date Of Birth			School
		Year	Month	Day	
1 <sup>st</sup> Child					
2 <sup>nd</sup> Child					
3 <sup>rd</sup> Child					
4 <sup>th</sup> Child					

**Previous School (If Applicable)**

Last School Attended		Last Grade:	
Mailing Address		Phone Number:	
Town / City		Postal Code:	

**FRENCH MINORITY EDUCATION PARENT DECLARATION (FRANCOPHONE)**

I am a Canadian citizen and am eligible to have my child receive French minority education pursuant to Section 23 of the Canadian Charter of Rights and Freedoms for one or more of the following reasons:

- The first language I learned and still understand is French
- I received my primary school in a French first language program at school (not French Immersion)
- One or more of my children have received or are receiving instruction in a Francophone program (Not French Immersion)

Does the student have Francophone eligibility: Yes  No?

If eligible, do you wish your child to be educated in the Francophone program: Yes  No?

**If you wish to declare that you are an Aboriginal person, please specify**

Status Indian/First Nations  Non-Status Indian/First Nations  Métis  Inuit

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve aboriginal learner success.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501.

**If your religion is other than Catholic, please sign the following acknowledgement:**

I hereby acknowledge that I am aware of 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.

Signature of Parent / Guardian / Independent Student:

Date:

**Declaration By Parent, Legal Guardian, or Student (18 years or over or Independent):**

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

Signature of Parent / Guardian / Independent Student:

Date:

**Medical / Emergency Information:**

Please identify any special medical problems, allergies, or special needs of which the school should be made aware.





## East Central Alberta Catholic Schools

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### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIPP) ACT – FOIPP – PARENT/GUARDIAN CONSENT FORM

#### PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING

On September 1, 1998, school boards in Alberta became subject to the FOIPP Act. The Act's primary objectives are:

- To allow records under the custody or control of the school board to be readily accessible to the public;
- To protect the privacy of the individual by controlling the manner in which personal information is collected, used and disclosed.

#### **Authority for Collection**

The personal information collected by the East Central Alberta Catholic School Board on the student registration form is collected in accordance with the FOIPP Act provisions; notably Sections 32, 33 and 37 pursuant to:

- The School Act including Sections 10, 44, 23 and its Student Record Regulation, A.R. 213/89, amended A.R. 175/93 and
- The Canadian Charter of Rights and Freedoms, Section 23.

#### **Use of Information**

- The information collected on the registration form is required in order to allow the Board, through its administrators to make such decisions as are necessary in order for it to fulfill its obligation to provide students with an education program that meets their needs, to provide a safe and secure environment, to protect the student's rights and to determine eligibility for particular programs and funding available both under the School Act and its regulations and through the Canadian Charter of Rights and Freedoms.
- The information will be made available to employees of East Central Alberta Catholic Schools, its authorized agents, and the Board, within the scope of their roles and responsibilities, to individuals working with the children or students in schools, and to Alberta Learning on a "need to know" basis.
- Please read the information contained in the Notice of Activities (below) which describes particular ways that personal information may be used. The information will be used for authorized programs and activities that are a normal part of school life.

#### **Notice of Activities**

In addition to the uses identified above, the personal information collected on the Student Registration Form is used by East Central Alberta Catholic Schools for authorized programs and activities that are a normal part of school life. The types of activities and their uses, which are listed below, form a vital part of a healthier functioning school and the participation of all students in these activities is an important part of their education.

#### *Activities*

1. Using a student's name, school, grade on student art work, written or other creative work at a school or school division site or school sponsored display in the community.
2. Using a student's name, school, grade, photo, and write-ups in student anthologies, newsletters, yearbook, or other school or school division publications, and local print and broadcast publications.
3. Taking of individual, class, team, or club photos for school purposes.
4. Using a student's name, address, birth date, photo, school, and grade for identification purposes. (i.e. library, activity, bus)

5. Using 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.
6. Using a student's name, school, grade, and academic information for honor roles, graduation ceremonies, and other awards within the school or school division.
7. Using students' names, related contact information, and telephone numbers for absenteeism verification.
8. Using a student's name and birth date for birthday recognition.
9. Circulating personal information on a "need to know" basis for students who have severe, life threatening medical conditions or for students in emergency situations.
10. Taking photos/videos of classroom or other school activities by school division personnel for use within the school, the school division and school and Division web-sites. Please note that photos/videos of school activities (i.e. basketball games, concerts, plays) that are open to the general public may be taken and used for purposes within and outside the school. The school may not be able to restrict such activity at public events.

**Security Measures**

Pursuant to Section 36 of the FOIP Act the board must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction.

The Division utilizes a computerized Student Information System to maintain student records; accordingly, the information provided is entered into the computer system at the school level. Access to the information in the computer is restricted to division/school authorized personnel.

I have read the "Notice of Activities" and hereby consent to the collection, use and disclosure of the information listed in items 1 to 10 on behalf of my child(ren)/ward(s) or on behalf of myself, and independent student (proof required) as defined in the School Act.

If you have any questions about the use or disclosure of the information collected, please contact your school principal or the FOIP Coordinator at 780.842.3992.

Student's Legal Surname (please print): \_\_\_\_\_

Student's Legal Given Name(s) (please print): \_\_\_\_\_

School Grade: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Parent/Legal Guardian

**Regional Health Authorities**

The various Regional Health Authorities administer the Child Immunization Program within the Division. The school will normally make the parent/guardian name, phone number, and mailing address as well as the student's name, grade level, and birth date available to the Regional Health Authority to facilitate the passing on of information about their programs.

I give permission for the release of the above information to the East Central Alberta Regional Health Authority.

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

Yes

No

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Parent/Legal Guardian

**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 student's name and 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*

**Copyright Release Form (Copyright Act – Canada)**

I hereby grant permission to East Central Alberta Catholic Schools on behalf of

My child: \_\_\_\_\_ to (please check appropriate boxes)

Record and tape my child.

Display any of my child's works; and

Reproduce any of my child's work.

Which are produced during the school year, for non-profit, educational purposes. I understand the production(s)/work(s) may be shown at education displays during board sponsored open houses, in-service sessions and other school related activities at school board sites or at school board sponsored displays in the community, or used in a school publication.

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

Yes

No

\_\_\_\_\_  
*Signature of Parent/Guardian/Independent Student*

\_\_\_\_\_  
*Parent/Legal Guardian*

**Parent/Guardian Non-Consent**

I wish to object to the use of information or photographs of my child, under any circumstance

\_\_\_\_\_  
*Parent/Guardian Name (Please Print Clearly)*

\_\_\_\_\_  
Date

For students under 16 years of age: signature of parent (or legal guardian)

\_\_\_\_\_  
*Signature of Parent or Legal Guardian \**

\_\_\_\_\_  
*Witness*