

Kate Andrews H.S.
2022/2023 School Year

PALLISER REGIONAL SCHOOLS
Student Registration Form

FOR OFFICE USE ONLY

Local ID: _____

ASN: _____

ENTRY DATE: _____

STUDENT INFORMATION
 (Please Print Clearly)

School: _____ Resident school board: _____
 (if other than Palliser)

Legal Name: _____
 First Middle Last

AKA Surname: _____ AKA Given Name: _____
 (Name by which the student is commonly known in the family and community)

Birthdate: _____ Home phone: _____
 YYYY/MM/DD

Gender: M F

The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. A photocopy will be placed in the Official Student Record.

Name of official document (please specify): _____

Mailing address: _____
 (House and Street or Box Number) (City/Town) (Province) (Postal Code)

911 Emergency Services address (if different): _____

If no 911 address, provide Legal Land Description: _____
 Qtr. Sect. Twnshp Range

Last school attended: _____ Location (City/Town/Province): _____

School jurisdiction: _____ Grade: _____ last completed or _____ current

PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Contact 2 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Student is living with (check all that apply) Contact 1 Contact 2 Other _____

If school staff are required to enforce a custody or restraining order, a copy MUST be submitted to the school.

MEDICAL INFORMATION

Medical information (allergies, medical conditions, etc.): _____

If school staff will be required to administer medication, please request the appropriate form from the school office.

EMERGENCY CONTACT INFORMATION

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

In the event the parents/guardians listed as Contact 1 and 2 are unavailable, please provide an emergency contact person. Please ensure the contact person you provide is advised that their name has been provided for this purpose.

CITIZENSHIP

Is the student a Canadian citizen? Yes No Birth country, if not Canada: _____

Citizenship, if not Canadian: Permanent Resident/Landed Immigrant Child of a Canadian Citizen Child of a lawfully admitted permanent or temporary resident Refugee Claimant

Student Authorization - Study Permit Study Permit Expiry Date: _____

YYYY/MM/DD

FRANCOPHONE ELIGIBILITY

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exists:

- Either parent's first language learned and still understood is French, or
- Either parent has received their primary school instruction in Canada, in French, or
- One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada

Does your child have Francophone Eligibility? 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. Contact the school office for a listing of Francophone authorities.

ABORIGINAL SELF-IDENTIFICATION

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

First Nation (Status) First Nation (Non-Status) Metis Inuit

For further information, please refer to <https://education.alberta.ca/systme-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 contact the Palliser Regional Schools Superintendent at 403-328-4111.

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

A student may be eligible for ESL support when the language spoken mainly at home is a language other than English. ESL students can be Canadian born or foreign born.

Do you think your child would benefit from ESL support? Yes No

Do you need assistance with interpretation? Yes No

Language mainly spoken at home _____

SIBLING INFORMATION

If the student has siblings attending other schools in Palliser, please list name, birthdate (YYYY/MM/DD) and school:

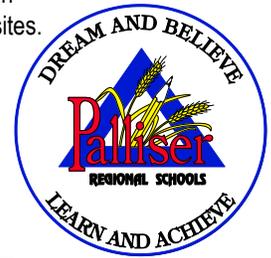
CERTIFICATION

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief. I also certify that I have received and read the brochure explaining the implications of the Freedom of Information and Protection of Privacy (FOIPP) Act, and I am aware of the uses that will be made of personal information collected herein:

Signature of Parent/Legal Guardian/Independent Student

Date

"Together we will ensure learning success for all students to develop their unique potential as caring citizens in a changing world."



Palliser Regional Schools

CONSENTS FOR INFORMATION DISCLOSURE

Please return this form to the school. If this form is not returned, your child's personal information will not be used for any other purposes than indicated in the FOIP package

Student Name: _____

School Year: _____

Copyright Release

Student may have their work recorded and taped (e.g. drama class); have their work displayed (e.g. Art); or have his/her work reproduced for non-profit, educational purposes. Their production(s)/work(s) may be shown at educational displays during an 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.

Signature of Parent/Guardian/Independent Student

Date

School Council Information Disclosure

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 contact purposes.

_____ 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.

Signature of Parent/Guardian/Independent Student

Date

Internet /Website and Media Information Disclosure Consent

From time to time, media may cover events or activities at your child's school or Palliser Regional Schools may post student activities on Divisional/School websites, Facebook or other social media. Whether or not you have concerns about your child participating in media coverage at school (being photographed, videotapes, interviewed) it is important that we know your wishes. Internet, website and media coverage may include the use of your child's name and photograph for publication on the internet. (Note: School concerts and other events where parents and the public will be attending are generally considered public events which mean that anyone, including the media, could take photographs without first obtaining consent.) This consent will be used when any of the following information is posted on social media sites on the internet.

_____ 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.

Signature of Parent/Guardian/Independent Student

Date

Continued on back . . .

Request for Consent – Electronic Communication

In order to keep you up-to-date on the latest school news and events please provide your consent below. We want to keep you informed about relevant school news, information items and updates, events, meeting, fundraising activities, announcements and similar activities, through email or other electronic communications which may contain related offers, registration fees, tickets, advertisements, promotions or similar information.

If you wish to receive the above communications from us, please complete the form below:

Name: _____ Email: _____

_____ Yes, I want to opt-in to receive electronic communications from Palliser Regional Schools

_____ No, I do not want to receive electronic communications from Palliser Regional Schools

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

If you wish to withdraw your consent and unsubscribe from our electronic communication at any time, please contact your child’s school.

Signature of Parent/Guardian/ Independent Student

Date

Online Learning Video Consent

Palliser School Division will utilize an online platform for at-home learning for students, teachers, and staff during the COVID-19 virus pandemic. While we feel that there is no real substitution for face-to-face instruction and interaction, we want to continue working with students and are grateful for what the online platform brings to that endeavor. If your child is in the classroom, the teacher may be recording the lessons for students participating remotely and your child may appear in the video. By signing below, you acknowledge that your child may appear on a video during the school day for instructional purposes. This consent is only valid for this current school year and may be removed by calling the school and speaking with the principal.

Signature of Parent/Guardian/ Independent Student

Date

Threat Assessment

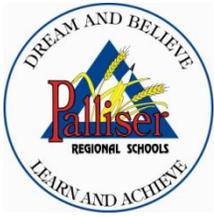
In order to enhance a sense of safety and security for everyone in our schools, Palliser School Division has zero tolerance for high-risk behaviours. Should any student engage in behaviours which threatens or appears to threaten the safety of others, our protocol for dealing with high-risk behaviours will be activated.

The Palliser School Division's Threat Assessment Protocol in response to high-risk and worrisome behaviours is available in it's entirety at: <https://www.pallisersd.ab.ca/about-us/procedures/1867>.

We ask for your signature, simply to acknowledge that you are aware of this procedure.

Signature of Parent/Guardian/ Independent Student

Date



PALLISER REGIONAL SCHOOLS
**INFORMATION TECHNOLOGY USER AGREEMENT/
PERMISSION FORM FOR GRADES 4-12 STUDENTS**

As the parent or legal guardian of the student listed below, I have read, reviewed and discussed the terms, conditions and responsibilities stated on the reverse of this page as well as **Administrative Procedure 140** (accessible on the Palliser web site) with him/her. Further, unless I advise the school to the contrary, in writing, this authorization shall continue henceforth for the current school year and shall be renewed annually. Having understood and acknowledged these stated conditions, I hereby:

I. Basic Student Access to Networked Systems for Educational Use (check ✓ one):

- Grant permission for my son/daughter to access electronic information services provided by Palliser Regional Schools for educational purposes. Should I wish to revoke this permission at some future date, I understand that I will be responsible for communicating such a decision, in writing, to the school principal.
- Decline to permit my son/daughter to access any electronic information services as part of his/her educational program.

I/We confirm that I/we have discussed with our son/daughter his/her responsibilities as a student as described in this document and have discussed with my son/daughter that he/she is responsible for complying with the expectations set out in this document and may be disciplined for failure to do so.

School: _____ **Student Name:** _____

Grade: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

As a student user of Palliser Regional Schools electronic information resources, I have discussed my responsibilities as a student as described in this document with my parent(s)/guardian(s). I accept and understand that I am responsible for complying with these expectations.

Student Signature: _____ Date: _____

II. Permission to Electronically Publish Student Work (check ✓ one):

- Grant permission for student work completed by my son/daughter to be published electronically beyond the school site, provided that a copy of the work in its finished form is shared with me prior to publication. I understand that such works will include no personal/private information (i.e., surname(s), home address, telephone number) and include a copyright notice prohibiting the copying of such work without my permission. Should anyone request permission to copy, such requests will be forwarded to me for a decision.
- Do not wish to have work completed by my son/daughter published electronically at this time.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I, the student, also give my permission for electronically publishing my work.

Student Name: _____

Student Signature: _____ Date: _____
