

# Student Registration

Alberta Education ID#: \_\_\_\_\_

The information requested on this form is being collected pursuant to the provisions of the School Act and its regulations, and the FOIP Act, Sections 33(c), 39 (1)(b) and 40 (1)(c). Information acquired through this form is kept secure and access is restricted.

**All items within a dark line border are to be completed by school office staff.**

School: **Sturgeon Composite High School**

School ID#: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Program Placement: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

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

Legal First Name: \_\_\_\_\_

Gender:  Female  Male Grade: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_

**Is transportation required?**  Yes  No

If student does not normally go by their legal name, indicate:

Preferred Surname: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

911 (Physical) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_

Home Phone No. ( ) \_\_\_\_\_

Name and Location of Previous School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this student ever attended a school in Sturgeon

Public School Division:  Yes  No

If yes, name of school: \_\_\_\_\_  
\_\_\_\_\_

### Vital Statistics Document Verification

Legal Name Verified Document: \_\_\_\_\_

Citizenship Verified Document: \_\_\_\_\_

Date of Birth Verified Document: \_\_\_\_\_

**NOTE:** A Vital Statistics Document must be presented to the school **within four weeks of registration** to verify the student's legal name, citizenship and birth date.

Vital Statistics Documents include: Canadian Birth Certificate, Canadian Citizenship Certificate, Canadian Adoption Certificate, Canadian Marriage Certificate, Passport, Visa, or Permanent or Landed Immigrant/Residence Document.



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## Legal Guardian Information

# 1. Father  Mother  Guardian   
Other  (please specify): \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss  Dr.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address:

(Note "same" if not different from student's - page 1):

Street/Box No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell

Work/Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

# 2. Father  Mother  Guardian   
Other  (please specify): \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss  Dr.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address:

(Note "same" if not different from student's - page 1):

Street/Box No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell

Work/ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### STUDENT LIVES WITH:

Both Parents  Mother only  Father only  Guardian  Foster Home  Independently

Other  (If other, please explain): \_\_\_\_\_

### CHILDREN SERVICES INFORMATION:

Guardianship Order:  Permanent  Temporary  Other

Legal Signing Authority: \_\_\_\_\_

Social Worker Name & Contact Information: \_\_\_\_\_

## Medical/Emergency Contact Information

### Emergency Contact Information:

In case of illness, inclement weather or emergency school closure and the student's parent/legal guardian is not available, please indicate alternate emergency contacts:

Name: \_\_\_\_\_ Relationship to Student

Phone: \_\_\_\_\_  
Daytime/Work Cell

Name: \_\_\_\_\_ Relationship to Student

Phone: \_\_\_\_\_  
Daytime/Work Cell

*Please make sure the emergency contacts are advised that their names have been used for this purpose.*

Additional contact information can be attached to this form.

### Student's Medical Information:

Does this student have any medical concerns/special needs/family circumstances of which the school should be aware?

Yes  No

If YES, please describe: \_\_\_\_\_

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

**Alberta Health Care Number** \_\_\_\_\_

Parents are not required to provide this information, however Alberta Health Care numbers may be requested for activities such as field trips.

**Custody/Court Order Information:**

Code the student with a "yes" if the following applies:

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, The Domestic Relation Act, The Divorce Act or the Young Offenders Act.

Please indicate if the school administration should be aware of any such court order for the protection of your child.

Yes  No

If YES, please make arrangements to discuss this situation with the school administration. You will be expected to provide legal documentation to support your requests.

**Alberta Education Grant Code Information**

**Aboriginal Learner Data Collection Initiative (ALDCI):**

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

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

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 activity by Sturgeon Public School Division, please contact the Sturgeon Public School Division Superintendent at 780-939-4341.

**English as Second Language (ESL) Eligibility:**

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

Is your child  Canadian born or  Foreign-born?

If Foreign-born - Birth Country:

\_\_\_\_\_

Student's first language learned (specify):

\_\_\_\_\_

Student's primary home language (specify):

\_\_\_\_\_

**Citizenship (check one)**

AB ED Code:

- 1  Canadian citizen
- 2  Permanent resident
- 5  Temporary Resident (student)  
(e.g. Study Permit or visiting student)
- 6  Child of Canadian Citizen  
(student is not a Canadian citizen)
- 7  Child of an individual lawfully admitted to  
Canada for permanent or temporary  
residence.
- 9  Step-child of a Canadian or Temporary  
Foreign Worker

### Special Needs/Schooling

Has your child received specialized services or programming?  Yes  No

Type of Program: \_\_\_\_\_

### Section 23 Francophone Education Eligibility Declaration:

Pursuant to Section 10 of the *School Act* and 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 as set out in the *Canadian Charter of Rights and Freedoms*, are you eligible to have your child receive a French first language (Francophone) education:

Yes  No  Do not know (Please place an X in the appropriate box.)

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?  Yes  No

### Non Resident

Please check(✓) if you are a non resident

Resident Board : \_\_\_\_\_

1. If you are not a resident of Sturgeon Public School Division this registration does not guarantee a placement in a Sturgeon Public School Division School.
2. Where there is a need to provide special education services, the sending Board must be approached by the parent/guardian for sponsorship through a tuition agreement according to our placement practice.
3. There is a wait time of up to five days to determine student need.
4. Permission to access student records is required (cumulative record request form).

### Declaration and Consent

I hereby affirm that I have read this registration form and the accompanying Student Information Booklet and understand how this information will be used. I affirm that the information given on this registration form is complete and correct. As indicated by my signature below, I hereby freely and voluntarily consent to have the information provided by me accessible as indicated.

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

\_\_\_\_\_  
Date

***If you have any questions related to the information being requested on this form, please feel free to contact the school office for assistance.***



Freedom of Information and  
Protection of Privacy Provisions

## Consent to Disclose Student's Personal Information

This consent form is to be completed in the following circumstances.

- When photos and/or videos are taken, at non-public events, by the media or an outside organization or when interviews are undertaken where individual students are identified by name or face.
- When photos and/or videos are taken by a Board employee where individual students are identified by name or face and the material is to be used for purposes outside the school system.
- When photos are placed on a web site on the Internet for promotions and report purposes (i.e. School Newsletters). It is understood that the picture may be used in conjunction with the first name of the student.

I hereby give consent for \_\_\_\_\_  
Name of Student

to be:  Interviewed  Videotaped  Photographed  Tape recorded

by the local newspapers/media personnel for the purpose of recognizing students at events sponsored by the school (including sport activities, academic achievements, musical performances, Open House).

I hereby release, discharge and agree to save harmless Sturgeon School Division, its legal representatives or assigns, and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in taking of said pictures or in any processing tending towards the completion of the finished product.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if 18 Years or  
Older or Independent Student

\_\_\_\_\_  
Signature of Parent/Legal Guardian

I hereby give consent for my child's picture and name to be used on the Sturgeon School Division or the individual School's web site on the Internet.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student if 18 Years or  
Older or Independent Student

\_\_\_\_\_  
Signature of Parent/Legal Guardian

The information requested is being collected pursuant to the School Act, Section 23, and the FOIP Act, Sections 33(c), 39(1) (b) and 40 (1) (c). Information acquired through this form is kept secure and access is restricted. For further information, please contact your school principal or Thomas Holmes, FOIPP Coordinator at 780-939-4341 or [Thomas.Holmes@sturgeon.ab.ca](mailto:Thomas.Holmes@sturgeon.ab.ca)

See Sections 1(1)(m) and 1(3) of the School Act for the definitions and rights of an independent student @ [www.up.alberta.ca](http://www.up.alberta.ca)





**Canadian Anti-Spam Legislation  
Consent to Receive Commercial  
Electronic Messages**

Sturgeon schools would like to keep you informed about the latest school events and activities by occasionally sending out email and text messages via the Power Announcement messaging system. Occasionally these communications may include information related to school offers and activities such as field trips, student photos or clothing, yearbooks, advertisements, and events.

This information is consistent with what has been provided to you in previous years, but because these types of announcements are now referenced in the Canadian Anti-Spam Legislation, schools must adhere to the requirements of that legislation and receive prior permission before distributing this information digitally.

Parent/Guardian of: \_\_\_\_\_ School: \_\_\_\_\_

- Yes, I hereby give consent for Sturgeon School Division and its schools or school groups to send electronic communications.
- No, I do not wish to receive communications related to my child's educational opportunities.

_____	_____	_____
Date	Signature of Parent/Legal Guardian	Signature of Student if 18 Years or older or Independent Student

\*Consent can be withdrawn at any time by contacting the school directly.  
For further information please contact your school principal.

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## Transportation Application Form 2017-2018

**PLEASE COMPLETE ONE TRANSPORTATION APPLICATION PER SCHOOL**

School: SCHS		
Parent/Guardian: <small>(First &amp; Last Name)</small>	Work #:	Cell #:
Parent/Guardian: <small>(First &amp; Last Name)</small>	Work #:	Cell #:
Mailing Address:		Home Phone:
Town/Subdivision:		Postal Code:
Municipal Address (911 Rural Address):		
Date Busing Required:		
<i>If transportation is required from an alternate address, please provide information in the space below:</i>		
Municipal Address (911 Rural Address):		

Student's Name (First and Last)	Grade	M/F	Birth Date

The information requested is being collected pursuant to the School Act, Section 23, and the FOIP Act, Sections 33(c), 39(1) (b) and 40 (1) (c). Video cameras may be used on school buses for safety and/or student management purposes only. Information acquired through this form is kept secure and access is restricted. For further information, please contact your school principal or Thomas Holmes, FOIPP Coordinator at 780-939-4341 or [Thomas.Holmes@sturgeon.ab.ca](mailto:Thomas.Holmes@sturgeon.ab.ca)

**Office Use**

Transportation Fees:	Paid by <input type="checkbox"/> cheque <input type="checkbox"/> cash	Initials: _____
Amount Paid: _____	Date: _____ <small>(m/d/y)</small>	Receipt # _____

**Transportation Department Use**

Comments/Concerns:	
Bus Driver:	Bus Route:

\_\_\_\_\_  
Manager, Transportation Services

\_\_\_\_\_  
Date





## Copyright Release Form

I hereby grant permission to \_\_\_\_\_  
Name of School/Individual

on behalf of my child(ren) \_\_\_\_\_ to  
Name(s) of Student(s)

(please check appropriate boxes):

- record and tape my child(ren);
- display any of my child(ren)'s work; and
- reproduce any of my child(ren)'s work.

For non-profit, educational purposes, I understand the production(s) work(s) may be shown at education displays during open house, inservice sessions and other school related activities at school or school board sites or at school board sponsored displays in the community, or used in a school publication.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Student if 18 Years or Older or  
Independent Student

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

The information requested is being collected pursuant to the School Act, Section 23, and the FOIP Act, Sections 33(c), 39(1) (b) and 40 (1) (c). Information acquired through this form is kept secure and access is restricted. For further information, please contact your school principal or Thomas Holmes, FOIPP Coordinator at 780-939-4341 or [Thomas.Holmes@sturgeon.ab.ca](mailto:Thomas.Holmes@sturgeon.ab.ca)

See Sections 1(1)(m) and 1(3) of the School Act for the definitions and rights of an independent student.





## Field Trip Annual Consent Form (Low Risk Activities)

I/We understand that the Sturgeon School Division #24 (the Division) arranges for students within the Division to participate in field trips, which, in the opinion of the Division, have definite educational, athletic, or cultural value and are considered in the category of **low risk** activities. These day trips are very common and happen quite regularly throughout the school year. This form is not intended to request your approval for field trips that are considered high risk or overnight activities. A separate permission form will be sent home for high risk or overnight field trips.

I/We understand that any medical information requested would be collected for the purpose of student safety during field trips, including student athletic events (which are generally considered to have an inherent element of risk of injury despite all safety precautions).

I/We, being the custodial parent(s) or guardian(s) of \_\_\_\_\_ (the "student") consent to the student participating in any such field trips arranged by the Division, and we authorize the participation by the student. It is understood that my/our consent and authorization are subject to the following conditions:

- (1) The Division, through the relevant school, will advise me/us in writing of the following particulars of any field trip two weeks, if possible, and at least three school days, at minimum, prior to the intended date of the field trip:
  - (a) destination;
  - (b) arranged supervision;
  - (c) date(s) and time(s);
  - (d) transportation plans;
  - (e) associated risks that should be highlighted regarding the field trip;
  - (f) costs, if any; and,
  - (g) a telephone number through which additional information on the field trip may be obtained.
- (2) I/We acknowledge my right to obtain as much information as I require about the program(s) or activity(ies) and associated risks and hazards, including information beyond that provided to me by the school or Board.
- (3) I/We freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal injury due to an unforeseeable event associated with his/her participation. I consent that the Board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
- (3) I/We have the right to advise the Division, through the relevant school, in writing, at least two school days before the commencement of any particular field trip, that I/we do not consent to the student participating in the field trip, in which event my/our consent and authorization will be considered as withdrawn for the particular field trip and the student shall not be allowed to participate in such field trip.
- (4) I/We have read, as per the reverse, the students' responsibilities, have discussed these with my child, and will comply with the parents'/guardians' responsibilities.
- (5) This consent, authorization and waiver shall be in effect for the current school year only.

DATED at \_\_\_\_\_, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Print Name

**Board Responsibility**

The Board will make every reasonable effort to ensure or ascertain that:

- Liability insurance is provided.
- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.

**Students' Responsibilities**

Each student participating in a field trip shall:

- Comply with the rules and regulations, including directions and instructions from the school's and or service providers, administrators, instructors, and supervisors over all phases of the program/activity.
- Be prepared for the particular type of field trip (i.e., wear appropriate clothing and footwear to be prepared for possible seasonal weather variances).
- Participate in a responsible and cooperative manner during the trip.
- Complete all academic activities related to the field trip before, during, and after the trip in a satisfactory manner.

**Parents'/Guardians' Responsibilities**

Parents/Guardians are responsible to:

- Return the signed authorization form to the school by the required deadline.
- Advise the school of any medical and/or health concerns or dietary restrictions which may affect his/her participation in the stated program or activity.
- Ascertain if the level of risk associated with the trip is appropriate for their child.
- Reinforce with their child the importance of appropriate behaviour while on the field trip.

**Trip Emergency Medical Information**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ AB Health Care No. \_\_\_\_\_

Family Doctor and Telephone Number \_\_\_\_\_

Allergies (specify) \_\_\_\_\_

Reaction to above \_\_\_\_\_ Carries Epi Pen  Yes  No

Medical/Physical Conditions \_\_\_\_\_

Medications taken \_\_\_\_\_

Other Health/Medication/Dietary Concerns: \_\_\_\_\_

**Emergency Contacts**

1. \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

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