

Early Education: Preference [] 4 Day MORNING [] 4 Day AFTERNOON [] 2 Day MORNING [] 2 Day AFTERNOON
Alberta Student Number (if known): School:

* Required Fields

*Legal Last Name: *Legal First and Middle Names:
*Preferred Last Name (if different): *Preferred First Name (if different):
*Birthdate (D/M/Y): *Gender: [] Female [] Male *Home / Cell Phone Number:
*Birth Certificate: [] Yes [] No *Other Proof of Residency: [] Yes [] No
*Home Address:
*Mailing Address:
(House and Street) (City) (Province) (Postal Code)

Siblings currently enrolled with Lethbridge School District No. 51:

Alberta Health Care PHN (Personal Health Number):

**Medical information (i.e. medical conditions, allergies, etc):

**This must be completed every year

Name and location of previous school attended:
Date last attended previous school: Last Grade Completed:

Priority 1 Contact Information (i.e. parent or guardian)

First & Last Name:
Address:
City, Postal Code:
Relationship to Student:
Home Phone:
Work Phone:
Cellular Phone:
E-Mail Address:

Priority 2 Contact Information (i.e. parent or guardian)

First & Last Name:
Address:
City, Postal Code:
Relationship to Student:
Home Phone:
Work Phone:
Cellular Phone:
E-Mail Address:

Student is living with (check ALL applicable boxes): [] Priority 1 [] Priority 2 [] Other

Emergency Contact Information (in the event the above contacts are unavailable)

First & Last Name:
Address, City, PC:
Relationship to Student:
Home Phone:
Work Phone:
Cellular Phone:

Please ensure this emergency contact is advised that their name has been used for this purpose.

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

For further information, please refer to: 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.

Band: Treaty (10 digit number): (IF APPLICABLE)
Citizenship: [] 1 - Canadian Citizen [] 2 - Permanent/Landed Immigrant [] 5 - Study Permit [] 6 - Child of Canadian Citizen
[] 7 Temporary Resident [] 9- Children of individual lawfully admitted to Canada/Unknown

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:

Student's first language spoken: Do you need assistance with interpretation? [] Yes [] No

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:

Additional Early Education Registration Information 2017-2018

Thank you for taking the time to provide us with the information on this sheet. It will help us a great deal in meeting the needs of your child as he/she begins his/her Early Education Program.

Requirements of the program:

1. Your child must be a minimum of 3 years of age on September 1 of the school year they are registering in.
2. Your child must be toilet trained* when the program begins. This means the child is no longer in pull ups or diapers. *Please provide a change of clothes in the child's backpack.* *Exceptions may be considered for children who have **identified delays**.
3. Your registration form must be complete and include: your child's birth certificate (or proof of order from government registry), immunization records and a copy of the Alberta Health Care Card, all contact information requested within.
4. A non-refundable deposit of \$40.00 must be included with your registration.
5. The monthly EEP payments are due on the first of each month and must be paid with School Cash Online. (School Cash Online can be found on our MMH website.)

Additional Information:

Has your child previously attended child care? _____

If so, where? _____

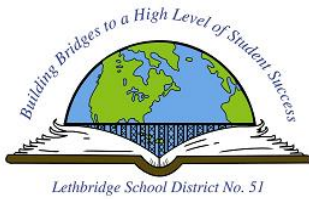
Has your child previously attended a preschool or early education program? _____

Location of previous preschool or early education program _____

Do you or any family members or friends have any concerns about your child's speech or language development or has your child ever received support for speech issues? _____

What limitations, if any, do you feel your child must overcome? (Moods, shyness, co-ordination, behavior issues)

Is there anything else you'd like us to know about your child? (learning, developmental, emotional concerns, etc.)



Lethbridge School District No. 51

2017-2018 Student Registration Package

Student's Name: _____

School: _____

Grade: _____

INSTRUCTIONS

1. Read the Freedom of Information and Protection of Privacy Act information and the 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 REQUIRING PARENTAL SIGNATURE

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.

_____	_____	_____
Print Name	Signature of Parent/Guardian/ Independent Student	Date

Media/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/ Independent Student	Date

Public Health

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



Lethbridge School District No. 51
AND THE
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Effective September 1, 1998, school jurisdictions in Alberta became subject to the *Freedom of Information and Protection of Privacy Act*. The purposes of the *Act* (Section 2) are: (1) to allow the public a right of access to records held by a school jurisdiction; (2) to control the manner in which school jurisdictions collect, use and disclose personal information; (3) to allow individuals a right to access personal information about themselves held by a school jurisdiction; (4) to allow individuals a right to request corrections to their personal information held by a school jurisdiction; and (5) to provide for an independent review of decisions made under the *Act*.

Access to Information - Under the *School Act* (Section 18), a student, their parent/guardian, and any person who has access to the student under a separation agreement or court order will have access to records kept by the school pursuant to the *Student Record Regulation*. Access to other personal information not included on the student record will be subject to release under the *Freedom of Information and Protection of Privacy Act* (sections 16 and 17). The *Act* also gives individuals the right to request correction of personal information (Section 35).

Any individual may request access to any record in the custody or under the control of the school jurisdiction, subject to restrictions related to the release of personal information and other limited exceptions. Information that is routinely available to the public may be released without a formal request. Any requests for information will be subject to payment of applicable fees adopted by the Board.

Protection of Privacy - An individual's personal information belongs to them, and they have a right to protection of their privacy. Personal information is defined in the *Act* (Section 1(1)(n)) as recorded information about an identifiable individual, including the individual's name, phone number, address, ethnicity, religion, age, marital status, identifying numbers or symbols, education, employment, medical or psychiatric history, and anyone else's personal opinions about the individual. To ensure that an individual's privacy is protected, the *Act* establishes strict guidelines for how personal information is to be collected and used, including the retention and disposal of this information (Sections 32, 33, 34 and 37). There are also strict guidelines governing disclosure of personal information (Sections 38, 39, 40 and 41).

What information is collected and why? Registration information is collected under the authority of the *School Act* (Section 18), the *Student Record Regulation* and the *Freedom of Information and Protection of Privacy Act* (Section 32.c). Information collected will be used for educational program purposes, such as placement in appropriate grades and courses, determination of eligibility for Alberta Education funding, contact information and as a record of health status in the event of a problem or emergency involving your child, etc.

How may the information which is collected be used or released? Information collected by the school jurisdiction may be used only for the purposes for which it was collected or for a consistent purpose (Section 39). This information will only be released if permitted under the *School Act* (Section 18) or the *Freedom of Information and Protection of Privacy Act* (Sections 16, 17, 37, 38 and 39), or if written consent for its disclosure is obtained. The *School Act* and *Student Records Regulation* permit the release of information to Alberta Education, including student name, gender, birth date, program/grade, student/parent address and telephone numbers. This information is used to facilitate program funding, planning and evaluating programs, conducting enrolment audits of school jurisdictions, and for demographic and other statistical research purposes.

What security measures are in place to protect this information? Personal information collected through the student registration process is kept secure and access is restricted. The School District utilizes a computerized Student Information System to maintain student records. Information is entered into the computer system at the school level, and access to this information is restricted by password protection.

What if I have questions or concerns? If you have any questions about the collection, use or disclosure of information collected in this registration process or on any matters of access or privacy, please contact:

Office of the Superintendent
Lethbridge School District No. 51
433 - 15th Street South, Lethbridge, AB T1J 2Z5

Phone: (403) 380-5300
Fax: (403) 327-4387

Please retain this document at home for future reference.

INSTRUCTIONS

1. Read the Freedom of Information and Protection of Privacy Act information and the 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.

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.

NEW STUDENTS TO _____ SCHOOL

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

- **a photocopy of your birth certificate**
- **a photocopy of your Alberta Health Care Number**
- **a copy of your most recent report card from last school attended**
- **a copy of a document verifying your address**



LETHBRIDGE SCHOOL DISTRICT NO. 51

January 27, 2009

1003.3.1. Volunteer Registration Form

SCHOOL YEAR: _____

Mr./Mrs./Ms.: _____ Surname: _____ Given Names: _____

SCHOOL NAME: _____

Address: _____ Postal Code: _____

Telephone Numbers: Home: _____ Work: _____

Do you have the children or grandchildren registered in this school? Yes No

If yes, list name and grade:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Please list at least two references with whom the school may check:

Name: _____ Phone: _____

Name: _____ Phone: _____

VOLUNTEER SECURITY DISCLOSURE

Have you ever been charged or convicted of an offence under the *Criminal Code*, *Narcotic Control Act*, *Food and Drug Act*, or *Firearms Act* of Canada, or the criminal laws of any other country? **(Individuals who have been granted pardons are not required to respond "Yes" to this question.)** Yes No

Have you ever been the subject of an investigation or order under the *Child Welfare Act* of Alberta or equivalent legislation in any other province or country? (If you answer "Yes" to this question, you must submit a current Child Welfare Statement along with this form.) Yes No

Are there any conditions which might cause concern regarding your suitability as a volunteer? Yes No

If the answer to any of the above questions is "Yes", provide details including dates, dispositions, and any other pertinent information:

Note: "Yes" to any one of the above will not automatically exclude an applicant from becoming a volunteer in Lethbridge School District No. 51.

As a volunteer, we would like to advise you of the following conditions:

1. That confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and staff is honoured.
2. That any information collected, used generated and stored by Lethbridge School District No. 51 including student, instructional, financial or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. That you may not disclose, communicate, publish, take, alter, copy, interfere with or destroy any information unless you are specifically authorized to do so by the teacher or principal.
4. That you must notify the principal of any new criminal charges at the time the charge is made.
5. That the teaching and administration staffs are responsible for student learning and discipline.
6. That administration, teaching and support staff have specific roles to play and it is important that all staff operate as a team.
7. That you as a volunteer can assist in enhancing the learning environment by working cooperatively with the school team.
8. Failure to comply with these conditions or Lethbridge School District No. 51 policies may result in termination of your position as a volunteer.

By signing this volunteer registration form, I am agreeing to the conditions outlined above, as well as verifying that all information provided is accurate.

Signature: _____

Date: _____

The information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act to carry out our responsibilities under the School Act.



Lethbridge School District No. 51

Permission for school council to contact parents / guardians directly for 2017-18

School councils are collective associations of parents, teachers, principals, staff, students and community representatives who seek to work together to promote the well-being and effectiveness of the entire school community and thereby to enhance student learning. A school council is a means to facilitate co-operation among all the concerned participants in the local school. (Alberta Education)

School councils are one way we can all work together to support teaching and learning. School council plays an important role by advising the principal. We invite YOU to become involved!

School council members need to be able to contact parents about such things as:

- Meetings, special events, fundraising and other activities sponsored by the council;
- Obtaining your opinions and comments about school matters so council can work with the principal; and
- Sharing information on matters that affect public education.

School councils are subject to the Provincial Government’s privacy act, the *Personal Information Protection Act (PIPA)*. This means that in order for the school council to contact its parent or guardian members directly, they must provide the contact information directly to the school council.

If you would like to receive communication and information directly from the school council, we need to know how to contact you and to have your permission to do so. Please fill in this form and return it to the school. Your information will be kept private and used by the School Council Executive only to share information with you about school council activities for the 2017-18 school year.

If you have questions about the collection of your information, please contact this year’s school council chair.

For the 2017-2018 School Year

As a parent/guardian of a student attending _____ School, I give my consent for the school council to contact me directly about school council business. I understand that if I no longer want to be contacted by the school council, I can ask the chair to remove my name from the contact list.

Name: _____ Phone: _____
 Full Address: _____ Postal Code: _____
 Email: _____

By entering my email address, I consent to receiving communications via email from the School Council.

Child’s/Children’s Name(s): _____ Grade(s): _____

Signature: _____ Date: _____



Form 504.1.1 – Medication/Personal Care Request and Authorization

Name of Child: _____ Birthdate: _____

Address: _____ Home Phone: _____

Father/Guardian Work Phone: _____

Mother/Guardian Work Phone: _____

Name of Medication: _____

Dosage/Personal care required. (Where procedures beyond a written prescription are required, written instructions from the doctor shall be attached.) _____

Purpose of medication/personal care _____

Name of Doctor: _____ Doctor Phone: _____

Medication/personal care is to be given as follows: Location: _____

Time: _____ Administered by: _____ Alternate: _____

It is the student's responsibility to come to receive medication. Yes No

Alternate Arrangements: _____

This medication is to be:

- self-administered by student (staff member informed)
- self-administered by student under supervision of staff member
- administered to student by staff member
- used only when the following symptoms appear: _____

Possible side effects (Please attach pharmacist's printout, if available).

Possible effects if the medication is not administered according to the prescribed schedule: _____

Termination date of medication/personal care: _____

Disposal procedures for unused medication (confirm with parent before enacting).

Emergency procedures to be implemented: Yes No (see next page)

Detail of Emergency Procedures are attached to this form: Yes No

Physician's Name: _____ Signature: _____ Date: _____

Parent's Signature _____ Date: _____



Form 504.1.1 – Medication/Personal Care Request and Authorization cont'd

Freedom of Information and Protection of Privacy – Disclosure Sec. 32

The personal information requested on this authorization form is being collected to determine the specific medication and personal care for your child that is being requested of the school. The information will be made available on a need to know basis to people who are working with your child and providing the required care. The information is collected pursuant to the *School Act* and Regulations thereto. It will not be disclosed to any other person or organization except as authorized by the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection and use please contact the principal of the school your child attends or the Director of Student Services, Lethbridge School District No. 51, at 380-5300.

Note: This section must be completed if medication is to be administered to the student at school.

I hereby request and give my permission for the below-named school to administer medication prescribed on the reverse of this form to my child. I make this request in the knowledge that school personnel have no special training or limited training in the administration of the medication. Parents/guardians must inform the principal of any changes in the administration of the medication. A new request/authorization form must be completed and given to the principal. In addition, I accept responsibility to ensure the safe transportation of these medications to the school. I hereby acknowledge that at my request the principal or her/his designate has been authorized to administer the prescribed medication.

Namely: _____

To my son/daughter/ward: _____

Date of Birth: _____ Class: _____

School: _____

And I hereby release the principal and/or his designate and Lethbridge School District No. 51 from any claim for harmful effects resulting from the administration of the prescribed medication and I hereby agree to indemnify and save harmless the principal and/or designates and Lethbridge School District No. 51 from all claims that may result therefrom. I have received a copy of the Board's policy on the administration of medication, and agree to follow the policy.

Signature of Parent/Guardian

SCHOOL USE

Location where medication/personal care supplies are kept: _____

Time of day for administration: _____

Student Responsible for remembering to come for medication: Yes No

Alternate Arrangements _____

Person administering medication/personal care: _____

Alternate Person(s): _____

Date and method of returning medication to parent _____



Is Your Child of First Nation, Metis or Inuit (FNMI) Heritage?

Dear Parents:

In 2004, after consulting with Aboriginal representatives, Alberta Education introduced the Aboriginal Learner Data Collection Initiative. It was introduced to identify First Nation, Metis and Inuit (FNMI) students for the purpose of helping to improve education programs and achievement for FNMI learners. The information helps Alberta Education and our school district determine effectiveness of initiatives for FNMI students, target programs to address student needs, identify promising practices, and determine professional learning needs for teachers. It is important information needed to provide the best possible learning environment for our FNMI students.

You will notice a section on your child's registration form that invites you to indicate if your child is of Aboriginal heritage. This question appears on all student registration forms in school jurisdictions across the province. The choice for an Aboriginal learner to provide this information is voluntary. As part of our on-going commitment to develop programming that reaches all students and to better serve the needs of our FNMI students, we ask that if your child is of Aboriginal heritage you check the appropriate box.

We also encourage all parents to visit our website or call our schools to find out more about the excellent programs and services we offer to our FNMI students.

Sincerely,

Jackie Lever,
FNMI Consultant

