

This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian, or by the student (if living independently). This form is used to enroll a student who is new to Sturgeon Public Schools, or who is returning to the District.

Office Use Only		
School:	ASN #	Program:
Grade:		First Day of School:

## STUDENT INFORMATION

Enter the student's legal name (last name) and given names below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first or last name, there is a space at the end of this section for preferred name.

Student's Legal Last Name

Student's Legal First Name

Student's Legal Middle Name

Date of Birth

Gender

M      F      X

Preferred First Name

Preferred Last Name

Student's Residence

Address City Province Postal Code

Mailing Address *(if different than Student's Resident - mail-outs from school will be sent to this address)*

Address City Province Postal Code

Primary Phone (with area code)

Student Cell Phone - Optional (with area code)

Is Transportation required?

Yes      No

## School History

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 - Office Use Only

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/Resident Document

If there are two parents or guardians, it is important to fill in both sections below, whether or not the parents or guardians are living together. A guardian is defined in section 20 of the Family Law Act, or a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or section 23 of the Family Law Act.

Parent/Legal Guardian	Relationship to Student (select one)	Mother	Father	Legal Guardian	Resides with Student
	Last Name	First Name			
	Address (if different from student's)				
	Address	City	Province		Postal Code
	Primary Phone (with area code)	Secondary Phone (with area code)			
	Other Phone (with area code)	Email			
Parent/Legal Guardian	Relationship to Student (select one)	Mother	Father	Legal Guardian	Resides with Student
	Last Name	First Name			
	Address (if different from student's)				
	Address	City	Province		Postal Code
	Primary Phone (with area code)	Secondary Phone (with area code)			
	Other Phone (with area code)	Email			
Medical Emergency Contact	<b>Emergency Contact Information</b>				
	In case of illness, inclement weather or emergency school closure and student's parent/legal guardian is not available, please indicated alternate emergency contacts:				
	Name	Relationship to Student			
	Daytime/Work Phone	Cellular Phone Number			
	Name	Relationship to Student			
	Daytime/Work Phone	Cellular Phone Number			
	Please make sure the emergency contacts are advised that their names have been used for this purpose. Any additional contact information can be attached to this form.				
	<b>Student's Medical Information</b>				
	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

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

First Nation (status)

First Nation (non-status)

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 of student information by the school board, please contact the School Board 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 17 of the *Education 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

**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 for 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 documentation 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. The entry of my name replaces a handwritten signature on paper and is legally binding.

Signature of Parent/Legal Guardian/Independent Student

Date

_____	_____	_____
Student Name	ASN #	Grade in 2020-2021

## FOIP Consent

### Consent to post or publish student information

\_\_\_\_\_ is requesting your permission to use your child’s personal information (i.e., image, grade and/or name, etc.) in public venues or on the Internet where the general public may have access to the information in order to communicate with parents, the community and the general public.

By signing this form, you are agreeing that your child’s personal information may be used in the following ways by the school and school division. Examples include, but are not limited to:

- video recordings;
- displays;
- posting pictures, videos, pod casts or presentations online;
- brochures, program booklets, newsletters or publications; and
- accessing and posting information to public websites or social media applications (e.g., Facebook®, Flickr®, YouTube®, Twitter® and other emerging technologies)

Classroom lessons may also be digitally recorded to provide material for staff development or to demonstrate good professional practices. These recordings may be shared with other educational organizations.

Some websites may require students to login and provide information such as their name, school and email address when they are sharing digital images, videos and presentations across the school division or on public websites.

By signing this form and returning it to the school, you are consenting to your child’s information being used for these purposes. **If no form is returned, it indicates that consent was NOT given.**

Yes, I consent to my child’s information being used for the above stated purposes.	
_____	_____
PARENT/GUARDIAN SIGNATURE	DATE

To help ensure that you know and understand how your child’s information may be used, the school administration and/or your child’s teacher will continue to communicate with you and provide you with additional information on events and projects that your child may be participating in.

Consent is voluntary and you may withdraw your consent and request that personal information regarding your child be removed from sites that are administered by The Sturgeon Public School Division by notifying the school Principal in writing. Please note that once photographs, student names and other identifying information is released in any public forum, The Sturgeon Public School Division cannot control or prevent the further distribution or use of the material by those who access the information. For more details on how personal information is used in The Sturgeon Public School Division, visit: [www.sturgeon.ab.ca/Privacy.php](http://www.sturgeon.ab.ca/Privacy.php)

## Media Consent Form

**This form asks if your child can be interviewed, filmed or recorded by media outlets that have been invited to the school.**

The Division invites media to our schools to help share stories about school events, programs, goodwill initiatives or students. When possible, the school will notify parents when media will be on site.

Media requests are carefully considered by the Communications department and the school principal before being approved. Schools need consent from parents/guardians before allowing media to interview or take photos, videos or audio of students at non-public events. This consent is only required if students could be interviewed, videotaped or photographed with their faces clearly shown.



News media reporting may include interviews with students, as well as photographs, video or audio to be shared in newspapers, magazines, radio or television programs, and online posts for websites or social media. The media coverage may be digitally manipulated, published, broadcast, re-broadcast or sold to other media outlets.

### Consent for Release – Parent/Legal Guardian or Independent Student/Adult

I am the parent/legal guardian of the student named above or independent student/adult. I have read and understand the information provided on this Media Consent form. I give The Sturgeon Public School Division permission to include my child or myself in the media coverage and its use as described above.	
_____	_____
PARENT/GUARDIAN SIGNATURE	DATE

**Parents can revoke consent by contacting the Principal anytime.**

Examples of acceptable documentation to support age and citizenship are:

- Birth Certificate (Canadian)
- Passport (Canadian)
- Immigration Papers (including Refugee)
- Treaty Card (Number)
- Canadian Citizenship Card
- Permanent Resident Card
- Adoption Papers
- Temporary Resident Papers
- Legal Guardianship (Court Order)
- Parent's Work or Study Permit
- Parent's Citizenship



# Field Trip Annual Consent Form (Low Risk Activities)

I/We understand that the Sturgeon Public Schools (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.
- (4) 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.
- (5) 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.
- (6) 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



<b>Board Responsibility</b>
<p>The Board will make every reasonable effort to ensure or ascertain that:</p> <ul style="list-style-type: none"> <li>• Liability insurance is provided.</li> <li>• The staff, volunteers and/or service providers involved are suitably trained and qualified.</li> <li>• The students are adequately supervised over all aspects of the program/activity.</li> <li>• The location(s) used are appropriate and safe for the activity(ies) and group.</li> <li>• Equipment used has been inspected and deemed appropriate and safe.</li> </ul>
<b>Students' Responsibilities</b>
<p>Each student participating in a field trip shall:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Be prepared for the particular type of field trip (i.e., wear appropriate clothing and footwear to be prepared for possible seasonal weather variances).</li> <li>• Participate in a responsible and cooperative manner during the trip.</li> <li>• Complete all academic activities related to the field trip before, during, and after the trip in a satisfactory manner.</li> </ul>
<b>Parents'/Guardians' Responsibilities</b>
<p>Parents/Guardians are responsible to:</p> <ul style="list-style-type: none"> <li>• Return the signed authorization form to the school by the required deadline.</li> <li>• 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.</li> <li>• Ascertain if the level of risk associated with the trip is appropriate for their child.</li> <li>• Reinforce with their child the importance of appropriate behaviour while on the field trip.</li> </ul>
<b>Trip Emergency Medical Information</b>
<p>Student Name _____ Birth Date _____ AB Health Care No. _____</p> <p>Allergies (specify) _____</p> <p>Reaction to above _____ Carries Epi Pen <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Medical/Physical Conditions _____</p> <p>_____</p> <p>Medications taken _____</p> <p>Other Health/Medication/Dietary Concerns: _____</p> <p><b>Emergency Contacts</b></p> <p>1. _____ Phone(H) _____ (W) _____ (Cell) _____</p> <p>2. _____ Phone(H) _____ (W) _____ (Cell) _____</p>

*In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), The Sturgeon School Division is authorized and required under the provisions of the Education Act and its regulations to collect, use and disclose personal information that is necessary to provide educational programming and ensure a safe and secure school environment for students.*