



# St. Mary of the Lake

CATHOLIC SCHOOL

Phone: (780)849-5244

Fax: (780)849-1919

stmaryofthelake.ca

Grade 1-3 Registration for 20 \_\_\_\_\_

This section is to be completed by office personnel only

ASN: \_\_\_\_\_

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

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

File Requested: \_\_\_\_\_

Classes: \_\_\_\_\_

This registration form is a legal document and therefore the information requested must be accurate and complete. In accordance with *Section 13* of the *School Act* a copy of this form will be placed in the student's record file and kept in a secure, access restricted area. **To be officially registered as a student of St. Mary of the Lake Catholic School, this registration form must be completed and signed by the legal guardian.**

**Please notify the school immediately of any changes.**

## CITIZENSHIP

Is the student a Canadian Citizen?  Yes  No

If **YES** please provide one of the following to register

Canadian Birth Certificate

Canadian Passport

Indian and Northern Affairs Canada Status Card

Legal Guardianship Papers

If **NO** please provide one of the following to register

Permanent Resident Card

Immigration Papers

Parents Canadian Citizenship documents

Parents Permanent Resident Card or Work/Study Permit

## STUDENT INFORMATION

The Student's legal names must be documented as it is on an acceptable vital statistics document

Legal Last name:

Legal First Name:

Legal Middle Name(s):

Preferred names are used to record names other than the legal names that a student commonly uses for identification

Preferred Last Name:

Preferred First Name:

Preferred Middle Name:

Registering For Grade:

Gender:  Male  Female

Birthdate: (dd/mm/yyyy)

Home Phone #:

Home Email Address:

## STUDENT'S SCHOOL HISTORY (If applicable)

Previous School Attended:

Telephone #:

Fax #:

Previous School District/Province/Country:

If moving from another Province has this student EVER attended an Alberta school?

If returning to education what was the reason for interruption?



STUDENT HOME ADDRESS (Legal Land Description Required- P. O. Box not acceptable)		
Apt. or Suite#:	Street or Rural Address:	
Town/City:	Province/Territory:	Postal Code:

STUDENT MAILING ADDRESS (If different from HOME Address)		
Apt./Suite/Box #:	Street or Rural Address:	
Town/City:	Province/Territory:	Postal Code:

SIBLINGS (Attending this school)		
Name:	Grade:	Birthdate:(yyyy/mm/dd)
Name:	Grade:	Birthdate:(yyyy/mm/dd)
Name:	Grade:	Birthdate:(yyyy/mm/dd)
Name:	Grade:	Birthdate:(yyyy/mm/dd)

STUDENT'S MEDICAL INFORMATION (This area is voluntary)	
Alberta Health Care #:	Doctor's Name And Number:
Please explain any medical conditions which you wish the school to be aware of?	
Emergency Action Required (If medication is required, please remember to fill out the "Request To Provide Medication Form"):	

CUSTODY
<p>In some instances, a child may be the subject of a protective court order (i.e. a restraining order). In other instances, an order or an agreement made pursuant to legislation affecting guardianship rights, custody or access rights to the student may be issued. Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. <i>Please ensure that St. Mary of the Lake School has copies of all current orders or agreements addressing guardianship rights, responsibilities, and entitlements, affecting the custody of or access to your child. This copy will be placed in the students file to ensure that each party's rights can be properly respected.</i></p> <p style="text-align: center;"><b>Please indicate if any such orders or agreements exist for the protection of your child. __ Yes __ No</b></p>



**STUDENT RESIDES WITH**

Only fill out this section if the student does not live with a Parent/Legal Guardian

Name:	Relationship To Student:
Cell #:	Work #:

**PARENT/LEGAL GUARDIAN INFORMATION**

Anyone other than a parent registering a child must have a legal court order and must provide this documentation to the principal at the time of registration.

Legal Guardian # 1 Name:	Relationship To Student (circle one): MOTHER FATHER GUARDIAN
Home # (If different from student's):	Cell #:
Work #:	Email:
Complete Home Address (If different from student's):	Mailing Address (If different from home address):

Legal Guardian # 2 Name:	Relationship To Student (circle one): MOTHER FATHER GUARDIAN
Home # (If different from student's):	Cell #:
Work #:	Email:
Complete Home Address (If different from student's):	Mailing Address (If different from home address):

**EMERGENCY CONTACT INFORMATION (Someone other than legal guardian)**

Emergency Contact # 1 Name:	Relationship To Student:	
Home Address:	Home #:	Cell #:

Emergency Contact # 2 Name:	Relationship To Student:	
Home Address:	Home #:	Cell #:

### ENGLISH AS A SECOND LANGUAGE

What language is primarily spoken and understood at home?  English  Other (please specify) \_\_\_\_\_

If English is not the primary language, what country was your child born in? \_\_\_\_\_

### ABORIGINAL STATUS

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 Jo-Anne Lanctot at 780-778-5666, or [jo-anne.lanctot@livingwaters.ab.ca](mailto:jo-anne.lanctot@livingwaters.ab.ca)

### SECTION 23 ELIGIBILITY (FRANCOPHONE EDUCATION)

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. If any one of the following conditions exists, the student is eligible for French instruction:

- Either parent's mother tongue is French. (French was the first language learned and understood by one of the parent(s))
- Either parent received primary school instruction in French in Canada
- One or more children in the family have received or are receiving primary or secondary school instruction in French in Canada

This does not include French Immersion

**Do you claim entitlement to a francophone education under the terms of the Canadian Charter of Rights and Freedoms and the School Act?  Yes  No**

***If "yes", do you wish to exercise these rights?  Yes  No***

### SPECIAL EDUCATION

Please explain any specialized learning needs your child may have {Includes: Learning Disabilities, Giftedness, Emotional / Behavioral Needs, Physical / Medical Needs, Reading / Mathematics Difficulties, etc...}

---

---

---

---

**Elementary (1-3) Science Lab Student Safety Consent**

I am learning to be a good scientist.

I know that to learn science best I must be neat, organized, and well behaved.

I promise to:

1. Be prepared for science activities
2. Listen to directions and make sure that I understand them before I start
3. Follow directions; I will do each step in order and I will not try unknown things
4. Observe carefully; I will be calm and quiet so that I can learn more
5. Keep good records; I will write down what happens
6. Care for equipment; I will handle it carefully and put it away when I am done
7. Clean up afterwards; I will wash and return all things to their rightful place, then wash my workspace and my hands
8. Follow all safety rules

I will do all these things to be a good investigator at school.

Signature of Student: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_

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

**Contact Lens Information**

Does your child wear contact lenses?    \_\_\_Yes    \_\_\_No

**If Yes**, please read and complete the following:

Contact lenses are not recommended to be worn in the laboratory as certain chemical fumes or small particles may become lodged under the lens. Please be aware of the slight increase in the risk of eye damage for contact lens wearers as compared to students in similar situations without contact lenses. All students must wear safety goggles in certain activities, even if they wear contact lenses or prescription glasses.

Please check the appropriate choice below . Whatever your decision should be, it is up to your son/daughter to follow your choice.

\_\_\_My son/daughter, will wear contact lenses under goggles during labs.

\_\_\_My son/daughter, will remove contact lenses prior to lab and will wear glasses under goggles.

Signature of Parent/Guardian: \_\_\_\_\_

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



**FAITH**

All of the schools in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principals of the Gospel and teachings of the Catholic Church, in all aspects of school life, including the curriculum of every subject taught both in and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

Is your family practicing the Catholic Faith?  Yes  No      If no, please specify Religion, if any: \_\_\_\_\_

Has your child been Baptized Catholic?  Yes  No

Has your child received First Communion?  Yes  No

Has your child been Confirmed?  Yes  No

**DECLARATION BY LEGAL GUARDIAN**

I hereby declare that I am the legal guardian referred to in this registration form and that I hereby certify the foregoing information to be true, correct and complete. I have read and I understand the information regarding legal guardianship and have identified all legal guardians for the above-named child. In an emergency, I hereby give the school permission to provide emergency medical treatment as they see appropriate and realize that I may incur costs associated with this treatment such as an ambulance fee.

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

*If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact:*

**Living Waters Catholic Regional Division No. 42 FOIP Coordinator - Mrs. Jo-Anne Lanctot**

Box 1949

Whitecourt, AB T7S 1P6

Phone: (780) 778-5666 Fax: (780) 778-2727

Email: jo-anne.lanctot@livingwaters.ab.ca



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS-SCHOOL ACTIVITIES CONSENT FORM

This personal information is collected pursuant to the provisions of the School Act and its regulations, and pursuant to Section 32 © of the FOIP Act as the collection is related directly to and is necessary to a school board’s obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment. The FOIP Act requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act. Living Waters Catholic Regional Division No. 42 believes that the activities listed below are part of the normal operation of a school. The following items describe activities where student information may be used. Please read this list of activities carefully and complete the consent by signing in SECTION A or SECTION B.

- 1. Individual photos that are taken;
2. Photos and/or videos of classroom, school, and team activities that are taken and used in the school calendar, school yearbook or for other purposes within the school, as well as video monitoring used in schools and buses;
3. Student name, photograph, and write-up that are included in school yearbook (if one is produced);
4. Student name and description of activities that are used in the school newsletter and other school communications;
5. Student names that are included in an honor roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
6. Media photographs or videos of classroom,school, and team activities, where individual students cannot be identified, may be taken and used by the media. (Before an individual student is identified by the media, a media consent form will be completed by the parent/guardian).
7. Photographs or videos taken by the media, the division, or any other organization where individual students are identified or instances where students are interviewed. NOTE: 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 restrict such activity at public events.
8. Student names that are used on artwork, written material, or other items to be displayed in the school;
9. The use of student names, related contact information and phone numbers for classroom reps;
10. The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards, grants, or scholarships, in the event the board applies on a student’s behalf;
11. Student art and/or literary works displayed on the school or division website. NOTE:The full name, address, phone number, or email of the student will never be provided on a school or division website. Students will only be identified by their initials and class.
12. Individual student photographs displayed on the school or division website. NOTE:The full name, address, phone number, or email of the student will never be provided on a school or division website. Students will only be identified by their initials and class.
13. Copyright for artwork or creative writing which will be reproduced for use outside of the school;
14. The circulation of information on a “need to know” basis regarding students who have severe or life threatening medical conditions, and those requiring immunization, communicable disease control, and speech services. (You may be contacted by Alberta Health Services for these);
15. And, other similar activities within the school community.

SECTION A-I have read and understand the uses that will be made of ALL of the personal information as listed and described in the School Activities Consent List and hereby consent to the collection and use of this information as they relate to my child/myself (if independent)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

—OR—

SECTION B-I have read and understand the uses that will be made of the personal information as listed and described in the School Activities Consent List and I hereby consent to the collection and use of this information EXCEPT for the following activities:

- Number: \_\_\_\_\_ Specify concern: \_\_\_\_\_
Number: \_\_\_\_\_ Specify concern: \_\_\_\_\_
Number: \_\_\_\_\_ Specify concern: \_\_\_\_\_
Number: \_\_\_\_\_ Specify concern: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

