



LAKELAND CATHOLIC SCHOOLS

BETTER EDUCATION...It's as simple as that! C'est vrai!

10140-104 Street, Lac La Biche, AB T0A 2C0
Phone: (780) Fax: (780)

Lakeland Catholic School District Registration Form (K - 9)

Alberta School Number: _____

REGISTRATION INFORMATION

(A copy of the student's birth certificate or visa documentation is required for all students entering the district for the first time)

Student Legal Name	First Name	Middle Name

Also Known as Surname	Also Known as First Name	Also Known as Middle Name

Grade	Gender	Date of Birth	Age	Phone Number	Unlisted
		<small>Month Day Year</small>			Yes No

Current Mailing Address	<small>P O Box</small>	<small>Apt #</small>	<small>House #</small>	<small>Street</small>
<small>Town/city</small>	<small>Province</small>		<small>Postal Code</small>	

Residential / Rural Address (If different than mailing)	<small>Apt / Unit</small>	<small>House #</small>	<small>Street / Township / Range Road</small>
<small>Town/ City</small>	<small>Legal Land Description</small>		<small>Province</small>
			Is Busing Required? Yes No

Last School Attended	<small>School Name</small>
<small>Town/ City</small>	<small>Province</small> <small>Postal code</small>

PARENT/GUARDIAN

Student lives with	Father Only	Mother Only	Both	Guardian	Living Independently	Split Custody

Mother	<small>Surname</small>	<small>Given name</small>	<small>Religion</small>
			Catholic Others
Tel	<small>Home</small>	<small>Work</small>	<small>Ext</small> <small>Mob</small>
E-mail			<small>Use this email to receive mailings</small> Yes No

Father	<small>Surname</small>	<small>Given name</small>	<small>Religion</small>
			Catholic Others
Tel	<small>Home</small>	<small>Work</small>	<small>Ext</small> <small>Mob</small>
E-mail			<small>Use this email to receive mailings</small> Yes No

Guardian	<small>Surname</small>	<small>Given name</small>	<small>Religion</small>
			Catholic Others
Tel	<small>Home</small>	<small>Work</small>	<small>Ext</small> <small>Mob</small>
E-mail			<small>Use this email to receive mailings</small> Yes No

Mailing Address	<small>P O Box / Apt #</small>	<small>House #</small>	<small>Street</small>	<small>Town/city</small>	<small>Province</small>	<small>Postal code</small>

CONTACT PERSONS

** You must have at least one emergency contact*

Emergency Contact <i>(if parents are unavailable)</i>	Name	Relationship to student	Telephone
Baby-sitter/Daycare	Name	Telephone	

MEDICAL

Family Doctor		Telephone	
<i>Indicate specific medical conditions your child may have of which the school should be made aware:</i>		On Medication	Are Immunizations up to date?
		Yes No	Yes No

CUSTODY

In rare instances, a child may be designated as protected, or may be the subject of a custody or access order if a court order has been issued under the Child Welfare Act, the Domestic Relations Act the Divorce Act or the Young Offenders Act, or a separation agreement has been entered into between the parents. Please indicate if any such order or agreement affecting the safety, security, custody, or access of the child has been issued.

If yes, please make arrangements to discuss this situation with the school administration. Legal documentation will be required

CITIZENSHIP

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Others	<i>If Others Please Explain</i>	Foreign Students only		
<input type="checkbox"/> Permanent Resident/ Landed Immigrant	<input type="checkbox"/> Foreign Students		<i>Entry into Canada</i>		
<input type="checkbox"/> Child of Canadian Citizen			Month	Day	Year
			<i>Student Visa Expiry</i>		
			Month	Day	Year

PROGRAM

<i>Please indicate any programming that your child may require</i>	English as a Second Language	French Immersion	Home Education
<i>Please indicate language spoken at home</i>	<i>Does your child have any special needs that we should be aware of ?</i>		<i>If yes, please specify:</i>
<input type="checkbox"/> English <input type="checkbox"/> Others, please specify:	Yes No		

ABORIGINAL ELIGIBILITY

<i>If you wish to declare that your child is an Aboriginal person, please specify:</i>	<input type="checkbox"/> Status Indian	<input type="checkbox"/> Metis	<input type="checkbox"/> NA	<i>Band Number</i>
	<input type="checkbox"/> Non – Status Indian	<input type="checkbox"/> Inuit		<i>Treaty Number</i>

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and the Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet Ministry and School Board mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve aboriginal learner success. This information will also be used to determine the provincial First Nations, Métis and Inuit Funding Allocation provided to school jurisdictions.

For further information or if you have any questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy sector, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton, AB T5J 4L5, (780) 427-8501

FRANCOPHONE ELIGIBILITY

According to 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 child(ren) receive school instruction in French. This applies if the parent/guardian is a resident of Alberta **and**: French was the first language learned, and is still understood by at least one parent; **or** one or more of the parents, **or** one or more of their children have received, **or** are receiving instruction in a French first language program **or** school in Canada (this does not include a French Immersion program).

<i>Do you claim entitlement to a francophone education under the terms of the School Act?</i>	Yes No	<i>If YES, do you wish to exercise these rights?</i>	Yes No	<i>If YES, please contact Conseil Scolaire Centre-Est No. 3 at (780) 645-3888.</i>
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BAPTIZED CATHOLIC	Yes	No	First Communion	Yes	No	Confirmed	Yes	No
If Religion is anything other than the Catholic faith, please sign the following acknowledgement:								
I hereby acknowledge that I am aware of the values and philosophy of a Catholic school and that my child will participate in the prayer life, church and church related activities, religious courses and instruction and exercises in which Catholic ethical and moral standards are taught. Additionally, I am aware that my child is being admitted to this school as a non-resident student, and because of this, the district accepts the responsibility for my child's education until such time as my child finishes his or her program in this school, voluntarily withdraws, or is expelled from the district.								
Signature of Parent/Guardian								

NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION

The *Alberta Human Rights Act* requires a school board to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion.

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 principles of the gospel and teachings of the catholic church, in all aspects of school life, including the curriculum of everyday subjects 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.

For Out of Province Students
(permanent mailing address)

<i>P O Box / Apt #</i>	<i>House #</i>	<i>Street</i>		
<i>Town/city</i>		<i>Postal code</i>	<i>Province</i>	<i>Country</i>

FIELD TRIP PARENTAL CONSENT FORM – MULTIPLE DATE EVENTS

This is to advise you that your child's school intends to involve your child ("the student") in an off-campus activity ("the field trip") where there are similar events on a series of dates, the particulars of which are as follows:

Proposed Destination(s) and Purpose(s)	Nature walks, Community Exploration Walks, "Walk and Talk" Road Safety, Fundraising events e.g. Terry Fox Run, Etc.
Date(s) and Time(s)	Throughout the year. Specific times will be given in newsletters or student agendas
Supervision	Teachers, teacher assistants, and approved volunteer parents
Associated Risk	Low to medium risk
Cost, if any	Varies, the teacher will notify parents if there is an associated cost
Required clothing or equipment	As required by weather

Note: Parents/Guardians will be notified as to the nature, date and time of the walking field trip prior to the date of said trip

No student will be allowed to participate in the field trip unless this form is signed and returned to the school prior to the first date of the event. If you require additional information, please phone the school.

Having read and understood the particulars of this specific Field Trip Consent Form (multiple date events), I give permission for my son/daughter (name) _____ to participate in the above-mentioned activities, which will happen according to the schedule provided.

By signing this form and permitting my son/daughter to participate in these Field Trips, I/we, as parent(s)/guardian(s) - both for myself/ourselves and on behalf of our son/daughter - acknowledge that we are aware of the risks associated with these field trips, and agree to release and hold harmless the Lakeland R.C.S.S.D No. 150, the School, and their respective agents, servants, and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son/daughter's participation in these above authorized Field Trips.

Please Note:

Field Trips shall be self-supporting. Parents are responsible for paying any unrecoverable travel costs if the field trip is cancelled due to safety concerns such as inclement weather, or with respect to other travel advisories or alerts, which may be issued by a recognized body.

Signature of Parent/Guardian	Date
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The information collected on this form is collected pursuant to the Freedom of Information and the Protection of Privacy Act of Alberta, to be used to organize and coordinate a school field trip. If you have any questions about the collection, use or disclosure of the information collected on this form, please contact Lakeland R.C.S.S.D No 150 at (780) 826-3764.

ACCESS, RELEASE, AND AUTHORIZATION FORM FOR STUDENTS

(Note: All Policies/Regulations referred to below are available on the District website (www.lcsd150.ab.ca) or your child's school office)

As a condition of using the LCSD150 Net, I understand the use of the LCSD150 Net, and access to public networks (ie. the Internet) is a privilege, and agree to the following:

1. I will abide by such regulations as adopted by the Lakeland R.C.S.S.D No 150, including the LCSD150Net, including the LCSD150 Net Acceptable Use Policy, and the District's Computer Security Policy
2. The Lakeland R.C.S.S.D No 150 has the right to review any material stored on any system provided by the District, and to edit or remove any material. I hereby waive any right which I may otherwise have to such material
3. All information and services available on the internet and the LCSD150Net are placed there for informational purposes. I use LCSD150Net at my own risk.
4. The Lakeland R.C.S.S.D No 150 does not warrant the function of the LCSD150Net, or any services accessible through the LCSD150Net, to meet any specific requirements I may have, or that LCSD150Net will be error free or uninterrupted. Lakeland R.C.S.S.D No 150 staff are not liable for any damages incurred in connection with use, operation, or inability to use the LCSD150Net.
5. In consideration for using the LCSD150Net, and having access to public networks, I hereby release the Lakeland R.C.S.S.D No 150, its officers, employees, and agents from any claims and damages arising from my use, or inability to use, the LCSD150Net.
6. I have read and agree to comply with the Acceptable Use Policy. I also understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violations, my access privileges may be revoked and disciplinary action taken.

As the parent/guardian of this student, I have read the Acceptable Use Policy and Access Release and Authorization Form. I understand that this access is designed for educational purposes, and recognize that it is impossible for the District to restrict access to all controversial materials. I will not hold Lakeland R.C.S.S.D No 150 responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of technology is not in the school setting. I hereby give permission for my child to access the internet (and to be issued a personal network account and password, where applicable) and certify that the information on this form is correct.

Parent/Guardian Name
(please print)

Signature of Parent/Guardian

Date

month / day / year

I hereby affirm that I have read this registration form 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 and to abide by the philosophy, policies and regulations of the Lakeland R.C.S.S.D No. 150 at 4810-46 Street, Bonnyville, AB T9N 2R2, or phone: (780) 826-3764 or fax: (780) 826-7576.

Signature of Parent/Guardian

Date

month / day / year