



Christ Our Model.  
Children Our Focus.



5209-48th Street, Cold Lake, AB T9M 1S8  
Phone: (780) 594-4050 Fax: (780) 594-3585

## Assumption Jr/Sr High School Registration Form (Gr.7-12)

### 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

Is aka preferred?	Also Known as Surname	Also Known as First Name	Also Known as Middle Name

Grade	Gender	Date of Birth	Age	(parent/ legal guardian) Phone Number	Unlisted
		<small>Month      Day      Year</small>			Yes

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

Residential / Rural Address (If different than mailing)	Apt / Unit	House #	Street / Township / Range Road		
			<small>Legal Land Description</small>	<small>Province</small>	<b>Is Busing Required?</b>
<small>Town/ City</small>					Yes

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

### PARENT / GUARDIAN - \* Please provide legal guardianship documents

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

Mother	Surname	Given name	Religion
			Catholic      Others
Tel	<small>Home</small>	<small>Work</small>	<small>Ext</small>
			<small>Mobile Number</small>
E-mail	<small>Email address</small>	<small>Use this email to receive mailings</small>	<small>Use this Mobile number to receive messages</small>
		Yes      No <input type="checkbox"/>	Yes      No

Father	Surname	Given name	Religion
			Catholic      Others
Tel	<small>Home</small>	<small>Work</small>	<small>Ext</small>
			<small>Mobile Number</small>
E-mail	<small>Email address</small>	<small>Use this email to receive mailings</small>	<small>Use this mobile number to receive messages</small>
		Yes <input type="checkbox"/> No	Yes      No

Guardian (legal)	Surname	Given name	Religion
			Catholic      Others
Tel	<small>Home</small>	<small>Work</small>	<small>Ext</small>
			<small>Mob</small>
E-mail	<small>Email address</small>	<small>Use this email to receive mailings</small>	<small>Use this mobile number to receive messages</small>
		Yes      No <input type="checkbox"/>	Yes      No <input type="checkbox"/>

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

Alberta School Number:

## CONTACT PERSONS

\* You must have at least one emergency contact

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

## MEDICAL

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

*An 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

Canadian Citizen Permanent Resident/ Landed Immigrant Child of Canadian Citizen	Others Foreign Students	If Others <i>Please Explain</i>	<b>Foreign Students only</b> <hr/> <i>Entry into Canada</i> Month                      Day                      Year <hr/> <i>Student Visa Expiry</i> Month                      Day                      Year
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If applicable, please provide

Treaty Number	Band Number
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## PROGRAM

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

## ABORIGINAL SELF-IDENTIFICATION

**If you wish to declare that your child is an Aboriginal person, please select one:**

<i>First Nation (status)</i>	<i>First Nation (non-status)</i>	<i>Métis</i>	<i>Inuit</i>
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For further information, please refer to: <https://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, Mr Joe Arruda at 780-826-3764 .

## 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).

Do you claim entitlement to a francophone education under the terms of the <i>School Act</i> ?	<b>Yes    No</b>	If YES, do you wish to exercise these rights?	<b>Yes    No</b>	If YES, please contact Conseil Scolaire Centre-Est No. 3 at (780) 645-3888.
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**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.

**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.

<b>Signature of Parent/Guardian</b>	
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**For Out of Province Students**  
*(permanent mailing address)*

P O Box /Apt #	House #	Street		
Town /City		Postal Code	Province/State	Country
<b>Please fill in, if above mailing address is in Canada</b>				
Workplace Mother/Guardian	Name of Company	Suite # Street	City / Town	Postal Code Province
Workplace Father/Guardian	Name of Company	Suite # Street	City / Town	Postal Code Province

**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.

<b>Signature of Parent/Guardian</b>	<b>Date</b> Month      Day      Year
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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](http://www.lcsd150.ab.ca)) or your child's school office)

As a condition of using the LCSD-Connect, I understand the use of the LCSD-Connect, 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 LCSD-Connect, including the LCSD-Connect 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 LCSD-Connect are placed there for informational purposes. I use LCSD-Connect at my own risk.
4. The Lakeland R.C.S.S.D No 150 does not warrant the function of the LCSD-Connect, or any services accessible through the LCSD-Connect, to meet any specific requirements I may have, or that LCSD-Connect 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 LCSD-Connect.
5. In consideration for using the LCSD-Connect, 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 LCSD-Connect.
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