



Christ Our Model.
Children Our Focus.



5006-49 Street, Bonnyville, AB T9N 2G3
Phone: (780) 826-3245 Fax: (780) 826-1934

Notre Dame High School District Registration Form (Gr. 9 - 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

<small>Is aka preferred?</small>	Also Known as Surname	Also Known as First Name	Also Known as Middle Name
Y N			

Grade	Gender	Date of Birth	Age	(parent/guardian) Phone Number	Unlisted
	<small>M - male X - unspecified F - female U - unknown</small>	<small>Month Day Year</small>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Current Mailing Address	<small>P O Box</small>	<small>Apt #</small>	<small>House #</small>	<small>Street</small>	Religion
<small>Town/city</small>				<small>Province</small>	<small>Catholic</small> <input type="checkbox"/> <small>Others</small> <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>

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

PARENT / GUARDIAN - * Please provide legal guardianship documents

Student lives with	Both Parents <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Father Only <input type="checkbox"/>	Guardian <input type="checkbox"/>	Living Independently <input type="checkbox"/>	Split Custody <input type="checkbox"/>
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Mother	<small>Surname</small>	<small>Given name</small>	Religion
			<small>Catholic</small> <input type="checkbox"/> <small>Others</small> <input type="checkbox"/>
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>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		<small>Use this Mobile number to receive messages</small>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Father	<small>Surname</small>	<small>Given name</small>	Religion
			<small>Catholic</small> <input type="checkbox"/> <small>Others</small> <input type="checkbox"/>
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>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		<small>Use this mobile number to receive messages</small>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Guardian (legal)	<small>Surname</small>	<small>Given name</small>	Religion
			<small>Catholic</small> <input type="checkbox"/> <small>Others</small> <input type="checkbox"/>
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>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		<small>Use this mobile number to receive messages</small>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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>

Alberta School Number: _____

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	
Indicate specific medical conditions your child may have of which the school should be made aware:		On Medication	Are Immunizations up to date?
		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

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

<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident/ Landed Immigrant <input type="checkbox"/> Child of Canadian Citizen	<input type="checkbox"/> Others Foreign Students	If Others <i>Please Explain</i>	Foreign Students only <hr/> Entry into Canada <div style="text-align: right; font-size: x-small;"> Month Day Year </div> <hr/> Student Visa Expiry <div style="text-align: right; font-size: x-small;"> Month Day Year </div>
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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 <input type="checkbox"/> English Others, please specify: _____	Does your child have any special needs that we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>	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> ?	If YES, do you wish to exercise these rights?	If YES, please contact Conseil Scolaire Centre-Est No. 3 at (780) 645-3888.
Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	

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.

Signature of Parent/Guardian

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

month / day / year

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 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



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Freedom of Information and Protection of Privacy Act (FOIP Act)
Collection of Personal Information Notice
Under s. 34 of the FOIP Act

The FOIP Act, which came into effect for school boards on September 1, 1998, sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody or under their control.

From time to time, Lakeland Catholic Schools (the “District”) or its authorized agents, may take photographs (digital or print), and/or video recordings during school or District activities for use within the school or District. The taking of such photographs and/or video recordings is a collection of personal information pursuant to section 33 (c) of the FOIP Act as the collection is related directly to and is necessary to a school board’s obligation to provide students with educational services and programs that meet their needs.

Please be advised that the following are examples of activities where the information may be used:

- The taking of photos (digital or print) and/or videos of classroom activities, and their use by the media or other organizations *where individual students are not interviewed or identified by name or face*. Where individual students are identified or interviewed, and the material will be used **outside** the school, a separate and specific consent will be required. Please 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 **without consent**.
- The taking of photos (digital or print) and/or videos of classroom or other school activities by the District, where the material will be used within the school or District. Please Note: Where individual students are identified or interviewed and the material will be used outside the school or District, a separate and specific consent will be required.

If you have any questions or concerns regarding the collection and the intended purposes, please contact Tessa Hetu, FOIP Coordinator, Catholic Education Center, 4810-46 Street, Bonnyville, Alberta. Phone: (780) 826-3764.

Parent’s/Guardian’s Name

Lakeland Catholic School District
4810 - 46 Street, Bonnyville Alberta T9N 2R2
(780) 826-3764
www.lcsd150.ab.ca

Parent’s/Guardian’s Signature

Conseil scolaire catholique du Lakeland
4810, 46e rue Bonnyville Alberta T9N 2R2
(780) 826-3764
www.lcsd150.ab.ca

Date



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Dear Parents,

Lakeland Catholic School District subscribes to an Automated Information Service provided by Alert Solutions. This service delivers a variety of messages by phone, email and text messages to parents and our staff at a very high speed. It helps enhance overall communication within our school community and improve our emergency preparedness.

We believe that parent involvement is an important factor to the academic success of students. To keep you informed of your child's class activities and attendance in a timely manner, we will be using the AIS (Automated Information Service) system to notify you by phone, email and text messages. The phone calls are usually made to your home phone at noon and by 6 pm in the evening. Attendance text messages are sent in the morning for all elementary schools.

Upon receiving an absence notice, please call the school office or send in a written note to let us know the reason for the absence.

We will be using the home phone number and the identified mobile number and email address for receiving messages [on the registration form](#) to deliver all school messages. If you **do not** wish to participate in this **Automated Information System** please sign and return the attached forms to the school office. If you wish to be notified using alternate contact information, please fill in the preferred contact details on the same form.

Sincerely,

Principal

Please sign and return this form to the school office.

I would like to participate in the Automated Information System. Please amend the contact information for the notification accordingly.

Phone number: _____ Mobile phone #: _____ Email address: _____

I do not wish to participate in the Automated Information System.

Parent's/Guardian's Signature

Date

Lakeland Catholic School District
4810 - 46 Street, Bonnyville Alberta T9N 2R2
(780) 826-3764
www.lcsd150.ab.ca

Conseil scolaire catholique du Lakeland
4810, 46e rue Bonnyville Alberta T9N 2R2
(780) 826-3764
www.lcsd150.ab.ca



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In order to keep parents up-to-date and informed on what's happening around the school district, Lakeland Catholic School District No. 150 and its district office, board members, schools, and school councils would like to send parents electronic communications such as emails and newsletter updates that may include information about offers, advertisements or promotions related to school board and school activities such as school fees, field trips, student photos, transportation fees, event tickets and/or fund raising events.

In accordance with Canada's Anti-Spam Law (CASL - <http://www.crtc.gc.ca/eng/casl-lcap.htm>), your consent to receive the electronic communications described above is required. Please note that you may withdraw your consent at anytime by calling your respective school administration or district office at:

Cold Lake

Saint Dominic Elementary School 780-639-3520
Holy Cross Elementary School 780-594-0700
Assumption Jr/Sr High School 780-594-4050

Bonnyville

Ecole Notre Dame Elementary School 780-826-3485
Ecole Dr. Bernard Brosseau School 780-826-7005
Ecole Notre Dame High School 780-826-3245
District Office - 780-826-3764

Waskatenau

Holy Family School 780-358-2332

Lac La Biche

Light of Christ Catholic School 780-623-3667

Yes, I consent to receiving these electronic communications to the email address provided above or to the following email address _____.

No, I do not consent to receiving these electronic communications.

Joe Arruda
Superintendent of Schools
Lakeland Catholic School District 150
Phone: (780) 826-3764
jarruda@lcsd150.ab.ca

Electronic Communication Consent

Student's First name

Student's Last name

Grade/Teacher

Parent's Name

Parent's Signature

Lakeland Catholic School District
4810 - 46 Street, Bonnyville Alberta T9N 2R2
(780) 826-3764
www.lcsd150.ab.ca

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