



Christ Our Model.  
Children Our Focus.



15209-48th 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 2021-2022

(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/guardian) Phone Number	Unlisted
		Month Day Year			

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

Residential / Rural Address (If different than mailing)	Apt / Unit	House #	Street / Town ship / Range Road
Town/ City			Province
	Legal Land Description		Is Busing Required?

Last School Attended	School Name
Town/ City	Province Postal code

### 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	Home	Work	Ext Mobile Number
E-mail	Email address	Use this email to receive mailings	Use this Mobile number to receive messages

Father	Surname	Given name	Religion
			Catholic Others
Tel	Home	Work	Ext Mobile Number
E-mail	Email address	Use this email to receive mailings	Use this mobile number to receive messages

Guardian (legal)	Surname	Given name	Religion
			Catholic Others
Tel	Home	Work	Ext Mob
E-mail	Email address	Use this email to receive mailings	Use this mobile number to receive messages

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

Office Use only Alberta Student Number

## EMERGENCY 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
	Address		
<b>Baby-sitter/Daycare</b>	Name	Telephone	
	Address		

## MEDICAL

<b>Family Doctor</b>		Telephone	
<i>Indicate specific medical conditions your child may have of which the school should be made aware:</i>		<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.

*Yes, 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

*Please indicate Citizenship Status and provide the indicated documentation*

Citizenship	Documents Required	Citizenship	Documents Required	Study permit or Residency issue date
Canadian Citizen	Birth Certificate / Citizenship documents	Temporary Resident	Birth Certificate, valid study permit and parent's work permit or temporary resident document	<b>Month      Day      Year</b>
Permanent Resident/ Landed Immigrant	Permanent Residence Documents	Child of a Permanent Resident	Birth Certificate, valid study permit and parent's permanent residence documents	<i>Study permit or Residency expiry date</i> <b>Month      Day      Year</b>
Child of a Canadian Citizen	Parent's citizenship document, child's birth certificate, study permit or residency documents	Foreign / International Student	Birth Certificate, valid study permit	<i>Work permit or Residency expiry date</i> <b>Month      Day      Year</b>

*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	Lakeland Catholic Online Learning
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Please indicate language spoken at home      English    Others, please specify:

Does your child have any special needs that we should be aware of?    **Yes**                      **No**

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, 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> ?	Yes	No	If YES, do you wish to exercise these rights? Yes	No
			If YES, please contact Conseil Scolaire Centre-Est No. 3 at (780) 645-3888.	

## 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.

<i>Signature of Parent/Guardian</i>	
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## 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>
<b>Please fill in, if above mailing address is in Canada</b>				
<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>

## ACCESS, RELEASE, AND AUTHORIZATION FORM FOR STUDENTS

Note: All Policies/Regulations referred to below are available on the District website 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, 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 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 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 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, 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 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 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