



LAKELAND CATHOLIC SCHOOLS

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

4711-48 Street, Bonnyville, AB T9N 2P9
 Phone: (780) 826-3485 Fax: (780) 826-4180



Notre Dame Elementary School Registration Form (PreK - 4)

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
		Month Day Year			

Current Mailing Address	P O Box	Apt #	House #	Street
Town/city				Postal Code

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

Last School Attended	School Name
Town/ City	Province Postal code

PARENT/GUARDIAN

Student lives with	Father Only	Mother Only	Both	Guardian	Living Independently	Split Custody
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Mother	Surname	Given name	Religion
Tel	Home	Work Ext Mob	
E-mail			Use this email to receive mailings

Father	Surname	Given name	Religion
Tel	Home	Work Ext Mob	
E-mail			Use this email to receive mailings

Guardian	Surname	Given name	Religion
Tel	Home	Work Ext Mob	
E-mail			Use this email to receive mailings

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

CONTACT PERSONS

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

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?

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

	If Others <i>Please Explain</i>	Foreign Students only		
		<i>Entry into Canada</i>		
		Month	Day	Year
		<i>Student Visa Expiry</i>		
		Month	Day	Year

PROGRAM

<i>Please indicate any programming that your child may require</i>	English	French Immersion	English as a Second Language	Blended Home Education
Does your child have any special needs that we should be aware of ?	If yes, please specify:			

ABORIGINAL ELIGIBILITY

If you wish to declare that your child is an Aboriginal person, please specify:	Band Number
	Treaty Number
<p>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.</p> <p>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</p>	

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.
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BAPTIZED CATHOLIC	First Communion	Confirmed
If Religion is anything other than the <i>Catholic</i> 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.