



Notre Dame High School Registration Form (Gr. 9 - 12)

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 (if different than mailing) | 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 |
|--------------------|-------------|-------------|------|----------|----------------------|---------------|
| | | | | | | |

| 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 |

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: | <i>Band Number</i> |
| | <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).

| | | |
|--|---|---|
| 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. |
|--|---|---|

| | | |
|---|------------------------|------------------|
| 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 |
|-------------------------------------|-------------|

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.