



1	PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM (see Instructions, section 1)
This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian, or by the student (if living independently).	
Is this school your designated school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please complete Form 5-01A Requested School Registration Application	
This school begins the day with the singing of the national anthem. Any questions regarding this practice may be addressed to the Principal.	
Do you acknowledge this school practice? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY	School	
PHPS #	ASN #	Registration Date:
<input type="checkbox"/> Birth Certificate or VISA/ Immigration Document collected		

2	STUDENT INFORMATION (see Instructions, section 2)		
School Registering For		Grade Registering For	
Legal Name	Last Name	First Name	Middle Name(s)
Preferred Name	Last Name	First Name	Middle Name(s)
Date of Birth	MM-DD-YYYY	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified
Student Phone Number	Residence	Cell (optional)	Student email (optional)
Mailing Address	City, Province		Postal Code
Home Address (if different)	City, Province		Postal Code
Rural Gate Address (rural)	Legal Land Description (rural)		

Will your child need to ride the school bus? Contact Transportation at 780-674-8510 to ensure pick up.

3	SCHOOL INFORMATION (see Instructions, section 3)	
Has this student ever attended school in Pembina Hills Public Schools?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which school?	Grade	Year
Name of last school attended (if different from above)	Grade	Year
Mailing Address of last school attended (if not a PHPS school)	City, Province	Postal Code

4	SPECIAL LEARNING NEEDS (see Instructions, section 4)	
Does this student have any special learning needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify		
Does this student have an IPP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5 CITIZENSHIP/ IMMIGRATION STATUS (see Instructions, section 5)			
Canadian Citizen?	<input type="checkbox"/> Yes (A copy of the student's birth certificate is required)	Birth Certificate Number	Date Issued: (MM-DD-YYYY)
Canadian Citizen?	<input type="checkbox"/> No (Complete the following section)		
Birth country, if NOT Canada:			
<input type="checkbox"/> Permanent Resident / Landed Immigrant (student)	<input type="checkbox"/> Student Authorization – Study Permit	Student Visa Expiry Date (YYYY- MM-DD)	
<input type="checkbox"/> Child / step-child of a Canadian Citizen	<input type="checkbox"/> Child / step-child of a lawfully admitted permanent or temporary resident	<input type="checkbox"/> Refugee Claimant	

6 PARENT AND/OR GUARDIAN INFORMATION (see Instructions, section 6)					
Are you claiming "Independent Student" status as defined in the School Act?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A student may be impacted by court order under the Child, Youth and Family Enhancement Act, Family Law Act, Divorce Act, or Youth Criminal Justice Act. Does such an order exist? If so, you MUST provide a copy of the court order so that the school may comply.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student lives with		Relationship			
Parent/ Guardian 1	Last Name		First Name		Relationship to Student
	Email		Res	Work	Cell
	Address (if different from student)		City, Province	Postal Code	
Parent/ Guardian 2	Last Name		First Name		Relationship to Student
	Email		Res	Work	Cell
	Address (if different from student)		City, Province	Postal Code	
Parent/ Guardian 3	Last Name		First Name		Relationship to Student
	Email		Res	Work	Cell
	Address (if different from student)		City, Province	Postal Code	
Child Care Provider (if applicable)	Last Name		First Name		Relationship to Student
	Email		Res	Work	Cell
	Address		City, Province	Postal Code	

7 STUDENT MEDICAL INFORMATION (see Instructions, section 7)				
Legal Name	Last Name	First Name	Middle Name(s)	
Date of Birth	MM-DD-YYYY			
Address		City, Province	Postal Code	
Phone Number	Res	Cell (optional)		
EMERGENCY AND MEDICAL INFORMATION				
Family Doctor		Phone		
Dentist		Phone		
In case of emergency, school closure, or if no one answers the home telephone number, please provide us with names and phone numbers of emergency contacts other than parents or guardians:				
Last Name	First Name	Relationship	Res	Cell
Last Name	First Name	Relationship	Res	Cell
Please check the appropriate response and provide details below if you answer "yes" to any of the questions:				
<input type="checkbox"/> Yes <input type="checkbox"/> No Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No Carries an epiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No Previous history of concussions	<input type="checkbox"/> Yes <input type="checkbox"/> No Wears dental appliance
<input type="checkbox"/> Yes <input type="checkbox"/> No Seizures and/or epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No Wears glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No Been admitted to hospital in the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No Vaccinations up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No Has had injuries requiring medical attention in the past year
		Date of last Tetanus Shot _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No Trouble breathing during exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
		<input type="checkbox"/> Yes <input type="checkbox"/> No Presently injured	<input type="checkbox"/> Yes <input type="checkbox"/> No Head or back injury	<input type="checkbox"/> Yes <input type="checkbox"/> No Surgery in the last year
		<input type="checkbox"/> Yes <input type="checkbox"/> No Fainting or seizure during or after physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No Wears medical information bracelet /necklace	For what purpose? _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No Other		
Please give details if you answered "yes" to any of the above. (use a separate sheet if necessary)				
DECLARATION				
I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, the school will arrange to take the student to the hospital or a physician if deemed necessary. I also authorize release of information to appropriate people (physician, nurse) as deemed necessary.				
Signature of Custodial Parent/ Legal Guardian/ Independent Student			Date (MM-DD-YYYY)	

8 ABORIGINAL SELF-IDENTIFICATION (see Instructions, section 8)				
If you wish to declare the student is Aboriginal, please select one:				
<input type="checkbox"/> First Nation (status)	<input type="checkbox"/> First Nation (non-status)	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit	<input type="checkbox"/> n/a
For further information, please refer to: 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 Superintendent of Schools at 780.674.8500.				

9 FRANCOPHONE EDUCATION RIGHTS(see Instructions, section 9)		
Are you eligible for rights under the Francophone Education Rights of the Charter of Rights and Freedoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If eligible, do you wish to exercise your rights under Section 23 of the Francophone Education Rights of the Charter of Rights and Freedoms by registering your child in a Francophone school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10 FREEDOM OF INFORMATION AND PROTECTION OF PERSONAL PRIVACY ACT (FORM 3-46) (see Instructions, section 10)		
Please complete a separate consent form regarding Freedom of Information and Protection of Privacy provisions in Section C of the Parent Information sheet.		
Form 3-46 Freedom of Information And Protection Of Personal Privacy act has been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11 TECHNOLOGY ACCEPTABLE USE AGREEMENT FOR K-12 STUDENTS (FORM 8-01) (see Instructions, section 11)		
Please complete a separate consent form regarding Technology Acceptable Use Agreement for K-12 Students.		
Form 8-01 Technology Acceptable Use Agreement has been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12 FIELD TRIP WITHIN WALKING DISTANCE OF SCHOOL (FORM 6-03C) (see Instructions, section 12)		
Please complete separate form regarding Field Trip Within Walking Distance of School		
Form 6-03C Field Trip Within Walking Distance Of School has been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13 PERMISSION AND ACKNOWLEDGEMENT OF RISK – SCHOOL, PHYSICAL EDUCATION, OFF-SITE ACTIVITIES, INTRAMURALS (FORM 6-08A) (see Instructions, section 12)		
Please complete separate form regarding Permission and Acknowledgement of Risk – School, Physical Education, Off-Site Activities, Intramurals		
Form 60-08A Permission and Acknowledgement of Risk – School, Physical Education, Off-Site Activities, Intramurals has been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATION	
I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.	
Signature of Custodial Parent/ Legal Guardian/ Independent Student	Registration Date (MM-DD-YYYY)

IMPORTANT:

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33(c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information, you may call the Principal or the FOIP Coordinator at 780.674.8500.



Collection of Personal Information Notice

The **FOIP Act** (Freedom of Information and Protection of Privacy) 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.

The FOIP Act requires that school boards collect personal information directly from individuals the information is about, that these individuals be provided with the legal authority for the collection, be explained the purpose of the collection and how the information will be used, and be provided a contact person should they have any questions relating to this activity.

The information collected on this form as part of the school registration process is personal information as referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of residency) and 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 an education program that meets their needs and to provide a safe and secure school environment (e.g. program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies). Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under his administration (e.g. research, statistical analysis).

Once the information is collected and compiled, Pembina Hills Regional Division No. 7 believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are examples of activities where the information may be used:

- the taking of individual, class, team or club photos for school purposes.
- the use of student information, including photos, for the issuance of bus transportation passes and for other identification purposes.
- the use of students' names in honour rolls, work ethic (listings), graduation ceremonies, scholarship or other awards within the school or school division.
- the use of students' names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the board applies on a student's behalf.
- the use of students' names, related contact information and telephone numbers for absenteeism verification.
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where 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, your consent is required. Please note that 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.
- the taking of photos/videos of classroom or other school activities by the school board where the material will be used within the school. Where individual students are identified or interviewed and the material will be used outside the school, your consent is required.
- the use of students' names on artwork or other creative work or material of students displayed at school or school board locations or at a school board sponsored display in the community, provided Form 3-48 is properly completed. [Note that this relates to the Copyright Act (Canada), not the FOIP Act]

If you have any questions or concerns regarding the collection and the intended purposes, please contact your school principal or the FOIP Coordinator at 780-674-8500.

Please complete the Student Information – General Consent Form on Page 2. >>>



Student Information – General Consent

As indicated in the "Collection of Personal Information Notice" (see Page 1), Pembina Hills Regional Division No. 7 does not require your consent to record or tape your child, reproduce your child's work, or to display your child's work provided this material is used in the school or at a school board location. The Division also does not require your consent to use your child's name, photograph or comments about your child in a school calendar or internal newsletter. However, we do require your consent to display this information when the school calendar or newsletter is posted on the school or division website.

Many school events, which are open to the public, are not subject to some of the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, academic focused activities and athletics. The general public, parents and the media may be in attendance and are allowed to take photographs, videos and conduct interviews, without first obtaining consent. The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

There may be times when television, radio, newspaper, community organizations and the staff of the school division are in schools providing outside coverage of events and programs not included in the public events category described above, in which consent is required. We also require your consent if your child's work or your child's personal information will be used or displayed in the community away from the school or school board location (ie. school website or division website). Please indicate your consent below.

Student Name: _____ A.S.N. _____

As parent / guardian of the above named student, I give consent to the:

- 1. Yes No Taking of photos and videos of my child at non-public events (ie. classroom activities, field trips), and the display of my child's creative work (art, story, poem):
By the school or division for use on the school or division website, social media sites, and newsletters.
By the media for use outside the school community.
- 2. Yes No Disclosure of my child's full name (first and last name) along with his/her creative work, photos and videos in the above mentioned uses.
- 3. Yes No Announcement of my child's birthday at school.

If you have any specific concerns regarding the disclosure of your child's personal information, please contact your school office. For more information you may contact your school Principal or the Pembina Hills FOIP Coordinator at 780-674-8500.

If you wish to make changes to this consent form, you may do so at any time by contacting your school office.

Parent / Legal Guardian (Please Print): _____

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

(If 18 years of age or older)

As required, the school will contact parents for additional permissions using the forms below:

Form 3-47 – Student Information – Specific Consent

Form 3-48 – Student Creative Work – Copyright Release

Form 3-49 – Student Participation in Web-Based Communication – Consent

Refer to Exhibit – Student Permission Forms Flowchart to determine the form(s) that are required.

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33 (c).
This information will be used to identify practices or conditions which may affect the safety and care of individuals.



Technology Acceptable Use Agreement for K-12 Students

F 8-01

1. I will follow the rules when using technology.
2. I will be polite and use appropriate language on the computers.
3. I will keep my password secret and secure.
4. I will not copy anyone's work.
5. I will take care of the computer equipment.

I understand that if I break the rules, I will not be allowed to use technology resources (computers, iPads, software, etc.).

User Name (please print): _____ Grade: _____

Signature: _____

As the parent or legal guardian of the student signing above, I have read and discussed this Technology Acceptable Use Agreement with my child, and grant permission for my child to use the Division's technology and the Internet. I understand:

- that the school's computing resources are designed for educational purposes.
- that the use of filters and supervision while students are using the Internet does not guarantee that students will not access inappropriate materials. Students must report inappropriate access of material in school to a teacher or responsible staff person.
- that it is impossible for the school to restrict access to all controversial matters.
- that I will not hold the school or Division staff responsible for materials acquired on the Internet.
- that violations of these rules may result in disciplinary action of my child, including
 - a suspension or expulsion from school,
 - the loss of my child's privileges to use the school's or Division's information technology resources.
- that violations may also result in referral to police or legal action, if the matter is suspected to be criminal in nature.

I hereby give permission to issue an account for my child.

Parent or Legal Guardian's Name (please print): _____

Parent Signature: _____

Date: _____

For access to the procedure:

- a. AP 80-05 Technology Acceptable Use
- b. Contact the school administration



Informed consent / permission:
Field trips within walking distance
F 6-03

School: _____ School year: _____

A. Mode of Transportation: Walking or Running

B. Description of Activities: Low-risk educational activities within walking distance of the school grounds, such as nature walks, cross-country running, Terry Fox run, etc.

C. Elements of Risk: These activities involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in these activities: cuts, scrapes, bruises, fatigue, etc.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in these activities, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in these activities. If you choose to participate, you must understand that you bear the responsibility for any injury that may occur.

Pembina Hills Public Schools does provide student accident insurance on behalf of the students participating in these activities. The student accident insurance policy is purchased through Industrial-Alliance Pacific (Box 5900, Vancouver, BC V6B 5H6) and policy details are available at the school, division office and by calling Industrial-Alliance Pacific at 1-800-556-7411.

D. Acknowledgement: We have read the above. We understand that by participating in the activities described above, we are assuming the risks associated with doing so.

Student signature: _____ Date: _____
(Grade 4-12 students)

Parent/Guardian signature: _____ Date: _____

E. Permission: I give _____ permission to participate in the activities described above during the _____ school year.

Parent/Guardian signature: _____ Date: _____



Permission and Acknowledgement of Risk – School, Physical Education, Off-Site Activities, Intramurals

F 6-08A

Dear Parent/Guardian:

Pembina Hills Public Schools is committed to the health, safety and overall well-being of its students and staff. Students and staff who are supported in a healthy environment are better able to fulfill the Division's education goals.

Students in our schools participate in daily physical activity including playground time, school based sports activities, intramurals, field trips and walking to and from buses. During any activity but especially activities where collisions can occur, students are at a risk for concussions. Educators and school staff play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of a student with a concussion.

In the interest of safety, students MUST:

1. For physical education classes and intramural activities: wear appropriate attire for safe participation (e.g. T-shirt, shorts or track pants). Running shoes that provide good support and traction are a minimum requirement.
2. Hanging jewelry (e.g. necklaces, hoop earrings) must not be worn. In many activities (e.g. tag games, climbing, etc.) no jewelry can be worn. Jewelry which cannot be removed and which presents a safety concern (e.g. medical alert identification, religious requirement jewelry) must be taped or securely covered.
3. For the daily physical activities: wear appropriate running shoes and loose-fitting clothing that will not inhibit movement.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring their emergency medications to all curricular and co-curricular physical activities.
3. Students remove eyeglasses during daily physical activity, physical education classes and intramurals. If eyeglasses cannot be removed, the students must wear an eyeglass strap or shatterproof lenses.
4. Students wear/apply environmental protection for all outdoor activities (e.g. sunscreen, hat, insect repellent).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in class, or in intramural/club activities (e.g. skis, skates, helmets).

Notification of AP 60-08 Concussion Protocol

Should your son/daughter/ward sustain an injury where a concussion is suspected then Administrative Procedure (AP) 60-08 Concussion Protocol must be followed.

If your son/daughter/ward is diagnosed with a concussion, Form 60-08D Documentation of Concussion Monitoring – Medical Examination must be completed and AP 60-08 Concussion Protocol must be followed before the student returns to physical education classes and intramural/ club activities.

For further information, please contact the school principal.

Elements at Risk

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, the risk of injury may increase.

Injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening.

These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

A student choosing to participate in physical activities assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity.

Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

Declaration

I have read and acknowledge the above activity and risk disclosure information provided to me about the school, physical education, off-site activities, intramurals, and club activities my son/daughter/ward will participate in.

I give my permission for my son/daughter/ward _____ to participate in the school, physical education, off-site activities, intramurals & club activities.

Parent/Guardian Signature: _____

Please Print Name: _____ Date: _____



School Locker Agreement

This Agreement, when executed by the Principal of _____
School and _____ (student), constitutes a license granted by
the school to the said student to use locker number _____ during the school year. The
principal has the right to terminate this license for any reason that may be considered reasonable.

The granting of this license does not confer any property right or interest in the locker to the student, and the student acknowledges that the locker is subject to search at any time without notification to the student by any personnel associated with the school or by persons representing other authorities, including police authorities. If necessary in order to initiate such searches, such persons have full authority to remove any locks by any means required to gain access to the locker. It is the Pembina Hills Regional Division's Administrative Procedure 50-28 that lockers are the property of the School Division and may be searched at any time by school administration. The Principal may undertake a locker search if he/she has good and sufficient reason to suspect that unauthorized/illegal/stolen substances or items may be found in a locker. Principals must comply with the Criminal Code of Canada and *Youth Criminal Justice Act*.

It is understood and agreed that locker numbers may change every year. Agreement is in effect as long as student is enrolled in the school

By signing this Agreement to use the locker, the student agrees to be bound by all rules of the school and the school division respecting the use of lockers. The student acknowledges awareness of this notice by signing the form.

DATE: _____

STUDENT'S SIGNATURE: _____

PRINCIPAL'S SIGNATURE:  _____