

**2017-2018
Registration and Student Information**



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 deal 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 the teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject 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.

Designated School: _____ **Requested Start Date:** _____

Student Demographic Information

Legal Surname:		Legal Given Name:	Legal Middle Name:
Also Known as Surname (if different than above):		Also Known as Given Name(s):	
Grade Entering:	Date of Birth: (MM/DD/YYYY)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Additional Info:	

Language Proficiency Information

Birth Country:	First Language:	Language(s) spoken at home:
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Student Address Information

Student Lives With: (Please Check One <input checked="" type="checkbox"/>)		
Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Shared Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Home <input type="checkbox"/> Independent <input type="checkbox"/>		
Street/911/Rural Address: (Rural example: #246, 53068 Range Road 224 or 23456 Township Road 512)		
Mailing Address/P.O Box # (if applicable):	City:	Province:
Date address will or did become effective: (mm/dd/yyyy)	Postal Code:	Subdivision:
Alternate Mailing Address (if Shared Custody):		
Alternate Street/911/Rural Address (if Shared Custody):		

Student Sacramental Information

This information will be used in conjunction with the Division's Religious Education Programs in cooperation with the Catholic Parish.

Religion of Student:	Roman Catholic <input type="checkbox"/>	Ukrainian Catholic <input type="checkbox"/>	Non-Catholic <input type="checkbox"/>
Sacraments Celebrated: (Please check all that apply <input checked="" type="checkbox"/>)			
Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation (Confession) <input type="checkbox"/> Confirmation <input type="checkbox"/>			

Parent/Guardian Information

Parent/Guardian 1 Surname:	Salutation	Parent/Guardian 1 Given Name:	Catholic: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to Student
Parent/Guardian 1 Home Phone:		Parent/Guardian 1 Work Phone:	Parent/Guardian 1 Cell Phone:	
Parent/Guardian 2 Surname:	Salutation	Parent/Guardian 2 Given Name:	Catholic: Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to Student
Parent/Guardian 2 Home Phone:		Parent/Guardian 2 Work Phone:	Parent/Guardian 2 Cell Phone:	
Parent/Guardian 1 Email Address:			Parent/Guardian 2 Email Address:	
<i>Must be a direct phone line, extensions cannot be used</i>				
Direct Emergency Phone # Parent/Guardian 1			Direct Emergency Phone # Parent/Guardian 2	

Under **Canadian Anti-Spam Legislation**, we need to establish consent to use your email address for the purposes of communicating with you.

May we send communications to this email address using mass communication tools (e.g. newsletters, surveys and school notifications)?				
Parent/Guardian 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent/Guardian 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we send fee balance updates to this email address?				
Parent/Guardian 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parent/Guardian 2	Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Contact Information

#1 Emergency Contact Person (If parent/guardian is unavailable)	Name:	Relationship to Student:
Home Phone:	Work Phone:	Cell Phone:
#2 Emergency Contact Person (If parent/guardian is unavailable)	Name:	Relationship to Student:
Home Phone:	Work Phone:	Cell Phone:

Previous School(s) Attended & Dates of Enrollment

Name of School (Most Recent):	Dates Attended:	From (MM/DD/YYYY):
City and Province:		To (MM/DD/YYYY):
Name of School:	Dates Attended:	From (MM/DD/YYYY):
City and Province:		To (MM/DD/YYYY):

Aboriginal Self-identification

If you wish to declare the student is Aboriginal, please select one: Status Indian/First Nations <input type="checkbox"/> Non-status Indian/First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>	
For further information, please refer to www.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 – Elk Island Catholic Separate School Board at (780) 467-8869	
Signature:	Date (MM/DD/YYYY):

Francophone Rights

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms the following applies: Citizens of Canada <ul style="list-style-type: none">• whose first language learned and still understood is French, or• who have received their primary school instruction in Canada in French or• of whom any child has received or is receiving primary or secondary instruction in French in Canada, have a right to have their children receive primary and secondary instruction in French.	
In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.	
According to this criteria above as set out in the Canadian Charter of Rights and Freedoms, are you eligible to have your child receive a French first language (Francophone) education? Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/>	
If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education? Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know <input type="checkbox"/>	
Signature:	Date (MM/DD/YYYY):

Consent to Disclose Personal Information to the School's Parent Advisory Council

Each EICS school has a Parent Advisory Council (PAC) to represent the parents and engage in activities of the school. With your permission the school will provide the PAC with your name, phone number, email address and mailing address as well as your child's name. This will enable the PAC to contact you and keep you informed. Your permission is required. This consent will remain in effect for the years that the student attends EICS unless otherwise notified by the parent/guardian or student, if 18 years of age or independent.	
<i>I give permission for the release of my contact information as described above (signature required)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:	Date (MM/DD/YYYY):

Copyright Permission

Elk Island Catholic Schools requires your permission, on behalf of the student being registered, to display any of your child's work, or to reproduce any of your child's work.	
Note: Any such work would be produced for non-profit, educational purposes during the student's attendance at EICS. I understand the production(s)/work(s) may be shown at educational displays during Board sponsored open houses, in-service sessions, other school related activities at school or school board sites, or in a school publication. This consent will remain in effect for the years that the student attends EICS unless otherwise notified by the parent/guardian or student, if 18 years of age or independent.	
<i>I give permission for the display or reproduction of any of my child's work, as described above (signature required).</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:	Date (MM/DD/YYYY):

Consent to Post or Display Personal Information of Student

Under Section 33 of the FOIPP Act (Freedom of Information and Protection of Privacy) public bodies, such as school boards must abide by the Act related to the collection, use and disclosure of personal information in their custody or under their control.

For more detailed information regarding the collection of personal information and the FOIPP Act requirements please view the "Letter to Parents explaining FOIPP and the need for Consent" located on the EICS website under "Parents and Students" - "Student Registration".

Granting consent below would allow the following personal information:

- photographs of student; individual or as part of a group - essays, stories, poems, artwork or projects done by the student
- awards, scholarships, prizes received by student
- participation by student in any extracurricular activity
- participation by student in video conference, which could be recorded)
- video footage of student, or audio recordings of student's voice

to be disclosed in the following ways:

- to be displayed at the school attended
- to be posted on the student's school website (on the Internet)
- to be posted on the Elk Island Catholic Schools' website (on the Internet)
- to be included in an EICS presentation or display visible to the public

I give permission for the display or reproduction of any of my child's work, as described above.

Yes No

By signing below I also acknowledge I am aware:

- ***that by giving my consent, I am permitting the student's personal information to be displayed, posted or made available for viewing as described above***
- ***that because this personal information will be available to the public, it is not possible to consider an expiry date***

Signature:

Date (MM/DD/YYYY):

Medical Information

Does your child have any medical conditions the school should know about? Yes No

If yes, please specify:

Is this medical condition life threatening? Yes No

Is your child a member of MedicAlert®? Yes No If yes, Medic Alert #

Special Needs

Does your child have any physical, intellectual, behavioural or emotional needs which may require additional educational assistance, accommodations or modification beyond the regular educational program?

Yes No

If yes, please describe:

Citizenship of Student

Canadian <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Student Study Permit <input type="checkbox"/> Child of Canadian Citizen <input type="checkbox"/>		
Child of Individual Lawfully Admitted to Canada for Permanent or Temporary Residence <input type="checkbox"/> Other <input type="checkbox"/>		
Entry into Canada (MM/DD/YYYY):	Student Study Permit Expiry Date (MM/DD/YYYY):	Parent Work Permit Expiry Date (MM/DD/YYYY):

Custody Information

<p>NOTE: <i>If a custody order or other legal document governing the custody or guardianship of your child exists, please discuss this situation with school administration. Legal documentation will be required and <u>must</u> be placed in the student record.</i></p> <p>Does a Guardianship Order exist for this student? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, which type? Temporary <input type="checkbox"/> Permanent <input type="checkbox"/></p> <p>In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the <i>Child Welfare Act, the Domestic Relations Act, the Divorce Act, the Corrections Act, the Corrections and Conditional Release Act (Canada), the Youth Justice Act or the Youth Criminal Justice Act (Canada)</i>. Is a Court Order for the protection of your child in place? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Transportation Requirements

Do you require bus service? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Note: <i>if applying for a school that is not in your designated area, additional transportation fees, ineligible and/or school of choice fees, may apply.</i>

Program Request

Elk Island Catholic Schools offers a variety of programs, including different ECS programs and different language immersion options. If requesting one of these programs, please indicate the program beside the school below:		
School	Language Options	ECS Program Options
Archbishop Jordan Catholic High School	French Immersion <input type="checkbox"/> Ukrainian <input type="checkbox"/>	N/A
Ecole Pere Kenneth Kearns Catholic School	French Immersion Only	ECS AM <input type="checkbox"/> ECS Tuesday/Thursday <input type="checkbox"/> Progressive Kindergarten (fees apply see epk.eics.ab.ca/ for fee info) <input type="checkbox"/>
Ecole Our Lady of Perpetual Help Catholic School	French Immersion Only	N/A
Holy Redeemer Catholic School	English Only	ECS Tuesday/Thursday <input type="checkbox"/> ECS All Day (fees apply see hr.eics.ab.ca/ for fee info) <input type="checkbox"/>
Holy Spirit Catholic School	English Only	ECS AM <input type="checkbox"/> ECS PM <input type="checkbox"/> ECS Monday/Wednesday <input type="checkbox"/> ECS Tuesday/Thursday <input type="checkbox"/>
Jean Vanier Catholic School	English <input type="checkbox"/> Ukrainian <input type="checkbox"/> (ECS PM Only)	ECS AM <input type="checkbox"/> ECS PM <input type="checkbox"/>
Madonna Catholic School	English Only	ECS AM <input type="checkbox"/> ECS PM <input type="checkbox"/>
Our Lady of the Angels Catholic School	English Only	N/A

Our Lady of Mount Pleasant Catholic School	English Only	N/A
St. John Paul II Catholic School	English Only	N/A
St. John XXIII Catholic School	English Only	ECS AM <input type="checkbox"/> ECS PM <input type="checkbox"/>
St. Luke Catholic School	English Only	ECS Tuesday/Thursday <input type="checkbox"/>
St. Martin's Catholic School	English Only	ECS Monday/Wednesday <input type="checkbox"/> ECS Tuesday/Thursday <input type="checkbox"/>
St. Mary's Catholic School	English Only	N/A
St. Patrick Catholic School	English Only	ECS Monday/Wednesday <input type="checkbox"/> ECS Tuesday/Thursday <input type="checkbox"/> 3 year old AM Program <input type="checkbox"/> 3 year old PM Program <input type="checkbox"/> 4 year old AM Program <input type="checkbox"/> 4 year old PM Program <input type="checkbox"/>
St. Theresa Catholic School	English <input type="checkbox"/> Ukrainian <input type="checkbox"/>	N/A
We make every effort to accommodate the requests of families regarding the placement of their child(ren). As there are a multitude of factors that determine class composition, the school reserves the right to make the final decision on the child's placement into their ECS program.		

Final Registration Checklist

<p>When submitting a registration please ensure the following steps are completed:</p> <ol style="list-style-type: none"> <input type="checkbox"/> Review the registration form and ensure that all signature boxes and "Yes/No" boxes have been filled in. Please attach a copy of the following documents to the registration <ul style="list-style-type: none"> <input type="checkbox"/> Documents confirming student citizenship status (e.g. Canadian Birth Certificate, Permanent Residence Card, student study permit, etc.) <input type="checkbox"/> Documents confirming parent resident status for students who are not Canadian Citizens (e.g. parent work permit, parent Permanent Residence Card, etc.) <input type="checkbox"/> Student Baptismal Certificate (if baptized in the Catholic Church) <input type="checkbox"/> Copies of any Court Order or Guardianship Order in place for this student <input type="checkbox"/> If you require Bus Service, please fill out a Transportation Request Form (https://www.eics.ab.ca/transportation)
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The information collected on this registration form is required to allow the Division, through its administrators, to make such decisions as are necessary in order to fulfill its obligation to provide students with an appropriate Catholic education program that meets their needs, to provide a safe and secure environment, to protect the student's rights and to determine eligibility and/or suitability for provincial or federal programs and the funding available both under the **School Act** and the **Regulations** and through the **Charter of Rights and Freedoms**. The information will be made available to employees of Elk Island Catholic Schools, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the children or students in schools and to Alberta Education on a "need to know" basis.

The information will be used for authorized programs and activities that are part of normal school life, and will be governed by the **Freedom of Information and Protection of Privacy Act**. We realize that there may be occasion where you have concerns relating to the safety of your child with respect to any of the uses of this information. In this case, please contact the school where your child attends.

If you have questions regarding the use or disclosure of this information, please contact the school principal or Community Relations and FOIP Coordinator, EICSRD No. 41, at (780) 449-6469.

Declaration by Parent, Legal Guardian, or student (if student living independently)

I hereby affirm that I have read the Notice of Religious Permeation and that the information provided on this registration form is complete and correct.	
Signature:	Date (MM/DD/YYYY):