



HOLY SPIRIT CATHOLIC SCHOOLS
 620 – 12 Street 'B' North, Lethbridge
 Tel: (403)327-9555 Fax: (403)327-9555



CATHOLIC CENTRAL HIGH SCHOOL
 405 – 18 Street South, Lethbridge, AB T1J 3E5
 Tel: (403) 327-4596 Fax: (403) 320-8896

Student Registration

2010 – 2011 School Year

Today's Date _____ / _____ / _____
 Year Month Day

Registering for Grade: _____ Alberta Education I.D. #: _____

STUDENT DATA:

Legal Name: _____ Birthdate: _____ / _____ / _____
 Last Name First Name Middle Name Year Month Day

Also Known As: _____ Gender: Male Female
 Last Name Given Name(s)

Current Mailing: _____ Phone No.: _____
 Postal Code: _____

Permanent Address: Appt. # _____ Street Address: _____ Phone No.: _____
 (If Different From Above) City/Town _____ Postal Code: _____

If you reside outside of the city limits, please provide: Legal Land Description: ¼ _____ Sec _____ T _____ R _____ W _____

Last School Attended: _____ Grade: _____
 Name Address Last grade attended

RELEVANT DATA:

Does your child have: Physical difficulties Yes No; Learning difficulties Yes No; Allergies Yes No; Health needs Yes No?
 If yes, please describe: _____

Is your child currently receiving Special Services i.e.: Speech Language, Physical Therapy, Occupational Therapy / other services? Yes No

If yes, please provide services you currently access: _____

RELIGIOUS DATA:

Mother Catholic Non-Catholic

Father Catholic Non-Catholic

*Student Catholic Non-Catholic

*Baptism: Have Rec'd Will Receive in 2010/11 *Parish _____

*First Communion: Have Rec'd Will Receive in 2010/11 *Parish _____

*First Reconciliation: Have Rec'd Will Receive in 2010/11 *Parish _____

*Confirmation: Have Rec'd Will Receive in 2010/11 *Parish _____

CITIZENSHIP FOR OFFICE USE ONLY

A copy of the following was provided to the school:

- Canadian Birth Certificate
- Permanent Resident Card
- Parent Work/Study Permit
- Student Study Permit
- Treaty ID Card
- Other

Permit Expiry Date _____

If religion is other than the Catholic 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, 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 Division accepts the responsibility for my child's education until such time as my child finishes his or her program in this Division, that resources are not sufficient to provide a program for my child, voluntarily withdraws, or is expelled from the Division.

Parent/Guardian _____ Signature _____ Date _____

If you wish to declare that this student is an **ABORIGINAL** person, please specify:

STATUS INDIAN/FIRST NATION NON-STATUS INDIAN/FIRST NATION MÉTIS INUIT

BAND NAME _____ **BAND NO.** _____ **TREATY I.D. NO.** _____

*Alberta Education is collecting this personal information pursuant to section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet Ministry mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. Alberta school boards are also collecting this information pursuant to the same sections for the same purposes. This information will also be used to determine the provincial First Nations, Métis and Inuit funding allocation provided to school authorities.
For further information or if you have 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. If you have questions regarding the collection activity by the Holy Spirit Roman Catholic Separate Regional Division No. 4, please contact the Holy Spirit Roman Catholic Separate Regional Division No. 4 Superintendent at 620-12 Street 'B' North, Lethbridge, AB, T1H 2L7, (403) 327-9555.*

FRANCOPHONE EDUCATION ELIGIBILITY

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 - whose first language learned and still understood is French, or who have received their primary school instruction in Canada in French, have the right to have their children receive primary and secondary school instruction in French.
- Citizens of Canada - of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have a right to have all their children receive primary and secondary instruction in the same language.

According to this criteria, are you eligible to have your child educated in French? Yes No(nototation of eligibility)

If yes, do you wish to exercise your right to have your child educated in French? Yes No(nototation of decision to exercise right)

ENGLISH AS A SECOND LANGUAGE (ESL)

A student is eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be Canadian-born or Foreign-born.

Does your child qualify for ESL support? Yes No If yes, is your child Canadian born or Foreign born?

Student's primary home language is (specify): _____

FAMILY DATA:

Father / Guardian Does this child reside with you? Yes No
(circle one)

Name: _____

Address: _____

City/Postal Code: _____

Phone: Home: _____ Work: _____

Cell or Other: _____

E-mail address: _____

For Taxation Purposes are you a Catholic School Supporter: Yes No

Mother / Guardian Does this child reside with you? Yes No
(circle one)

Name: _____

Address: _____

City/Postal Code: _____

Phone: Home: _____ Work: _____

Cell or Other: _____

E-mail address: _____

For Taxation Purposes are you a Catholic School Supporter: Yes No

Catholic Taxes: To ensure your property taxes are supporting your Catholic Separate School Division, you must declare your school support as "Separate" on your Annual Property Assessment Notice and Tax Bill. If a declaration of school support is not filed by the property owner, the property assessment and tax bills show the school support as defaulting to the public school system. Declare your support for Catholic Schools. School Support Declaration Forms are available from your local city, town or municipality office. For more information contact your School Division Office at (403) 327-9555. Thank you.

SIBLINGS:

Name / Date of Birth School Attending

Name / Date of Birth School Attending

Name / Date of Birth School Attending

Name / Date of Birth School Attending

Name / Date of Birth School Attending

Name / Date of Birth School Attending

EMERGENCY INFORMATION:

If parent(s) are not available. Person(s) authorized to care for child in case of emergency. Please ensure that the person(s) are aware that their name has been used for this purpose.

Name: _____

Relationship to child: _____

Address: _____

Phone: (Home) _____

Phone: (Work) _____

Cell / Other: _____

Name: _____

Relationship to child: _____

Address: _____

Phone: (Home) _____

Phone: (Work) _____

Cell / Other: _____

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, education 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 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.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS

The information collected on this form, as part of the school registration process is personal information as referred to in the *Freedom of Information and Protection of Privacy (FOIP) Act*, which became effective to Alberta School Districts on September 1, 1998. This personal information is collected pursuant to the provisions of the *School Act* and its regulations, and pursuant to section 32(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. The *FOIP Act* requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the *School Act*. This includes many activities that are part of normal school community interaction and health considerations such as:

1. Individual photos that are taken;
2. Photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and busses;
3. Class and team photos that are taken and used within the school;
4. Student name and description of activities that are used in the school newsletter and other school communications;
5. Student name, photograph and write-up that are included in school yearbook (if one is produced);
6. Student names that are included in an honour roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
7. Media photographs or videos of classrooms and school activities, where individual students can not be identified, may be taken and used by the media;
8. Student names that are used on artwork, written material, or other items to be displayed in the school;
9. The use of student names, related contact information and phone numbers for classroom reps;
10. The use of student 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;
11. The collection of a child's baptismal certificate for use in sacramental preparation;
12. Immunization programs and visual, dental, hearing screening tests by the Chinook Health Region;
13. Enabling School Councils to communicate with parents;
14. Other similar activities within the school.

CONSENTS FOR INFORMATION DISCLOSURE

Media Consent

Holy Spirit Catholic Schools presently enjoy and encourage an open and beneficial relationship with the print (newspapers, etc.) And broadcast media (television, etc.) as a means of promoting and reporting on school activities. Typically these activities would include but are not limited to:

- students working in a classroom or other educational setting (possibly off campus)
- students participating in extra and co-curricular activities
- students playing or socializing during recess or noon hour

To permit this relationship to continue we require parental consent to have the media photograph, videotape and/or interview your son/daughter as they participate in school activities.

Please complete the following: On behalf of _____,
(Student's Name)

- I give my consent to the information disclosures as described above.
- I do not give my consent to the information disclosures as described above.
- I give my consent; however, I do not want my son/daughter's image to be published/broadcast in the following circumstances: _____

I understand that this consent is valid for the time my child is at this school. If circumstances change, please inform the school immediately.

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 school may not restrict such activity at public events.

Signature of Parent/Guardian/Independent Student

Date

Parents/guardians will be contacted by the school for a separate written consent in the following instances:

1. Photographs or videos taken by the Division where the material will be used outside of the school;
2. Release of student names outside of the school;
3. Copyright for artwork or creative writing which will be reproduced for use outside the classroom.
4. Acceptable Use Agreement for use of IT services and hardware.

School Council Information Disclosure

The school has a School Council which represents the parents and engages in activities of the school. The school will normally make the parent/guardian name, phone number and mailing address, as well as the student's name and grade level, available to the School Council for contact purposes.

- I give my consent to the information disclosures as described above.
 I do not give my consent to the information disclosures as described above.

Signature of Parent/Guardian/Independent Student

Date

Internet Information Disclosure Consent

This consent will be used in the following situations:

1. When any of the following information is posted on the School or School District's web page on the internet:
 - Student's name (only first name will be posted);
 - A student's work;
 - A student's image is included in a photograph or video file where the student is not identified by name.
2. When information is disclosed as part of an internet project:
On occasion, students may have the opportunity to become involved in Key Pal and similar internet projects with other students and schools. Typically, such projects are utilized to develop the student's communication skills, literacy and knowledge. These activities enable students to correspond, through e-mail, with other students and schools.

- I give consent to the information disclosures and participation in internet projects as described above.
 I do not give consent to the information disclosures and participation in internet projects as described above.
 I give my consent with the following exception: _____

Signature of Parent/Guardian/Independent Student

Date

Custody Information:

Does a custody access or restraining order exist for your child? YES NO
In order for the school to act on a custody access or a restraining order, a copy of the Court Order is required on file at the school.

I have read and understand the uses that will be made of the personal information as listed above, and I hereby certify that the information provided by me on this registration form is true, correct and complete to the best of my knowledge and belief.

Signature

Please print name

Date

**If you have any questions or concerns regarding the collection of information, or intended use of information, please contact
Mrs. Lisa Palmarin, Secretary Treasurer at the Holy Spirit Catholic Separate Regional Division No. 4
620 – 12 Street 'B' North, Lethbridge, Alberta, T1H 2L7
Phone: (403) 327-9555 Fax: (403) 327-9595
E-mail: lisa.palmarin@holyspirit.ab.ca**