



INTERNATIONAL STUDENT REGISTRATION FORM
 Please print clearly

Date of Application: _____ (mm/dd/yyyy) Country of Origin: _____

Length of Stay: Full Year 1 Semester 1 Quarter (11 Weeks) Other: _____

STUDENT INFORMATION

Legal Name (as it appears on Passport) _____
 Last Name(s) First Name Middle Name

English Name _____ Birthdate ____/____/____
 (If applicable) Year Month Day

Length of Stay 3 months 5 months 10 months Other _____

Citizenship _____ Current Age: _____ Gender Male Female

Student's E-mail _____ Language(s) Spoken at Home _____

Passport Number _____ Country / Date Issued _____

Passport Expiry _____

Student's Home Address

Mailing Address (check if same as home address)

Street Address _____

Street Address _____

City _____

City _____

Province / State _____

Province / State _____

Country _____ Postal Code _____

Country _____ Postal Code _____

Phone (Country Code, Area Code, Phone Number) _____

Phone (Country Code, Area Code, Phone Number) _____

Fax (Country Code, Area Code, Fax Number) _____

Fax (Country Code, Area Code, Fax Number) _____

STUDENT'S HEALTH INFORMATION

The health and safety of the students in our schools is our main concern. Therefore, it is important for international schools attending Holy Spirit Schools to disclose any emotional, physical or behavioural conditions (perceived or confirmed) so that we may determine if we will be able to offer an appropriate program.

Failure to disclose the following information and any additional information that can affect programming may result in immediate expulsion from Holy Spirit Catholic School Division.

Within the last 24 months, has this student experienced any:

Physical conditions such as: surgeries, deafness, sight impairment, asthma, diabetes, autism, anaemia, mononucleosis, Hepatitis, ADHD, mobility difficulties, epileptic seizures, etc.? Yes No

Emotional conditions such as: mood instability (depression, anger), self-injury (suicide attempts, cutting, etc.), anxiety (test, separation, etc.), eating disorders (restriction of food, binge eating), traumatic experience (divorce, accident, death, abuse, etc.)? Yes No

Behavioural conditions such as: suspension/expulsion from school, criminal charges, or addictions (computer, drug, alcohol, gaming), etc.? Yes No

Learning conditions such as: difficulties with math, writing, reading, memory, failure of classes, etc. Yes No

Please explain any of the conditions your student has in the space below. The list above is not a complete list. Please add any other information about conditions that could impact programming.

HEALTH INSURANCE AND IMMUNIZATION

Please be advised that all students require Student Insurance from our School Division's Insurance Provider. Students must also provide a copy of their Immunization Record (Vaccinations) prior to attending school.

Have you included a copy of your Immunization Record? Yes No

PARENT INFORMATION

Mother's Name (as appears on passport)

Last Name _____ First Name _____ Middle Name _____

Mother's Birth Date _____
(mm/dd/yyyy)

Home Phone Number _____
(Country Code, Area Code, Phone Number)

Cell Phone Number _____
(Country Code, Area Code, Phone Number)

Mother's Home Address check if same as student's home address

Street Address _____

City _____ Province / State _____

Country _____ Postal Code _____

Mother's E-mail _____

Father's Legal Name

Last Name _____ First Name _____ Middle Name _____

Father's Birth Date _____
(mm/dd/yyyy)

Home Phone Number _____
(Country Code, Area Code, Phone Number)

Cell Phone Number _____
(Country Code, Area Code, Phone Number)

Father's Home Address check if same as student's home address

Street Address _____

City _____ Province / State _____

Country _____ Postal Code _____

Father's E-mail _____

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.

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.

Parent's Signature _____ Date _____

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 specifically 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 buses;
3. class and team photos that are taken and used within the school;
4. student names and description of activities that are used in the school newsletter and other school communications;
5. student names, photographs and write-ups 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 announcements 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 cannot 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, and/or hearing screening tests by the Chinook Health Region;
13. enabling school councils to communicate with parents;
14. other similar activities within the school.

HOLY SPIRIT CATHOLIC SCHOOL DIVISION RULES & REGULATIONS

Students participating in the Holy Spirit International Student Program must agree to abide by the following rules and regulations.

Please read each rule very carefully. By signing your name on this agreement, you fully understand and agree to comply with these rules.

I, _____, fully understand that, as an International Student attending a Holy Spirit Catholic School,

1. I must obey the laws of Canada, the Province of Alberta and follow the policies and rules of Holy Spirit Roman Catholic Separate Regional Division No.4.
2. I must attend school on a daily basis and adhere to school based attendance policies.
 - a) I am not allowed to possess, purchase or use illegal drugs;
 - b) I am not allowed to possess, purchase or drink alcoholic beverages;
 - c) I am not allowed to possess, purchase or shoot firearms of any type;
 - d) I am not permitted to drive any motor vehicle while participating in the program;
 - e) I am not allowed to participate in any sexual contact or activity.
 - f) I am not allowed to engage in activities that could result in personal harm including but not limited to skydiving, bungee jumping and parachuting.

An infraction of any of the above rules may result in my dismissal from the program.

3. I am not permitted to purchase tobacco products or to smoke in the host family home.
4. I must always be aware of my responsibility as an international student and make a determined effort to represent my country in a positive manner.
5. I must make an effort to interact with Canadians and learn about Canadian culture.

As a student staying with a Homestay Family, you agree with the following statements:

6. I must show respect for my host family and act as a family member by following family rules and helping with family chores.
7. I will be financially responsible for all international calls. My Homestay family may limit my international calls if they become excessive.
8. I should limit the communication between myself and my friends and family in my home country in order to improve my English and benefit from my stay in Canada. Internet use is at the discretion of my Homestay family.
9. I cannot change Homestay families without the approval of the Holy Spirit Homestay Coordinator. I will participate in discussions to resolve issues with the Homestay family with the help of the Homestay Coordinator. When changing a Homestay family is not deemed necessary, a \$450 Homestay Family Finding Fee will be charged.

Student's Signature

Date

Parent's Signature

Date

CONSENT 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 ask parents to consider granting 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:

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.

Parent's Signature

Date

INTERNET INFORMATION DISCLOSURE CONSENT

This consent will be used when any of the following information is posted on the School or School Division's web page, Facebook page, Twitter feed or other Divisional social media sites on the internet:

- student's first name,
- a student's work,
- a student's image included in a photograph or video file where the student is not identified by full name.

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

I understand that this consent is valid for the time my child is at this school. I understand my consent may be altered / withdrawn; if these circumstances change, I agree to inform the school immediately.

Signature of Parent

Date

CONSENT OF DISCLOSURE

I certify that all the information provided on this application is complete, accurate and honestly represented. I further understand that the information furnished on this form, together with information and materials of any kind received by Holy Spirit Catholic Schools' International Education Program from any source, becomes the property of Holy Spirit Catholic Schools International Education Program, will not be returned and will be shared third parties external to Holy Spirit Catholic Schools as required in order to assist with student programming, housing, relocation or Canadian foreign student status.

I will abide by the policies of Holy Spirit Catholic Schools and the rules of the school which I attend. I understand that information about my attendance, behaviour and marks may be shared with my parents, agents retained by my parents, my custodial guardian and/or my Homestay parents during the time that I am studying with the Holy Spirit Catholic Schools International Education Program.

All applications to the International Education Program are to Holy Spirit Catholic Schools.

STUDENT'S SIGNATURE

PARENT'S SIGNATURE

PLEASE SEND COMPLETED FORM BY FAX OR E-MAIL TO HOLY SPIRIT CATHOLIC SCHOOLS, ATTENTION: WENDY URQUHART

Fax: (403) 327-9595 / E-mail: wendy.urquhart@holyspirit.ab.ca

WE LOOK FORWARD TO WELCOMING YOU TO OUR SCHOOLS!