



**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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you wish to declare the student is ABORIGINAL, please select one:

First Nation (status)	First Nation (non-status)	Métis	Inuit
-----------------------	---------------------------	-------	-------

For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://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 Secretary Treasurer at Holy Spirit Roman Catholic Separate Regional Division No. 4, 620 12B Street North, Lethbridge, AB, T1H 2L7, 403-327-9555.

Holy Spirit Catholic Schools requests the following information:  Living on Reserve  Living off Reserve

Band Name \_\_\_\_\_ Band No. \_\_\_\_\_ Treaty ID No. \_\_\_\_\_

**Section 23 Francophone Education Eligibility Declaration**

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; or
- of whom any child has received or is receiving primary or secondary school instruction in French in Canada,

have the right to have all their children receive primary and secondary school instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a Francophone (French First Language) program offered by a Francophone Regional authority.

A. According to this criteria, are you eligible to have your child receive a Francophone education?  Yes  No  Do not know

B. If yes, do you wish to exercise your right to have your child receive a Francophone education?  Yes  No

**CATHOLIC TAXES:** To ensure support for publicly funded Catholic Education we ask that you declare your school support as "Separate" on your Annual Property Assessment Notice and Tax Bill. If a declaration of school support is not completed by the property owner, the property assessment and tax bills default to support 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 the School Division Office at 403-327-9555. Thank you.

**FAMILY DATA**

**PARENT / GUARDIAN** Relationship to student: \_\_\_\_\_  
Student resides with this person  Yes  No

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / Postal Code \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Cell / Other \_\_\_\_\_  
E-mail address \_\_\_\_\_

**PARENT / GUARDIAN** Relationship to student: \_\_\_\_\_  
Student resides with this person  Yes  No

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / Postal Code \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Cell / Other \_\_\_\_\_  
E-mail address \_\_\_\_\_

**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, the following are authorized to care for the child in case of emergency. Please ensure that the person is aware that their name has been used for this purpose.

Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_  
Phone (Work) \_\_\_\_\_  
Cell / Other \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to student \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_  
Phone (Work) \_\_\_\_\_  
Cell / Other \_\_\_\_\_

## **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 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, and/or hearing screening tests by Alberta Health Services;
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 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: \_\_\_\_\_

*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.*

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. Responsible 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 normally makes the parent/guardian's name, phone number, email address 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.

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

\_\_\_\_\_

Signature of Parent/Guardian/Independent Student 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 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/Guardian/Independent Student Date

---

**Request for Consent – Electronic Communication**

In order to keep you up-to-date on the latest school news and events please provide your consent below. We want to keep you informed about relevant school news, information items and updates, events, meetings, fundraising activities, services, announcements and similar activities, through email or other electronic communications which may contain related offers, registration fees, tickets, advertisements, promotions or similar information. If you wish to receive the above communications from us, please complete the form below:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

- Yes, I want to Opt-in to receive electronic communications from Holy Spirit Catholic Schools.
- No, I do not want to receive electronic communications from Holy Spirit Catholic Schools.

*If you wish to withdraw your consent and unsubscribe from our electronic communication at any time, please contact your child's school.*

\_\_\_\_\_

Signature of Parent/Guardian/Independent Student Date

---

**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 of Parent/Guardian/Independent Student 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 Roman Catholic Separate Regional Division No. 4**  
**620 12B Street North, Lethbridge, Alberta, T1H 2L7**  
**Phone: 403-327-9555 Fax: 403-327-9595**  
**E-mail: palmarinl@holyspirit.ab.ca**

# St. Michael's School

P.O. Box 1750 – 864 Christie Avenue  
Pincher Creek, Alberta T0K 1W0

Phone  
403-627-3488

Fax  
403- 627-5916

Principal  
Tina Delinte

Associate Principal  
Karen Schmidt

## RE: Proof of Legal Name, Birthdate and Citizenship

A registration form for \_\_\_\_\_ to attend St. Michael's  
*Student Name*

School in Pincher Creek Alberta has been completed.

But, documentation for proof of legal name, birthdate and citizenship has not been provided at this time.

I, \_\_\_\_\_, agree to provide a copy of  
*Parent/Guardian Name*

the required document as soon as possible.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature or Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature or School Employee*





# REQUEST FOR THE RELEASE OF STUDENT RECORDS

Date requested: \_\_\_\_\_

**School last attended:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**The following student(s) has registered at:**

Name of School: St. Michael's School

Address: Box 1750 – 864 Christie Avenue  
Pincher Creek AB T0K 1W0


Phone: 403-627-3488 Fax: 403-627-5916

LAST NAME	GIVEN NAME	BIRTHDATE	GRADE	ALBERTA EDUCATION ID#

Please forward the student record for the above named student(s) containing: permanent records, progress reports and/or final marks, counsellor's records, academic assessments, medical records (physical/psychological) and any other pertinent confidential records to the above address as soon as possible.

Note that Section 2(1) of the *Student Record Regulation* for the Province of Alberta stipulates the information required to be included on the student's record. Section 2(2)(b) further permits the release of personal information related to the student where inclusion of the information would be "necessary to ensure the safety of students and staff." **Please contact me directly by telephone to advise if the student(s) is (are) considered to be at risk or requiring additional supports, or if these records are not available.**

Section 8(1) of the *Student Record Regulation* provides for the transfer of student records, specifically, "the board from which the student transfers shall, on receipt of a written request from that school, send the student record ...." If you have any questions regarding this request, please direct them to the undersigned.

  
Tina Delinte,  
Principal

