



# STUDENT REGISTRATION FORM

The information requested on this form is being collected pursuant to the School Act, Section 18, A.R. 213/88 & A.R. 175/93 and the FOIP Act, Sections 32(c) & 37(b) & 38 (c) Information acquired is kept secure and access is restricted  
Parents are responsible to ensure the accuracy of this information and to report changes.

Name of School: Wheatland Crossing School

STUDENT INFORMATION			Alberta Student Number:		
Legal Surname:			Legal Given Name(s):		
Preferred Surname:			Legal Middle Name(s):		
Birth Date:			Phone (h):	Cell:	Gender:
Year	Month	Day	E-Mail Address:		Grade:
Last School Attended: (Name of School and City)			Are you registered at: Virtual <input type="checkbox"/> Outreach <input type="checkbox"/> Home School <input type="checkbox"/> If registered at another school, please give name _____		
Has this student been accessed or recommended for intervention services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check all that apply: Speech Language Therapy <input type="checkbox"/> Learning Support <input type="checkbox"/> Social/Emotional Behavioral Support <input type="checkbox"/> Other: _____					

Rural Students - Legal Land Description:    ¼ Sec     Sec     Twnshp     Range     Emergency Response # (403)-\_\_\_\_\_

Urban Students -House Address (including street name, house # and apt. if applicable): \_\_\_\_\_  
Has your child attended a Golden Hills School previously    Yes     No     School Name: \_\_\_\_\_

<b>Transportation Services:</b> I am requesting transportation services:  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Citizenship:</b> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other <input type="checkbox"/>	<b>Independent Student:</b>  Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>International Student:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Student Visa Expiry Date:    /    /    _____ Month    Day    Year
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## PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name:			Relationship to Student:		
Address:			City:		Postal Code:
Phone (h):	(w):	(c):	E-Mail Address:		
Parent/Guardian #2 Name:			Relationship to Student:		
Address:			City:		Postal Code:
Phone (h):	(w):	(c):	E-Mail Address:		

Student's Mailing Address if Different from Above Parent/Guardian:

Address:			City:		Postal Code:
Phone (h):	(w):	(c):	E-Mail Address:		

## EMERGENCY INFORMATION (Contacts other than parents used in emergencies only)

1. Contact:			Relationship to Student:		
Address:			City:		Postal Code:
Phone (h):	(w):	(c):	E-Mail Address:		
2. Doctor:					
Medical Conditions if Any:					

For other children in the household, please complete the following.

Name	Gender	Age	Relationship to Student	School Attending
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____



## Golden Hills School Division No. 75

### Freedom of Information and Protection of Privacy (FOIP) Act

Golden Hills School Division No. 75 is collecting personal information about you and your child with this Student Registration Form. This personal information is necessary to provide an educational program for your child and ensure a safe school environment for all students and staff.

**Some of the ways the school or district may use personal information are listed below. The Information and Privacy Commissioner's office states that the district does not require written consent from you to:**

- Share information with Alberta Education.
- Use a student's name, related contact information, and telephone numbers to check on a student who is absent.
- Use a student's name and/or photos or videos in the school calendar, newsletter, yearbook, or other internal publication.
- Take and use individual, class, team, club, or school videos/photos within the school community for internal school purposes as part of the delivery of educational programs or services (**not for external uses such as websites or brochures**).
- Use a student's name on artwork or material to be displayed at the school or other district sites.
- Use a student's name on lists such as an honour roll, scholarship, or other awards within the school or district.
- Use a student's name and academic information when the school wishes to apply for provincial and federal awards or scholarships on behalf of the student.

This is not a complete list, but it gives some examples of how the personal information may be used. Your son or daughter may attend or participate in school activities that are open to the general public. Some examples of these activities are sporting competitions, concerts, cultural programs, clubs, field trips, graduation, or other ceremonies. Photos and videos may be taken by members of the public including journalists and media reporters. The district cannot control or prevent the further distribution or use of these photos, videos, images, or other personal information.

**Written consent is required to use a student's personal information for any purpose other than educational programming or the safety of students and staff. Written consent can be revoked at any time by notifying the school principal in writing. Please refer to the attached *FOIP Public Communication & Media Consent Form*.**

Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (that information relates directly to and is necessary for an operating program or activity of a public body)*. This information will be used to provide an educational program and ensure a safe and secure school environment for students.

If you have any questions about the collection, contact the FOIP Coordinator, 435A Highway No. 1, Strathmore, Alberta T1P 1J4 or 403-934-5121 ext. 2024.



**Golden Hills School Division No. 75**  
**Freedom of Information and Protection of Privacy (FOIP) Act**

**FOIP Public Communication & Media Consent Form**

Our students are working to gather information, connect to other learners on projects and share their work or activities. Written consent is required if the student’s personal information is going to be used for any other purpose outside the school, posted on the school’s public website, or used by the media. **Written consent can be revoked at any time by notifying the school principal in writing.** The following are examples where written consent is required:

- Use of a student’s name, photo, or video in external publications (such as an external website or a promotional brochure).
- Use class, team, club, or school videos/photos that are taken within the school community on the school external website or for marketing purposes.
- Use of a student’s name on artwork/material to be displayed in the community.
- Video or audio recordings posted online (may include technologies such as social media and other emerging technologies).
- Allow a student to participate in media interviews.

**Please fill out the following items to indicate your voluntary consent for your child:**

<p><b>Part 1 - School &amp; District Public Website(s), Social Media, External Publications, External Displays, &amp; Presentations</b></p> <p><input type="checkbox"/> I consent to my child’s information such as photographs, awards, scholarships, prizes, newsletter information, team lists, assignments or projects, art work, video and/or audio recording, interviews, school publications, advertisements, and promotional materials to be used by Golden Hills.</p> <p><input type="checkbox"/> <b>I do not want the information used for any of the above purposes.</b></p>
<p><b>Part 2 - Media</b></p> <p><input type="checkbox"/> I consent to my child being interviewed by the media or appearing in an event being covered by the media.</p> <p><input type="checkbox"/> <b>I do not want the information used for any of the above purposes.</b></p>

**Note:** The District cannot control how the information may be distributed, including print, broadcasts, photographs, and the Internet (for example, websites, online video and social media).

I, being the parent/legal guardian of the student named below, have read and understand the information provided.

Student’s Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: Wheatland Crossing \_\_\_\_\_

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

Parent/Legal Guardian Signature(s) #1 \_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Legal Guardian Signature(s) #2 \_\_\_\_\_  
Date: \_\_\_\_\_

**Note:** Only persons having legal guardianship of the student may sign this consent form as parent or legal guardian. If both parents have legal guardianship, both must sign.

**Student Lives With:**

Parent/Guardian #1  Parent/Guardian #2  Both  Other  please specify if other: \_\_\_\_\_  
(Please check all that apply)

**Custody:**

In rare instances a child may be designated as "Protected" if a court has issued an order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, the Young Offenders Act, the Family Act, or is the subject of a custody or access order. If your child is subject to any such order or agreement, please indicate as directed below and contact the school principal.

Does such an order exist? Yes  No

If "yes", please discuss this situation with the school administration. Legal documentation will be required.

If other family circumstances are important for the school to know, please advise the principal.

Questions in this part of the registration form are designed to assist in our effort to maintain good school-home communications. If you have difficulty responding to any of these, please speak to your school principal.

Should school correspondence regarding this child be sent to any other adult who has legal access to this student?

Yes  No

If Yes, please fill in the following information:

Name:	Relationship to Student:	
Address:	City:	Postal Code:

Your child is a resident student of the Separate Catholic School Division if his/her parent(s) is/are Catholic.

Is the child's Parent/Guardian #1 Catholic? Yes  No  Is the child's Parent/Guardian #2 Catholic? Yes  No

Child resides with: Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_ Both \_\_\_\_\_

Pursuant to Section 23 of the *Canadian Charter of Rights and Freedoms*, 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 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 French first language (Francophone) program offered by a Francophone Regional Authority.

A. According to the criteria above are you eligible to have your child receive a Francophone education?

Yes  No

B. If yes, do you wish to exercise your right to have your child receive a Francophone education?

Yes  No

*If you wish to declare that you are an Aboriginal person, please specify:*

Status Indian/First Nations  Non-Status Indian First Nations  Metis  Inuit

If student resides on a reserve, please provide the following:

Band Number \_\_\_\_\_ and Treaty Number \_\_\_\_\_

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness and over time develop policies, programs, and services to improve Aboriginal learner success in addition to other legislation applicable to the educational institution.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501

**Legal Document used to verify registration: (Circle One) PLEASE PROVIDE A COPY with registration**

Permanent Resident/Landed Immigrant Documents    Passport    Official Stats Canada Documents    Work or Study Permit  
Canadian Citizenship Document    Adoption Papers    Birth Certificate    Temporary Resident Papers

**I hereby certify the foregoing information given is correct, and complete; to the best of my knowledge and belief.**

Parent (Guardian) Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

## **ACCEPTABLE USE POLICY FOR THE INTERNET**

### **Wheatland Crossing**

We realize that the Internet contains much valuable information. However, there is a possibility that a student may access information which is not consistent with the educational goals of our school.

The guidelines below are to assist users of our Internet connection in making proper use of the connection.

#### **GUIDELINES**

1. All Logins must be made using approved school procedures.
2. Each user and parent/guardian of user will sign a school contract before using the system.
3. An Internet filter is used at Standard School but there are significant limitations to its ability to eliminate chance encounters on inappropriate sites.
4. It is the responsibility of the student to inform the teacher of accidental access to an inappropriate site.
5. Personal e-mail and chat lines are not available to students.
6. Downloading is prohibited without prior teacher approval.
7. Student safety is of utmost importance...students must NEVER release personal information over the Internet...they must NEVER meet someone they have "met" on the Internet without parental permission.
8. Students may not use the Internet for commercial advertising nor may the system be used to send or receive messages that are racist, inflammatory, sexist, degrade or make fun of other people, or contain obscenities.
9. Students may not use copyrighted material in reports without permission. Resources must be properly cited using bibliographic format provided by a teacher.
10. Students must not create a computer virus and place it on any network.

#### **CONSEQUENCES**

Inappropriate use of the Internet results in:

- a) On the first occasion, loss of Internet and network privileges for one month from the date of offence.
- b) On the second occasion, loss of Internet and network privileges for the remainder of the school year. Students will also receive a three day in-school suspension.

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PLEASE READ AND DISCUSS THIS ACCEPTABLE USE POLICY WITH YOUR CHILD THEN SIGN AND RETURN THIS FORM. IF YOU WISH TO KEEP A COPY OF THE A.U.P. FOR YOUR RECORDS ASK THE OFFICE STAFF FOR A COPY.

**As the parent or guardian of this student, I have read and understand the Wheatland Crossing School A.U.P. and allow my child to use the Wheatland Crossing School computer network and the Internet.**

Parent/Guardian Signature: \_\_\_\_\_

**As the student applying for Internet privileges, I have read this A.U.P. and understand our connection to the Internet is designed for educational purposes. I understand it is impossible for Wheatland Crossing School to restrict access to all controversial materials and I will not hold the staff of Wheatland Crossing School or Golden Hills School Division No. 75 responsible for materials acquired on the Internet. I also agree to report any misuse of the system to school administration. I understand and will abide by the attached Acceptable Use Policy. I further understand that any violation of the guidelines is unethical and against the spirit of our policy. Should I commit any violation, my access privileges MAY be revoked and school disciplinary action MAY be taken. I understand the acceptable Use Policy for the Internet on the Wheatland Crossing School network and assume full responsibility for my actions.**

Student Signature: \_\_\_\_\_



## Wheatland Crossing School

**Extended Health Information – Please complete the information that pertains to each child registered at Wheatland Crossing School that has extended health issues.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Does your child have any allergies or sensitivities \_\_\_\_\_

What is the source of the health problem, eg. Dogs, cats, grain, nuts, certain foods, etc.

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<b>Please indicate all health care conditions that apply to your child and provide necessary details.</b>	
LIFE-THREATENING ALLERGY (and child is prescribed an EpiPen)?	YES NO
Does the child bring an EpiPen to the school?	YES NO
ASTHMA (administration of medication by inhalation)	YES NO
Does the child bring asthma medication (puffer) to the school?	YES NO
Can the child take the asthma medication (puffer) on his/her own?	YES NO
SEIZURE DISORDER	YES NO
What type of seizure(s) does the child have?	
Does the child require administration of rescue medication (e.g., sublingual lorazepam)?	YES NO
DIABETES	YES NO
What type of diabetes does the child have? Type 1 Type 2	
Does the child require blood glucose monitoring at the school?	YES NO
Does the child require assistance with blood glucose monitoring?	YES NO
Does the child have low blood sugar emergencies that require a response?	YES NO
CARDIAC CONDITION where the child requires a specialized emergency response at the school.	YES NO
What type of cardiac condition has the child been diagnosed with?	
BLEEDING DISORDER (e.g., von Willebrand disease, hemophilia)	YES NO
What type of bleeding disorder has the child been diagnosed with?	
Are there any other health conditions that staff members of Wheatland Crossing School should be aware of?	

**Please note: Golden Hills School Division #75  
Administrative Procedure 313 EMERGENCY MEDICAL TREATMENT**  
4. Division staff shall not provide nor administer non-prescription medication to students.

