

Student Registration

Pembina North Community School RR #1

Dapp AB TOG 0S0 Ph: 780-954-3790

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM (see Instructions, section 1)												
This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian, or by the student (if living independently).												
Is this school your designated school?												
If no, please complete Form 5-01A Requested School Registration Application												
This school begins the day with the singing of the national anthem. Any questions regarding this practice may be addressed to the Principal.												
Do you acknowledge this school practice?												
School												
OFFICE USE C	NLY	SCIIC	JOI									
Pembina Hills #		ASN	#		Registration	n Da	ate:					
☐ Birth C	ertificate or VIS/	A/ Imm	nigration Docum	nent collecte	ed							
2 STUDE	NT INFORMA	TION	(see Instruction	ns, section	2)							
School Registering	For								Gr	ade Registe	ring Fo	ŕ
Legal Name	Legal Name First Name								Middle Name(s)			
Preferred Name	Preferred Name First Name							Middle Name(s)				
Date of Birth	MM-DD-YYYY	G	Gender	☐ Femal	e 🗆	ı N	//ale		Un	specified		
Student Phone Number	Residence		Cell (optional)			S	Student em	ail (option	nal)			
Mailing Address			1	City, Provir	nce	<u> </u>			Po	stal Code		
Home Address				City, Provir	nce				Ро	stal Code		
Rural Gate Address (rural)				Lega (rura	I Land Descri	iptior	n		I			
Will your child n	leed to ride the	e sch	ool bus? Cont	,	<u>′</u>	780-	674-851	0 to en	sure	pick up.		
3 SCHOO	DL INFORMAT	TION	(see Instruction	s, section 3)							
Has this student of	ever attended so	chool i	n Pembina Hills	School Div	ision?			Yes				No
If yes, which school	Grade						Year					
Name of last school	Grade					Year						
Mailing Address of last school attended (if not a Pembina Hills school)				City, Province Postal Code								
Additional Information												
Please list the names and birthdates of any other pre-school children that may be attending this school in the future:												

4	SPECIAL LEARNING NEEDS (see Instructions, section 4)												
Does this student have any special learning needs?										1 1	lo		
If yes, please specify							Yes					NO	
Does	Does this student have an IPP?						Yes) N	10	
5	CITIZENSHI	P/ IMMIGRATION ST	AT	US (see Instruction	ons, s	ectio	n 5)						
Cana	dian Citizen?	Yes (A copy of t certificate is req			Birth	Certifi	cate Nun	nber Da	te Issued:	(MM-D	D-YY	YY)	
	dian Citizen?	□ No (Complete the property of the property)	ne fo	ollowing section)									
Birth (country, if NOT	Canada:											
	Permanent Resi Landed Immigra (student)	□ C4 4 A.	uthor	zation – Study Permit Student Visa Expiry Dat						te (YYYY- MM-DD)			
	Child / step-child Canadian Citize			d of a lawfully admitt ent	ted pe	rmane	nt or	☐ Refugee Claimant					
6	PARENT AN	ID/OR GUARDIAN IN	IFO	RMATION (see	Instru	ction	s, sectio	on 6)					
Are yo	ou claiming "Ind	dependent Student" stat	us a	s defined in the S	chool	Act?	ı				Ye s		N 0
A student may be impacted by court order under the C Law Act, Divorce Act, or Youth Criminal Justice Act. Do copy of the court order so that the school may comply.				Act. Does such ar							Ye s		N o
. ,	nt lives with		,	. ,	elation	ship							
Last Name			Fi	First Name				Relationship to Student					
Parent/ Guardian 1	Email			Res				Work	Cell				
Par Guard	Address (if	different from student)		City, Province				Postal Code					
	Last Name		I r:	First Name				Deletions	hin to	Chuda	-m4		
2	Last Name		["	First Name					nship to Student				
Parent/ Guardian 2	Email			Res				Work			Cell		
Gu	Address (if	Address (if different from student)		City, Province				Postal Code					
	Last Name		Fir	First Name				Relationship to Student			ent		
Parent/ Guardian 3	Email			Res				Work			Cell		
Pare Guard	Address (if	different from student)		City, Province				Postal Code					
			I =-					I bake					
o = -	Last Name			First Name				Relation			ship to Student		
ld Care	Email		1	Res			Work			Cell			
Child Care Provider (if applicable)	Address			City, Province				Postal Code					

7	STUDE	NT M	EDICA	L INFORMATION (see Insti	ructions, se	ection 7)								
Legal Name					First Name	First Name Middle Name(s)								
Date	of Birth		MM-DI	D-YYYY										
Address						City, Province Postal Code								
Phone Number Res						Cell (optional)								
EME	RGENCY	′ AND	MEDI	CAL INFORMATION										
Family Doctor					Phone	Phone								
Dentis	t				Phone	Phone								
		-		closure, or if no one answers			numb	per, pleas	e provide us w	vith names and				
phone	numbers	of em	ergency	contacts other than parents of	or guardians	3:								
Last Na	ame			First Name	Relation	Relationship Res				Cell				
Last Na	ame			First Name	Relation	ship		Res		Cell				
Dload	sa chac	k the	annr	opriate response and p	orovido (dotaile	holo	w if you	u anewor "	voe" to any of				
the c	uestio	15:	appi	opilate response and p	pi ovide (Jetans	Deio	w ii yo	u aliswei	yes to any or				
☐ Yes	□ No	Med	ication		☐ Yes	□ No	Ast	hma						
☐ Yes	□ No		rgies		☐ Yes	□ No	Trouble breathing during exercise							
☐ Yes	☐ No	Carr	ies an	epiPen	☐ Yes	☐ No	Heart condition							
☐ Yes	□ No			istory of concussions	☐ Yes	☐ No	Diabetes □ Type 1 □ Type 2							
☐ Yes	☐ No			tal appliance	☐ Yes	□ No	Presently injured							
☐ Yes	☐ No	Seiz	ures a	nd/or epilepsy	☐ Yes	□ No	Head or back injury							
☐ Yes	☐ No	Wea	ars glas	sses	☐ Yes	☐ No	Surgery in the last year							
☐ Yes	□ No	Bee		tted to hospital in the last	☐ Yes	☐ No	Fainting or seizure during or after physicactivity							
☐ Yes	□ No	•	ccinations up to date Q Yes Q No Wears medical information braceled /necklace											
Date of last Tetanus Shot							For	For what purpose?						
☐ Yes ☐ No ☐ Has had injuries requiring medical attention in the past year					☐ Yes	□ No	Other							
Pleas	e give d	etails i	if you a	inswered "yes" to any of the	e above. (use a se	para	te sheet	if necessary	·)				
DECL	ARATIO	N												
I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, the school will arrange to take the student to the hospital or a physician if deemed necessary. I also authorize release of information to appropriate people (physician, nurse) as deemed necessary.														
Signature of Custodial Parent/ Legal Guardian/ Independent Student Date (MM-DD-YYYY)														

8 ABORIGINAL SELF-IDENTIFICATION (see Instructions, se	ction 8)									
If you wish to declare the student is Aboriginal, please select one:										
☐ First Nation (status) ☐ First Nation (non- status) ☐ Metis	☐ Inuit	□ n/a								
For further information, please refer to: 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 Superintendent of										
Schools at 780.674.8500.										
9 FRANCOPHONE EDUCATION RIGHTS(see Instructions, s	section 9)									
Are you eligible for rights under the Francophone Education Rights of th Freedoms?	e Charter of Rights and	□ Yes	□ No							
If eligible, do you wish to exercise your rights under Section 23 of the Fr of the Charter of Rights and Freedoms by registering your child in a France of the Charter of Rights and Freedoms by registering your child in a France of the Charter of Rights and Freedoms by registering your child in a France of the Charter of Rights and Freedoms by registering your child in a France of the Charter of Rights and Freedoms by registering your child in a France of the Charter of Rights and Freedoms by registering your child in a France of the Charter of Rights and Freedoms by registering your child in a France of the Charter of Rights and Freedoms by registering your child in a France of Rights and Freedoms by registering your child in a France of Rights and Freedoms by registering your child in a France of Rights and Freedoms by registering your child in a France of Rights and Freedoms by registering your child in a France of Rights and Freedoms by registering your child in a France of Rights and Freedoms by registering your child in a France of Rights and Freedoms by registering your child in a France of Rights and Freedoms by registering your child in a France of Rights and Ri		□ Yes	□ No							
EDEEDOM OF INFORMATION AND PROTECTION OF	DEDOONAL DDIVAOV AO	T /FODM 0, 40	\							
FREEDOM OF INFORMATION AND PROTECTION OF PERSONAL PRIVACY ACT (FORM 3-46) (see Instructions, section 10)										
Please complete a separate consent form regarding Freedom of Information and Protection of Privacy provisions in Section C of the Parent Information sheet.										
Form 3-46 Freedom of Information And Protection Of Personal Privacy a	act has been completed?	□ Yes	□ No							
TECHNOLOGY ACCEPTABLE USE AGREEMENT FOR K-12 STUDENTS (FORM 8-01) (see Instructions, section 11)										
Please complete a separate consent form regarding Technology Accept	able Use Agreement for K-12	Students.								
Form 8-01 Technology Acceptable Use Agreement has been completed	_	☐ Yes	□ No							
42	(70711 - 220)									
12 FIELD TRIP WITHIN WALKING DISTANCE OF SCHOOL	_ (FORM 6-03C) (see Instru	ctions, section 1	2)							
Please complete separate form regarding Field Trip Within Walking Dist										
Form 6-03C Field Trip Within Walking Distance Of School has been con	npleted?	□ Yes	□ No							
PERMISSION AND ACKNOWLEDGEMENT OF RISK – SCHOOL, PHYSICAL EDUCATION, OFF-SITE ACTIVITIES, INTRAMURALS (FORM 6-08A) (see Instructions, section 12)										
Please complete separate form regarding Permission and Acknowledge Activities, Intramurals	ment of Risk – School, Physic	al Education, Of	f-Site							
Form 60-08A Permission and Acknowledgement of Risk – School, Phys Activities, Intramurals has been completed?	ical Education, Off-Site	□ Yes	□ No							
DECLARATION										
I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.										
Signature of Custodial Parent/ Legal Guardian/ Independent Student	-	e (MM-DD-YYYY)								

IMPORTANT:

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33(c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information, you may call the Principal or the FOIP Coordinator at 780.674.8500.

Information to complete Pembina Hills School Division Registration Form F5-7

1 PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM (see Instructions, section 1)

Is this school your designated school?

- Pembina Hills School Division had established attendance areas for each school community operated by the division;
- The Board encourages students to attend their designated school; determined by the student's home location;
- The Board recognizes parent rights to request their children attend a school other than the designated school in their area;
- If the school you are registering for is not the student's designated school, form 5-01A Requested School Registration Application **MUST** be filled out. The requested school will not accept the student registration of a student from outside their attendance area until this form has been completed and approved. For further information, refer to AP 50-01 Requesting a School Other Than Designated School.

National Anthem

4

Acknowledgement of practice – by answering yes to this question, you acknowledge that you have been informed and
consent to your child's participation.

2 STUDENT INFORMATION

Rural Gate Address is different from the legal land description. The Rural Gate Address is a standardized system of
identifying and locating rural properties set by Alberta Municipal Affairs. An example of a Rural Gate Address is 643008
Rge Rd 33. An example of a Legal Land Description is NW 29-58-6-W5.

3 SCHOOL INFORMATION

Pembina Hills requires the name of the last school your student attended in order to request the child's cumulative file.
 This file includes general information such as grades, attendance, discipline, standardized assessment reports and other information from a student's educational past.

SPECIAL LEARNING NEEDS

Does this student have any special learning needs?

 Pembina Hills priorities are Engaged Learner and Success for ALL students. Under these priorities, the Board's strategies support students in the inclusive learning environment. Identification of special learning needs helps the school support students achieve success.

Does this student have an IPP?

Individual Program Plans are developed for students who have been identified as experiencing significant learning needs
and/or possessing significant strengths or abilities as defined by Alberta Learning. All students identified as special
education will have an IPP.

5 CITIZENSHIP/ IMMIGRATION STATUS

 Proof of Citizenship must be received by the school in the form of a Canadian Birth Certificate or VISA/ Immigration documents.

6 PARENT AND/OR GUARDIAN INFORMATION

Independent Student

The School Act defines an independent student as someone who is 18 years of age or older or 16 years of age and living
independently or who is a party to an agreement under 57.2 of the Child Youth and Family Enhancement Act.
 Independent students may complete this form and register in Pembina Hills School Division without parental consent.

Court Documents

A student may be impacted by a court order under the Child, Youth and Family Enhancement Act, Family Law Act,
Divorce Act, Or Youth Criminal Justice Act. If such documents apply to your student, copies must be provided to the
school so the school may comply with the order.

7 MEDICAL INFORMATION

- The Division recognizes the importance of health, safety and overall well-being of students and is committed to taking steps to reduce the risk of injury.
- While each school takes all necessary precaution, there are times when emergencies occur. The school will make every
 effort to contact parents/ guardians in emergent circumstances, however, if the parents/guardians are not available, the
 school requires emergency contacts other than the parents/ guardians.

• Identifying existing medical conditions supports the health, safety and well-being of the student.

8 ABORIGINAL SELF-IDENTIFICATION

- Aboriginal student self-identification helps determine the number of First Nations, Metis and Inuit students in provincial school authorities. This information is collected during the registration or annual verification process in public, separate, Francophone, charter, and Level 2 accredited funded private schools.
- The information is used to improve accountability for Aboriginal education and to inform efforts to close the achievement gap between Aboriginal and all Alberta students.
- It is not mandatory for students to self-identify.
- Alberta Education does not ask schools or students for proof of Aboriginal identity.

9 FRANCOPHONE EDUCATION RIGHTS

The exercise of Francophone eligibility refers to instruction in a Francophone school, NOT a French Immersion school. According to the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exist:

- Either parent's first language learned and still understood is French, or
- Either parent has received their primary school instruction in Canada in French, or
- One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada.

NOTE: Pembina Hills does not operate any Francophone schools

10 FREEDOM OF INFORMATION AND PROTECTION OF PERSONAL PRIVACY ACT (FORM 3-46)

- The FOIP Act (Freedom of Information and Protection of Privacy) sets controls and standards on how the school board collect, use and disclose personal information that is in their custody or in their control.
- The personal information collected is pursuant to the provisions of the School Act and its regulations and pursuant to section 33(c) of the FOIP Act.
- Types of information that may be collected by the division and/or school are: taking of individual, class, team or club
 photos for school purposes; the use of students' names, related contact information and telephone numbers for
 absenteeism verification; the use of students' names on artwork or other material displayed at the school or other
 locations in the division.
- Further information can be found at www.servicealberta/.ca/foip/ or on Pembina Hills Form 3-46.

11 TECHNOLOGY ACCEPTABLE USE AGREEMENT FOR K-12 STUDENTS (FORM 8-01)

- Pembina Hills believes that a framework is needed to provide students with opportunities to learn the values, skills, and behaviors required to contribute and manage the challenges of a digital world.
- The division provides users with access to technology to support teaching and learning and to enable efficient division administration and communication.
- Technology, including personally owned devices, must be used appropriately for these intended purposes. Further information is provided in AP 80-01 Digital Citizenship as well as on Form 8-01.

12 | FIELD TRIP WITHIN WALKING DISTANCE OF SCHOOL (FORM 6-03)

- Throughout the school term students may participate in field trips within walking distance of their school. This consent allows your child to participate in such activities.
- Field trips which require transportation by school bus or volunteer vehicles require separate consent forms. These forms will be provided by the school as the need arises.

PERMISSION AND ACKNOWLEDGEMENT OF RISK – SCHOOL, PHYSICAL EDUCATION, OFF-SITE ACTIVITIES, INTRAMURALS (FORM 6-08A)

- Pembina Hills is committed to the health, safety and overall well-being of its students and staff.
- Students in our schools participate in daily physical activity in which students may be at risk for concussions
- Should your son/daughter/ward sustain an injury where a concussion is suspected then AP 60-08 Concussion Protocol
 must be followed

SCHOOL SPECIFIC INFORMATION