



Student Registration

F 5-7

Pembina North Community School
RR 1, Dapp, AB TOG 0S0
Ph: 780-954-3790
Fax: 780-954-3791

1	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY	School	
Pembina Hills #	ASN #	Registration Date:
<input type="checkbox"/> Birth Certificate or VISA/ Immigration Document collected		

2	STUDENT INFORMATION (see Instructions, section 2)		
School Registering For		Grade Registering For	
Legal Name	Last Name	First Name	Middle Name(s)
Preferred Name	Last Name	First Name	Middle Name(s)
Date of Birth	MM-DD-YYYY	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified
Student Phone Number	Residence	Cell (optional)	Student email (optional)
Mailing Address	City, Province		Postal Code
Home Address (if different)	City, Province		Postal Code
Rural Gate Address (rural)	Legal Land Description (rural)		

Will your child need to ride the school bus? Contact Transportation at 780-674-8510 to ensure pick up.

3	SCHOOL INFORMATION (see Instructions, section 3)		
Has this student ever attended school in Pembina Hills School Division?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which school?	Grade	Year	
Name of last school attended (if different from above)	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 age children that may be attending in the future:

4 SPECIAL LEARNING NEEDS (see Instructions, section 4)		
Does this student have any special learning needs? If yes, please specify	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this student have an IPP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5 CITIZENSHIP/ IMMIGRATION STATUS (see Instructions, section 5)		
Canadian Citizen?	<input type="checkbox"/> Yes (A copy of the student's birth certificate is required)	Birth Certificate Number Date Issued: (MM-DD-YYYY)
Canadian Citizen?	<input type="checkbox"/> No (Complete the following section)	
Birth country, if NOT Canada:		
<input type="checkbox"/> Permanent Resident / Landed Immigrant (student)	<input type="checkbox"/> Student Authorization – Study Permit	Student Visa Expiry Date (YYYY- MM-DD)
<input type="checkbox"/> Child / step-child of a Canadian Citizen	<input type="checkbox"/> Child / step-child of a lawfully admitted permanent or temporary resident	<input type="checkbox"/> Refugee Claimant

6 PARENT AND/OR GUARDIAN INFORMATION (see Instructions, section 6)			
Are you claiming "Independent Student" status as defined in the School Act?			<input type="checkbox"/> Yes <input type="checkbox"/> No
A student may be impacted by court order under the Child, Youth and Family Enhancement Act, Family Law Act, Divorce Act, or Youth Criminal Justice Act. Does such an order exist? If so, you MUST provide a copy of the court order so that the school may comply.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Student lives with		Relationship	
Parent/ Guardian 1	Last Name	First Name	Relationship to Student
	Email	Res	Work Cell
	Address (if different from student)	City, Province	Postal Code
Parent/ Guardian 2	Last Name	First Name	Relationship to Student
	Email	Res	Work Cell
	Address (if different from student)	City, Province	Postal Code
Parent/ Guardian 3	Last Name	First Name	Relationship to Student
	Email	Res	Work Cell
	Address (if different from student)	City, Province	Postal Code
Child Care Provider (if applicable)	Last Name	First Name	Relationship to Student
	Email	Res	Work Cell
	Address	City, Province	Postal Code

7 STUDENT MEDICAL INFORMATION (see Instructions, section 7)				
Legal Name	Last Name	First Name	Middle Name(s)	
Date of Birth	MM-DD-YYYY			
Address	City, Province		Postal Code	
Phone Number	Res		Cell (optional)	
EMERGENCY AND MEDICAL INFORMATION				
Family Doctor		Phone		
Dentist		Phone		
In case of emergency, school closure, or if no one answers the home telephone number, please provide us with names and phone numbers of emergency contacts other than parents or guardians:				
Last Name	First Name	Relationship	Res	Cell
Last Name	First Name	Relationship	Res	Cell
Please check the appropriate response and provide details below if you answer "yes" to any of the questions:				
<input type="checkbox"/> Yes <input type="checkbox"/> No Medication <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No Carries an epiPen <input type="checkbox"/> Yes <input type="checkbox"/> No Previous history of concussions <input type="checkbox"/> Yes <input type="checkbox"/> No Wears dental appliance <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures and/or epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No Wears glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Been admitted to hospital in the last year <input type="checkbox"/> Yes <input type="checkbox"/> No Vaccinations up to date Date of last Tetanus Shot _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Has had injuries requiring medical attention in the past year		<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Trouble breathing during exercise <input type="checkbox"/> Yes <input type="checkbox"/> No Heart condition <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Yes <input type="checkbox"/> No Presently injured <input type="checkbox"/> Yes <input type="checkbox"/> No Head or back injury <input type="checkbox"/> Yes <input type="checkbox"/> No Surgery in the last year <input type="checkbox"/> Yes <input type="checkbox"/> No Fainting or seizure during or after physical activity <input type="checkbox"/> Yes <input type="checkbox"/> No Wears medical information bracelet /necklace For what purpose? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Other		
Please give details if you answered "yes" to any of the above. (use a separate sheet if necessary)				
DECLARATION				
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, section 8)				
If you wish to declare the student is Aboriginal, please select one:				
<input type="checkbox"/> First Nation (status)	<input type="checkbox"/> First Nation (non-status)	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit	<input type="checkbox"/> 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, section 9)		
Are you eligible for rights under the Francophone Education Rights of the Charter of Rights and Freedoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If eligible, do you wish to exercise your rights under Section 23 of the Francophone Education Rights of the Charter of Rights and Freedoms by registering your child in a Francophone school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10 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 act has been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11 TECHNOLOGY ACCEPTABLE USE AGREEMENT FOR K-12 STUDENTS (FORM 8-01) (see Instructions, section 11)	
Please complete a separate consent form regarding Technology Acceptable Use Agreement for K-12 Students.	
Form 8-01 Technology Acceptable Use Agreement has been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

12 FIELD TRIP WITHIN WALKING DISTANCE OF SCHOOL (FORM 6-03C) (see Instructions, section 12)	
Please complete separate form regarding Field Trip Within Walking Distance of School	
Form 6-03C Field Trip Within Walking Distance Of School has been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13 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 Acknowledgement of Risk – School, Physical Education, Off-Site Activities, Intramurals	
Form 60-08A Permission and Acknowledgement of Risk – School, Physical Education, Off-Site Activities, Intramurals has been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	Registration Date (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

- 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.

4 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.

13 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