

ASPEN VIEW PUBLIC SCHOOLS ~ GREAT BEGINNINGS REGISTRATION

3600 – 48 Avenue, Athabasca, AB T9S 1M8

Phone: 780-675-7080

info@asperview.org www.asperview.org

Please contact the appropriate school to submit your Great Beginnings registration form.

Boyle School ~ PreK-12 ~ Ph: 780.689.3647

H. A. Kostash School ~ PreK-12 ~ Ph: 780.656.3820

Whispering Hills Primary School ~ PreK-3 ~ Ph: 780.675-4546

Thorhild Central School ~ PreK-12~Ph: 780.398.3610

The information requested herein is authorized under the School Act RSA 2000, by the Student Record Regulation and by School Board Policy.

1. STUDENT/PARENT/GUARDIAN AND REGISTRATION INFORMATION:

STUDENT REGISTRATION INFORMATION

Registration Date: _____

LEGAL First Name: _____

LEGAL Middle Name(s): _____

LEGAL Last Name: _____

Registering for: **Great Beginnings**

Preferred First Name: _____ Preferred Last Name: _____

Mailing Address: _____ Home Address: _____

Town: _____ Postal Code: _____

If rural, please provide both the **Legal Land Description and Municipal Address (blue sign)**:

Home Phone Number: _____ Cell Phone Number: _____

Student's Birthdate (yyyy/mm/dd) _____ Age _____

Gender: Male Female

CITIZENSHIP OR IMMIGRATION STATUS

Canadian or Child of a Canadian Citizen: Yes No

Copy of Birth Certificate on file: Yes No

Individual who is lawfully admitted to Canada for permanent or temporary residence or child of that individual (excludes tourists and visitors) _____

Refugee Status _____

Other, explain _____

Any applicable EXPIRY DATE _____

If you reside on an Indian Reserve, please indicate the reserve, band and status number: _____

PARENT/GUARDIAN INFORMATION

Please identify **each** legal guardian for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian; as defined Section 2 of the School Act and within the Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth and Family Enhancement Act.

Father **Stepfather** **Guardian** **Other** **Mother** **Stepmother** **Guardian** **Other**

Full Name: _____ Full Name: _____

Address: _____ Address: _____

(Note 'same' if not different from student's, above)

(Note 'same' if not different from student's, above)

Ph: Home _____ Cell _____ Ph: Home _____ Cell _____

Work _____ Other _____ Work _____ Other _____

E-Mail: _____ E-Mail: _____

CUSTODY INFORMATION Form

Appendix A - Parenting Order/Custody & Access

Are there any Court Orders affecting access to the student? **Yes*** **No** **Copy provided**

If **Yes**, parent to fill out Appendix A for student file and provide a copy of order for student's file

Custody/Access concerns? _____

1) Full Name _____

Home Phone Number _____ Other Phone Number _____

2) Full Name _____

Home Phone Number _____ Other Phone Number _____

2. EMERGENCY CONTACT AND MEDICAL INFORMATION:

EMERGENCY CONTACT INFORMATION: other than parents/guardian

1) Full Name _____ Relationship to Student _____

Home Phone Number _____ Other Phone Number _____

Home Address _____

2) Full Name _____ Relationship to Student _____

Home Phone Number _____ Other Phone Number _____

Home Address _____

First Aid Authorization and Medical Information

I authorize staff who are trained in the basics of first aid and CPR to administer first aid and/or CPR to my child _____ (child's name), when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____ (child's name).

In the event of an emergency requiring medical attention for my child, if I cannot be reached or when delay would be dangerous to my child's health, I hereby authorize the school to arrange to transport my child _____ (child's name) to the nearest medical facility and/or hospital. I hereby authorize _____ School (school name) to secure for my child the necessary medical treatment.

Is your child immunized?

Yes No

Are your child's immunizations current and where are the records held? If no, please specify.

See Appendix B – Student Allergy Form

Does the student have allergies and/or a medical condition that is potentially fatal or debilitating?

Yes* No *If yes, please fill out Appendix B

ALLERGY NOTE: _____

EMERGENCY / MEDICAL NOTE: _____

Medical Disabilities

Physical Disabilities

Serious Illness

Has your child had any previous special needs testing or assistance? Yes No

If yes, program name: _____ Contact: _____

Continued Pages 4-7:

FOIP Declaration Form
Appendix A - Parenting Order
Appendix B - Allergy Record

Aspen View Public Schools' FOIP Notification

Freedom of Information and Protection of Privacy Act (FOIP Act) Collection of Personal Information Notice under s. 34 of the FOIP Act

The FOIP Act, which came into effect for school boards on September 1, 1998, sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody or under their control. The FOIP Act requires that school boards collect personal information directly from individuals the information is about, that these individuals be provided with the legal authority for the collection, be explained the purpose of the collection and how the information will be used, and be provided a contact person should they have any questions relating to this activity.

- The information collected on this form as part of the school registration process is personal information as referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of residency) and pursuant to section 33(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 (e.g. program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies). Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under his administration (e.g. research, statistical analysis).

Once the information is collected and compiled, the Aspen View Regional Division #19 believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are examples of activities where the information may be used:

- the taking of individual, class, team or club photos or information including awards, school events or student marks for school purposes including school publications such as newsletters, yearbooks, school/division websites and similar publications
- the use of student information, including photos, for other identification purposes
- the use of students' names in honour rolls, work ethic (listings), graduation ceremonies, program enrolment, scholarship or other awards within the school or school boards and at school sponsored events such as annual awards night. This information may be included in school newsletters, yearbooks, school/division websites and similar publications
- the use of students' 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
- the use of students' names, related contact information and telephone numbers for absenteeism verification
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not interviewed or identified by name or face. Where individual students are identified or interviewed and the material will be used outside the school a separate and specific consent will be required. You will be contacted prior to this event taking place. 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 taking of photos/videos of classroom or other school activities by the school board where the material will be used within the school. Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place.
- the use of students' names on artwork or other creative work or material of students displayed at school or school board sites or at a school board sponsored display in the community, provided appropriate copyright legislation is followed.

If you have any questions or concerns regarding the collection and the intended purposes, please contact, Ms. Amber Oko, Secretary Treasurer, at Aspen View Public Schools, (780) 675-7080 ext 04.

If you wish to request that your child's personal information be **withheld** for any reason, please contact the **School Principal directly**.

I have read the Aspen View Schools' FOIP Notification and understand that my child's personal information will be used to provide an education program that meets their needs and provide a safe and secure school environment.

Student's Name: _____

Parent/Guardian Name: _____

Signature _____

Date _____

PARENTING ORDER/CUSTODY & ACCESS FORM

There are occasions where child guardianship concerns involve the school. If your child is in a situation relating to any of the orders below, please complete the appropriate section(s) so the school has the necessary information to follow a proper course of action. **The school must be supplied with a copy of the order and the court seal must be evident on the order.**

CUSTODY AND ACCESS ORDER:

 YES NO

Both the custodial and the non-custodial parents have access to the child. If the non-custodial parent wants to take the child from the school, the school can attempt to contact the custodial parent and advise of the situation. The school cannot try to prevent the non-custodial parent from taking their child.

Name of Child:

Name of Custodial Parent:

Name of Non-Custodial Parent:

Contact phone number if an incident occurs or concerns arise at the school:

Custody/access concerns:

LEGAL RESTRAINING ORDER

 YES NO

One parent has custody and the other parent has a restraining order from a court prohibiting contact with the child. If the non-custodial parent takes the child from school, the school must call the RCMP and advise them of the situation. From that point on, it is a police matter. The school will attempt to contact the custodial parent and inform them of the situation.

You must be aware that the school and its personnel will take responsible actions should an incident occur, but we may not be able to make phone contact with the custodial parent, and we are not legally allowed to prevent any parent from accessing their child. **If you would like further clarification on this matter, please contact the School Principal.**

PARENTING ORDER

 YES NO

The courts may make a Parenting Order when a child has more than one guardian (usually parents) who live apart and are unable to agree on how to distribute powers, responsibilities and entitlements of guardianship.

What is the allocation of decision making powers:

What is the dispute resolution process:

Allocation of parenting time:

Other:

CONTACT ORDER

 YES NO

A Contact Order involves contact between the child and persons other than the guardian—such as grandparents and other people who might be important to the child. An application for in-person visitation or other contact, such as by telephone or e-mail, can be made if a guardian has denied contact with a child.

What are the conditions/limitations of the contact?

I have read and understand the above information. Also, I believe to the best of my knowledge that the information I have provided is accurate.

PARENT'S SIGNATURE _____

DATE _____

Appendix B: Student Allergy Form

Student's name: _____

Date: _____

This form is to be completed for students identified as having severe allergies that are potentially fatal or debilitating.

This form must be signed by the student's medical practitioner and parent (or guardian).

Please provide the following information:

- 1. Identify the substance(s) to which the student is known to be allergic to.**
- 2. List the symptoms of the allergic reaction(s).**
- 3. List detailed emergency procedures to be followed in the event of an allergic reaction.**
- 4. If medication is to be administered as part of the emergency procedure, the following information must be provided:**
 - name of medication
 - required dosage
 - method of administration
 - ▣ possible side effects special
 - ▣ storage instructions
 - ▣ the time framework within which the medication must be administered

1. Allergy to:	1. Symptoms	1. Emergency procedure	1. Medication Details

Parent or Guardian's SIGNATURE

Medical Practitioner's SIGNATURE

Parent or Guardian's NAME

Medical Practitioner's NAME