



MEDICINE HAT SCHOOL DISTRICT NO. 76
601 - 1 Ave SW
Medicine Hat, AB T1A 4Y7
STUDENT REGISTRATION

FOR OFFICE USE ONLY	
BOARD ID	
A.S.N.	

SCHOOL REGISTERING FOR: _____ GRADE: _____

SCHOOL LAST ATTENDED: _____ CITY: _____ PROV. _____

Has the student previously attended a Medicine Hat School District #76 school: ☐Yes ☐No If **Yes**, which school: _____

STUDENT’S LEGAL NAME & BIRTH DATE:
(as it appears on the birth certificate or other legal documentation)

Legal Surname: _____

Legal First Name: _____

Legal Middle Name(s): _____

STUDENT’S AKA NAME (A name by which the student is commonly known in the family & community):

AKA Surname: _____

AKA First Name: _____

Birthdate:

YYYY	MM	DD

Document supplied:
☐Yes ☐No

NOTE:
The student’s Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be presented along with this form in order to register. A photocopy will be placed in the Student Record.

Gender: ☐ Male ☐ Female

ADDRESS: _____ City: _____ P.C. _____

If you reside outside the city limits, please provide Legal Land Description: Q _____ S _____ T _____ R _____ W4

MEDICAL INFORMATION: *Refer to MHSD #76 Policy E32 "Medical Treatment for Students" available at your school or on the District website.*

1. Does the student have any medical/physical conditions the school should be aware of? ☐ Yes ☐ No If **Yes**, please describe.

2. Are there any special learning needs (e.g. speech therapy, physical therapy, occupational therapy, learning disability, etc.) the school should be aware of which would relate to the programming needs for your child? ☐ Yes ☐ No If **Yes**, please describe.

PARENT/GUARDIAN INFORMATION: *please print*

1	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>specify</i>)
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	
<input type="checkbox"/> Lives with student <input type="checkbox"/> Send mail to contact	
Surname: _____ First Name: _____	
Address: _____	
City: _____ Prov.: _____ Postal Code: _____	
Day Phone #: _____ Evening Phone #: _____ () ()	
Cell Phone #: _____ Other: _____ () ()	
Email: _____	

2	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>specify</i>)
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	
<input type="checkbox"/> Lives with student <input type="checkbox"/> Send mail to contact	
Surname: _____ First Name: _____	
Address: _____	
City: _____ Prov.: _____ Postal Code: _____	
Day Phone #: _____ Evening Phone #: _____ () ()	
Cell Phone #: _____ Other: _____ () ()	
Email: _____	

CUSTODY OR GUARDIAN INFORMATION:

NOTE: *If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy of the most recent custody document will be placed in the student record.*

Name of Legal Document: _____

EMERGENCY CONTACTS (*please print*) - It is essential that you provide the names and phone numbers of individuals who have given their permission to be contacted in the case of emergency if the school cannot reach the parent or guardian listed.

3 Surname First Name	4 Surname First Name	5 Surname First Name
Phone Number(s) Day () _____ Evening () _____ Cell () _____	Phone Number(s) Day () _____ Evening () _____ Cell () _____	Phone Number(s) Day () _____ Evening () _____ Cell () _____
Relationship to student:	Relationship to student:	Relationship to student:

SIBLING INFORMATION (*optional*) - *this is collected for school communication purposes only*

Do you have other children attending this school? ☐ Yes (if **Yes**, please list their names & grades) ☐ No

Name: _____ Gr. _____ Name: _____ Gr. _____

Name: _____ Gr. _____ Name: _____ Gr. _____

CITIZENSHIP

☐ Canadian ☐ Student Authorization / Study Permit

☐ Child of a Canadian Citizen Expiry Date YYYY____ MM__DD__

☐ Child of a lawfully admitted permanent or temporary resident

☐ Other _____

ABORIGINAL DECLARATION (*optional*)

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

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

Alberta Education is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary for meeting its mandate and responsibilities to measure system effectiveness and 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 Education, 10155-102 Street, Edmonton, AB T5J 4L5, (780) 427-8501.

FRANCOPHONE ELIGIBILITY (*optional*)

The exercise of Francophone eligibility rights 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 exists:

- 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 of more of the parent’s children has received or is receiving primary or secondary instruction in French in Canada

Does your child have Francophone eligibility? ☐ Yes ☐ No

If **Yes**, and you wish to exercise your right, please contact the Conseil Scolaire Du Sud de l’Alberta at 403-686-6998. The Alberta Student Records Regulations require that, if requested, MHSD #76 will provide name, address, birth date, and parent’s name of Section 23 eligible students to the Francophone School District.

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY (*optional*)

ESL students are identified as Canadian-born or foreign-born students. A Canadian student is eligible for ESL support when the primary language **spoken at home** is a language **other than English**.

Is your child within this category? ☐ Yes ☐ No

A foreign-born student is eligible for ESL support when the student has recently immigrated to Canada.

Is your child within this category? ☐ Yes ☐ No

TRANSPORTATION

K to Grade 12 students who qualify for transportation assistance **to their designated school**, as outlined in the School Attendance Policy, are those who are:

- a. enrolled in Grades K-12 in the district, **and**
- b. living within the School District boundaries, **and** either
 - i. Grades K-3 - living more than 1.2 kilometers [3/4 mile] from their designated school, **or**
 - ii. Grades 4-12 - living more than 2.4 kilometers [1 ½ miles] from their designated school.

Students who do **not** qualify for transportation services may utilize district transportation services as long as space is available on the respective bus. In the event space becomes a problem, non-qualifying riders may have to find an alternate mode of transportation to school.

KINDERGARTEN PROGRAM *(Kindergarten parents/guardians please complete)*

Please read the following carefully:

I (we) agree to the following:

- 1. To participate as much as possible with my (our) child in the Medicine Hat School District No. 76 Kindergarten program.
- 2. To pay the fees on or before October 1st of the program year.
- 3. That my (our) child will not be registered in any other provincially funded, regular Kindergarten Program.

SCHOOL ADVISORY COMMITTEES

An important component of the Kindergarten Program is the involvement of parents. One way to become involved is through the School Advisory Committee (S.A.C.) which is the liaison between Kindergarten parents and the school. This committee is made up of parents, who together with the teacher and principal, coordinate an effective program for your child. Plan to become involved! We look forward to working together! Please indicate which of the activities you would be willing to support. You may become involved in as many as you wish.

	Parent/Guardian Name(s)
1. School Advisory Committee (S.A.C.) Executive Involves planning and coordinating activities with the principal and teacher for the Kindergarten centre.	
2. Nutrition Committee Involves planning menus, purchasing and delivering snack food to the centre.	
3. Child Program Committee Involves assisting the teacher in planning activities, field trips, guest speakers and special projects for the children. Parents can assist as a helper in the classroom.	
4. Parent Program Committee Involves planning parent programs and special family events for the centre.	
5. Communications Committee Involves assisting the phoning committee and preparing the newsletter.	
6. Other: Assisting in classroom maintenance or minor handiwork. Helping prepare the monthly roster of classroom volunteers. Assisting with the planning and preparation of a yearbook.	

Please make any further comments you would like to bring to the School Advisory Committee’s attention:

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. I have also read and understand the “*School District Use of Personal Information*” section on the last page of this form under “*Important Information for Parents*”. A copy of “*Important Information for Parents*” may be obtained from the school for future reference.

Parent/Guardian signature

Date

IMPORTANT INFORMATION FOR PARENTS

The personal information requested on this form as part of the school registration process is collected under the authority of *Alberta's Freedom of Information and Protection of Privacy Act (FOIP)*, the *School Act* and its regulations, and the *Canadian Charter of Rights and Freedoms*, Section 23. This information will be used for the establishment of a student record, determination of residency, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including 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 Learning for the purpose of carrying out programs, activities, or policies under his/her administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

SCHOOL DISTRICT USE OF PERSONAL INFORMATION

On September 1, 1998, Medicine Hat School District #76 (MHSD76) became subject to Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*. The *FOIP Act* sets controls and standards on how personal information is collected, used and disclosed. The following are ***examples*** of how personal information may be used for school related activities and are not intended as an all-inclusive list. These activities form a vital part of a healthy and functioning school and the participation of all students in these activities is viewed as an important part of every student's education.

- ◆ The use of a student's photograph/image taken by a school photographer for school-related purposes including report cards, student records, Rolodex cards, Image CD-ROM or DVD-ROM disks, student identification cards, school library cards, school yearbooks, recognition, composites, display at school or school district locations, school newsletters, emergency, medical, legal, law enforcement and/or matters relating to safety and security.
- ◆ The use of a student's name and grade for the identification of assigned classroom or teacher in a school. The use of a student's name, address, birth date, school, grade, homeroom and/or photo for student identification purposes for school related activities.
- ◆ The use of a student's name, address, telephone number, school, program, grade, parent's name and related contact information for the provision of transportation services.
- ◆ The use of a student's name, telephone number, school, grade, parent's name and related contact information for absenteeism verification, emergency fan-outs, field trips and/or other school sponsored activities.
- ◆ The use of a student's name, school and grade on artwork, written work and/or other creative material for display at school or school district locations.
- ◆ The use of a student's name, school, grade, photo, academic information and/or written material (i.e., biographical, creative writing) for the school newsletter, yearbook and/or other school district publications.
- ◆ The use of a student's name, school, grade and/or photo for athletic events, fine arts productions, presentations, fairs, celebrations and/or other school sponsored activities.
- ◆ The use of a student's name, school, grade and/or academic information for determining eligibility or suitability for an honour, award, scholarship, athletic program and/or other school sponsored events.
- ◆ The use of a student's name, school, grade, photos/videos/images and/or academic information for recognizing the recipient of an honour, award or scholarship granted by or through the school district and/or for other recognition purposes.
- ◆ The use of individual, class, club, team and/or group photos/videos/images taken at school sponsored activities for display in school or school district locations.
- ◆ The use of photos/videos/images taken by school district personnel of classroom or other school sponsored activities held within the school or school district locations for educational purposes at the school.
- ◆ The use of a student's name, photo/image, birth date, parent's name, telephone number, address and any student health and/or relevant personal information to assist authorized individuals in responding to emergency situations relating to safety and security, for law enforcement purposes and other legal requirements, and to assist students who have severe or life- threatening medical or other conditions.

Please note: Photos, videos or images of students attending or participating in school activities (e.g. sporting events, concerts, cultural programs, clubs, field trips, graduation or other ceremonies), that are open to the general public, may be taken by MHSD76 staff, the public-at-large, including journalists, reporters, videographers and other members of the Media and used for purposes within and outside the school or school district. MHSD76 cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.

Written consent for your child to participate in these activities is **not** being requested. The school will contact parents/guardians on the occasions when consent is appropriate. Information about your child is collected under the authority of the *School Act* and/or Alberta's *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection and/or the intended purposes, please contact the School Principal or the FOIP Coordinator at:

601 –1 Avenue SW Medicine Hat, Alberta T1A 4Y7
Phone: (403) 528-6726
Fax: (403) 529-6571

ALEXANDRA MIDDLE SCHOOL
GRADE _____ REGISTRATION
SCHOOL YEAR 2010-2011

Student Name (please print clearly): _____ **Present School:** _____

Compulsory Courses: (all students take these courses)

Health
Science

Language Arts
Social Studies

Physical Education/Recreational Education
Math

CTS Courses:

- Depending on the Complementary Path chosen from below, students at Alexandra may receive up to four CTS courses, (Foods, Information Processing/Computer Studies, Visual Communication and Construction Technology).

PLEASE SELECT ONE OF THE COMPLEMENTARY PATHS:

_____ **Fine Arts – Art/Drama**

_____ **Modern Languages – Spanish/French**

_____ **Band- Full Year**

Note additional fees apply for instrument rental. (\$50.00)

_____ ***Sports Academy**

Please check which sport(s) you are interested in. NOTE: Additional fees apply.

_____ **Hockey (\$450.00)**

_____ **Baseball (\$200.00)**

***\$100 deposit for each sport chosen must accompany registration form, with the balance of the fees to be paid in full by June 30th, 2010 to reserve your space.**

Timetabling and staffing may limit students' access to their preferred complementary path. Failure to properly provide the registration information could result in random placement in the complementary subject areas. The school reserves the right to place students into complementary paths at its discretion due to available class spaces, user demand and maintaining balanced classes.

The selections represent my preferences for the complementary paths.

Student Signature: _____ **Date:** _____

I am in agreement with the foregoing selection and I am prepared to provide my child
with the support necessary for my child to be successful in these courses.

Parent/Guardian Signature: _____ **Date:** _____