



# APPLICATION FOR STUDENT REGISTRATION

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

**SCHOOL REGISTERING FOR:** **Medicine Hat Christian School**  
**GRADE:** \_\_\_\_\_ **SCHOOL YEAR:** \_\_\_\_\_  
**(PRE) SCHOOL LAST ATTENDED:** \_\_\_\_\_

FOR OFFICE USE ONLY	
BOARD I.D.	
A.S.N.	
HOMEROOM	
Non Resident	<input type="checkbox"/> Accepted
Principal Approval	Signature

**Resident or Non-resident Student Registration:** If the student lives outside the geographical boundary of Medicine Hat Public School Division or if they reside within the Division's boundary and are of the Catholic faith, then they are NOT a "Resident Student". (*School Act: Sec 44, Para 4, b*). In accordance with Sec 45, Para 3 of the School Act, a non-resident student shall be accepted where "there are sufficient resources and facilities available to accommodate the student".

A non-resident student is considered accepted only upon the approval of the Principal.  Resident Student  Non-Resident Student

**\*Accepted registration for a school year does not assure continuous registration. Each year, at the time of registration, the Principal will review resource and facility capacity for the purposes of determining acceptance for the following school year.**

**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**—*If different from legal name*  
 (name by which the student is commonly known in the family & community)

AKA Surname:  
 AKA First Name:

Birthdate (mm/dd/yy):  
 Document supplied:  
 Gender:

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

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

Physical Address: (if different from Mailing Address): \_\_\_\_\_

Home Phone Number:

***This phone number will be used by the School & School Division automated system to notify you of important messages regarding your child's education & safety.***

Student Cell Phone:

**MEDICAL INFORMATION:** *Refer to Policy 626 "Medical Treatment for Students" available at your school or from the Division website.*

1. Does the student have any medical/physical conditions the school should be aware of?  
 Yes  No If yes, please describe below. If yes, is this a severe condition?  Yes  No

***If severe, parents are responsible to provide the school & bus driver with the appropriate medical form (Exhibit 626) available at your school.***

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. \_\_\_\_\_

<p><b>1 Relationship to student: Mother/Guardian</b></p> <p>Lives with student: <input type="checkbox"/> Mail to: <input type="checkbox"/></p> <p>Name: _____</p> <p>Address: <i>(if different from student)</i> _____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p> <p>Parent/Guardian Email: _____</p>	<p><b>2 Relationship to student: Father/Guardian</b></p> <p>Lives with student: <input type="checkbox"/> Mail to: <input type="checkbox"/></p> <p>Name: _____</p> <p>Address: <i>(if different from student)</i> _____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p>
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**CUSTODY OR GUARDIAN INFORMATION:** *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.

<b>1</b> Name:	<b>2</b> Name:	<b>3</b> Name:
Phone Number(s):	Phone Number(s):	Phone Number(s):
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: (circle one)**

- |  |  |
|--|--|
| 1 = Canadian   | 6 = Child of Canadian citizen                                  |
| 2 = Lawfully admitted to Canada for permanent residence  | 7 = Child of lawfully admitted permanent or temporary resident |
| 5 = Study permit/Visiting student - Expiry Date (m/d/y): | 9 = Other  |

**ABORIGINAL DECLARATION: (optional)**

Aboriginal identity is best determined by each individual family and does not require proof of Aboriginal identity. If you wish to declare the student is Aboriginal, please check one:  331=First Nation (Status)  332=First Nation (Non-Status)  333=Metis  334=Inuit

For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://www.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 MHPSD Superintendent at 403-528-6729.

**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 or 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? \_\_\_\_\_ 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, MHPSD 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

**NOTICE OF RELIGIOUS INSTRUCTION**

Pursuant to section 11.1(2) of the Alberta Human Rights Act, we must inform you that students attending this alternative school will be exposed to religious instruction, exercises and instructional materials. Religion permeates the school program. The Medicine Hat Public School Division Board of Trustees supports this faith-based alternative program within Medicine Hat Public School Division. Should you have questions, please discuss them with your School Principal.

**Registration Declaration**

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 Division 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

Required

**In this digital era, the use of technology has become an essential part of today's learning environment. In order to facilitate your child's learning process, we appreciate your consideration for the following consents:**

Media Consent

**Media Consent**

Medicine Hat Public School Division presently enjoys and encourages an open and beneficial relationship with the print (i.e. newspapers, etc.) and broadcast (i.e. television, radio, etc.) media as a means of promoting and reporting on school activities. Typically these activities would include, but are not limited to:

- Students working in a classroom or other educational setting (possibly off campus)
- Students participating in extra and co-curricular activities
- Students playing or socializing during recess or noon hour

To permit this relationship to continue we require parental consent to have the media photograph and/or videotape your son/daughter as they participate in school activities. Please **initial the box** reflecting the consent that you are giving.

Please note that this consent shall remain in place from year to year, unless explicitly revoked by the signatory and will be reviewed on the Annual Student Demographic Update form.

Consent Granted	Consent Denied
Initial here	Initial here

However, I do not want my son/daughter's image to be published/broadcast in the following circumstances:

Copyright Release

**Copyright Release**

As part of a student's educational program, they may be recorded, have their work displayed or have their work reproduced for non-profit, educational purposes. Their production(s)/work(s) may be shown at educational displays during open houses, in-service sessions and other school-related activities at school or School Board sites, or at school or School Board sponsored displays in the community, public venues and on the Internet where the general public may have access. Please note that this consent shall remain in place from year to year, unless explicitly revoked by the signatory and will be reviewed on the Annual Student Demographic Update form.

Consent Granted	Consent Denied
Initial here	Initial here

Disclosure of Personal Information

**Disclosure of Personal Information Consent**

Once records of my child are in the public domain, by definition, they are out of control of the Division. I accept the risk of placing these above recordings of my child on the Internet and on the public cable channel.

By initialing this section, I consent to the disclosure of personal information by posting it to any of the schools' interior or exterior digital signs/monitors, the schools' and School Division websites, or public venues and on the Internet where the general public may have access. This consent applies to the items below:

- Student personal information (e.g. image, grade and/or name)
- Awards, scholarships, prizes received by student

Your child's personal information may be used in the following ways by the school and the School Division. Examples include, but are not limited to:

- Posting images, videos, podcasts and online presentations
- Accessing and posting information to public websites or social media applications (e.g. Facebook®, Flickr®, YouTube® and Twitter®)

Please note that this consent shall remain in place from year to year, unless explicitly revoked by the signatory and will be reviewed on the Annual Student Demographic Update form.

Consent Granted	Consent Denied
Initial here	Initial here

Communication Consent

**Communication Consent**

Electronic communications include email, voicemail, voice and text messages.

By initialing this section, I give my consent to receive the following types of communications:

- School Newsletters and Publications
- Ad hoc school updates regarding school activities — both fundraising and non-fundraising activities
- School Programs — including information regarding new or existing programs, notices of school start up and registrations

I understand that I can request to be removed from these communications lists at any time by contacting my school.

Consent Granted	Consent Denied
Initial here	Initial here

## Google Apps for Education (GAFE)

### Dear Parents and Students:

Your school has access to Google Apps for Education including Division approved 3rd party applications and extensions. Google Apps gives students and teachers a range of online tools to enrich communication, content creation, and collaboration. When students register in a Medicine Hat Public School Division school, they are provided with a login ID and password that allows them to access online tools such as student Gmail and other Google Apps tools.

### About "Google Apps for Education":

Medicine Hat Public School Division provides access to, and manages, Google Apps for Education accounts for staff and students in the Division. These online applications allow staff & students to communicate and collaborate using Google powered email, calendars, document sharing, and websites. These applications are different from public Google applications (such as Gmail) in that they are managed by the Division, do not include any advertising, and have more strict filtering and content controls. See (<http://goo.gl/Je3g2>) for detailed information about privacy and Google Apps (with thanks to Edmonton Public Schools).

### Where is the data stored?

Sensitive student data (student attendance, schedule, grades, etc.) are stored in PowerSchool (School Division) file servers. Student files (e.g. essays, presentations, email, etc.) are stored on Google's servers outside of the Division (in the USA).

### What information and resources are parents and students able to access through Google Apps?

Students will have access to their student work, calendars, and collaborative tools to create documents, presentations, and sites whenever they have access to the Internet - at any time, from most types of devices. Students can maintain access to their email, files, and websites as they move from grade to grade and from school to school.

By initialing this, I/we:

- Consent to allowing our child to access and utilize the GAFE resources as described above.
- Understand that the Google website is under the direct control of Google, as such the School Division cannot guarantee the privacy of any documents or videos that your child stores on these sites. I accept this risk.

Please note that this consent shall remain in place from year to year, unless explicitly revoked by the signatory and will be reviewed on the Annual Student Demographic Update form.

Consent Granted	Consent Denied
Initial here	Initial here

## 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*.

### Normal School Information Disclosure

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*.

- the use of student's name, photo, comments in the school calendar, newsletter, yearbook, graduation book, or other school publication.
- the taking of individual, class, team or club photos for school purposes and the use of student photos for the issuance of identification passes (i.e. library, activity, transit/bus).
- the use of student names on artwork or other creative work or material of students displayed at school or School Board sites, provided the Copyright Release section of this form is signed.
- the use of student names in honour rolls, birthday recognition and other such acknowledgements within the school or School Board.
- the publication of student names as part of graduation and award ceremonies.
- the use of student 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 identifiable (the accompanying *Media Consent Form* may provide consent of situations where individual students are identifiable or interviewed and the material will be used outside the school). 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 school may not be able to restrict such activity at public events.
- the circulation of personal information on a "need to know" basis for students who have severe, life threatening medical conditions or for students in emergency situations.
- 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.)

**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