



STUDENT REGISTRATION FORM

East Central Alberta Catholic Schools Regional Division – Theresetta Catholic School

Phone: (403) 882-3309; Fax: (403) 882-2784; email: th.principal@ecacs16.ab.ca



The information collected on this form is required to allow ECACS to fulfill its obligations under the *School Act*, the Regulations, and through the *Charter of Rights and Freedoms*. These obligations are to provide a safe and secure environment, protect the student's rights and determine eligibility for particular programs and funding. The information will be made available to employees of East Central Alberta Catholic Separate Schools Regional Div #16, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the students in schools and to Alberta Learning on a need to know basis. Please read the information contained on the NOTICE OF ACTIVITIES, which describes particular uses for which personal information may be accessed. The information will be used for authorized programs and activities that are a part of normal school life.

FOR OFFICE USE ONLY: <i>To Verify Legal Name, Birth date and Citizenship, please attach a Copy of Student's Birth Certificate</i>		
Registration Date:	School Code:	Birth Certificate:
Alberta Education I.D. Number:	Home Room:	

Student Information: Legal Name (as it appears on the Birth Certificate):			
Last Name:	First Name:	Middle Name:	
Birth Date: <small>(Month/Day/Year)</small>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:	ECS: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day
Student also known as (if different from above):			
Surname:		Given Name(s):	

Student's Current Mailing Address:			
Box Number / Street Address:			
Apartment Number:	City / Town:		
Province:	Postal Code:	Telephone Number:	

Student's Permanent Mailing Address (if different than above):			
Box Number / Street Address:			
Apartment Number:	City / Town:		
Province:	Postal Code:	Postal Code:	

Legal Land Description (Rural Students):

Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Home <input type="checkbox"/> Independent Student
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Parent / Guardian Information					
Father / Guardian	Name:		Mother / Guardian	Name:	
	Day Phone:			Day Phone:	
	Evening Phone:			Evening Phone:	
	Address (if different):			Address (if different):	
	City:	Postal Code:		City:	Postal Code:
	Parent Religion:			Parent Religion:	
Email Address:		Email Address:			
Emergency Contact (1)	Name:		Emergency Contact (2)	Name:	
	Phone Number:			Phone Number:	

e-mail address.

AHC#

Declaration By Parent, Legal Guardian, or Student (18 years or over or Independent):

I hereby certify the forgoing information to be true, correct, and complete.

Signature of Parent / Guardian / Independent Student:

Date:

Medical / Emergency Information:

Please identify any special medical problems, allergies, or special needs of which the school should be made aware.

NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION

The *Alberta Human Rights Act* requires a school board to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion.

All of the schools in this District are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every day subjects taught, both in and outside of formal religion classes, celebrations and exercises.

Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.



East Central Alberta Catholic Schools Privacy and Monitoring Agreement

Preamble: This document is a description of what computer resource use is monitored and what information is collected. The purposes under which monitoring or collected information may be used, as well as access to users files may occur, is also described.

Reasonable measures are taken to minimize the impact monitoring and data collection have on a user's privacy. For example, collected data is kept secure and private. As another example, reading the contents of an email is a last resort, and is avoided whenever a less intrusive alternative is available.

The following activities, and aspects of those activities, may be monitored and recorded:

1. The time and nature of any access to a division or school network service or computer resource.
2. The sender, receiver, send/receive time, and content of any email sent from or received by a school or division account.
3. The creation, deletion, or modification time, as well as content of any data stored on school or division file-servers or services.
4. The time, nature, and content of any communication over division or school networks.

The above information may be used for the following purposes:

1. To assist in a legal investigation.
2. To comply with a Freedom of Information and Protection of Privacy Act request.
3. To protect the safety of a student or staff member.
4. To enable administrative or teaching staff to access the information of students or staff for the purposes of teaching (ie. obtaining a student assignment stored on the file-server or obtaining an absent teacher's lesson plans).
5. To determine whether a user has acted in breach of the ECACS SRD #16 Information Technology Acceptable Use Agreement.
6. By the technical staff to provide and maintain operation of services and resources (ie. making regular backups of user data, removing viruses, etc.).

User's statement of understanding:

I have read and understand the above:

User name (please print)

User signature and date

Parent/guardian's statement of understanding (to be completed for all users below the age of 18):

I understand that my child's activities may be monitored and recorded for the purposes as described above:

Parent/guardian name (please print)

Parent/guardian signature and date

5. Using 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.
6. Using a student's name, school, grade, and academic information for honor roles, graduation ceremonies, and other awards within the school or school division.
7. Using students' names, related contact information, and telephone numbers for absenteeism verification.
8. Using a student's name and birth date for birthday recognition.
9. Circulating personal information on a "need to know" basis for students who have severe, life threatening medical conditions or for students in emergency situations.
10. Taking photos/videos of classroom or other school activities by school division personnel for use within the school, the school division and school and Division web-sites. Please note that photos/videos of school activities (i.e. basketball games, concerts, plays) that are open to the general public may be taken and used for purposes within and outside the school. The school may not be able to restrict such activity at public events.

Security Measures

Pursuant to Section 36 of the FOIP Act the board must protect personal information by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction.

The Division utilizes a computerized Student Information System to maintain student records; accordingly, the information provided is entered into the computer system at the school level. Access to the information in the computer is restricted to division/school authorized personnel.

I have read the "Notice of Activities" and hereby consent to the collection, use and disclosure of the information listed in items 1 to 10 on behalf of my child(ren)/ward(s) or on behalf of myself, and independent student (proof required) as defined in the School Act.

If you have any questions about the use or disclosure of the information collected, please contact your school principal or the FOIP Coordinator at 780.842.3992.

Student's Legal Surname (please print): _____

Student's Legal Given Name(s) (please print): _____

School Grade: _____

Date: _____

Signature of Parent/Guardian/Independent Student

Parent/Legal Guardian

Regional Health Authorities

The various Regional Health Authorities administer the Child Immunization Program within the Division. The school will normally make the parent/guardian name, phone number, and mailing address as well as the student's name, grade level, and birth date available to the Regional Health Authority to facilitate the passing on of information about their programs.

I give permission for the release of the above information to the Regional Health Authority.

Date: _____

Yes

No

Signature of Parent/Guardian/Independent Student

Parent/Legal Guardian



Theresetta Catholic School
Box 580
Castor, Alberta
TOC OXO

Phone: (403)882-3309 Fax: (403) 882-2784
Email: roger.fetaz@ecacs16.ab.

Dear Parents

Throughout the school year, Theresetta students will be participating in some field trips in and around Castor. These excursions include, but are not limited to attending Mass the Our Lady of Grace Church, participating in the Terry Fox Run, attending the Remembrance Day program, singing at Paintearth Lodge and Extencicare and possibly other functions. The trips could include skating, swimming, curling, golfing, and other school day curricular events. Class field trips in town, related to curriculum (i.e. nature walk) and any appropriate in-town field trips would be covered by this consent form.

To reduce the number of forms being sent home, we would prefer to send one consent form in September to cover all **in-town field trips and events throughout the year**. Parents would still be notified in advance of any such trips, and would have the opportunity to contact the school if they prefer their child not participate in any particular event. This consent form only covers **in-town** fieldtrips. Any fieldtrips outside of Castor such as sports games or ski trips would still require separate consent forms. Thank you for your cooperation and understanding in this matter. Please sign below and return to the school. This consent will give permission for your child to participate in **in-town** trips

Thank you.

Roger Fetaz

Principal

2016 – 2017 In-town Field Trips Permission Slip

I give permission for my child _____ to participate in **in-town** field trips such as attending mass at Our Lady of Grace Church, participating in the Terry Fox Run, etc.) throughout the year. Some of these trips will be by bus and some will be walking. I understand that although these are low risk activities, there are some risks involved with every activity. Riding a bus or walking on the sidewalk involves traffic risks. Skating at the arena and running involves sports injury risks. I understand that the staff and bus drivers will act accordingly to maximize the safety of students. I can also opt my child out of any in-town field trip by calling the school.

Signed: _____ Date: _____

Theresetta Catholic School
Box 580
Castor, Alberta
T0C 0X0

Phone (403) 882-3309 Fax (403) 882-2784

Date: _____ roger.fetaz@ecacs16.ab.ca

Previous School attended _____ Phone: _____ Fax: _____

Attention: Principal

Dear Sir / Madam:

Re: REQUEST FOR RECORDS

The following pupil(s) have transferred to Theresetta Catholic School from your school.

Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

Please forward the cumulative records and any other pertinent information as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

Roger Fetaz

Principal

I give my permission to have the records for the above mentioned student(s) released to Theresetta School.

Parent/Guardian Signature