

# Fort McMurray Public School

## STUDENT REGISTRATION



### *FMPSD Mission Statement*

*Fort McMurray Public School District  
Is A Learning Community  
Dedicated to Educating All Students For  
Personal Excellence.*



### **FMCS Mission Statement**

- To provide students with an education based on Scripture, the Christian perspective is integrated into every aspect of study.
- To acknowledge the Lordship of Christ and to develop the students' understanding of their own relationship to God as well as their relationship to others and creation.
- To provide an education that allows children to reach their potential academically, spiritually, emotionally, socially and physically.
- To direct students in development of Christ-like character.
- To prepare students to be of service in the community.

Date of Registration: \_\_\_\_\_

Day      Month      Year

**SCHOOL:** Fort McMurray Christian School      **Grade:** \_\_\_\_\_

Kindergarten     ECDP

**Student's Name:** \_\_\_\_\_  Male     Female

Transportation Required:    Yes    No

**Has student ever attended a school in Alberta?**     Yes     No

### **Education française langue première/Education in French as a first language**

Est-ce que cette enfant à le droit de recevoir son éducation en Français selon Section 23 de la Charte Canadienne des Droits et Libertés? (si vrai, vous devez remplir une déclaration à cette effet).     Yes     No

Does this child have the right to receive his/her education in French according to Section 23 of the Canadian Charter of Rights and Freedoms? (If so, you should complete a declaration to that effect.)     Yes     No

**For more information see Appendix A**

### **FOR OFFICE USE ONLY:**

Alberta Learning No. \_\_\_\_\_ District ID \_\_\_\_\_

# 1. STUDENT INFORMATION

Write the student's **legal** surname (last name) and first name below. These are the names on the student's birth certificate or adoption papers.

Student's **Legal** Surname: \_\_\_\_\_

Student's **Legal** First Name: \_\_\_\_\_

Student's **Legal** Middle Name(s): \_\_\_\_\_

Date of Birth      /      /  
                         DD    MM    YR

School's verification of birth date:     Birth Certificate     Passport     Other \_\_\_\_\_

Copy received for student file

### Citizenship of student:

Canadian Citizen                                       Landed Immigrant                                       Study Visa

Child of a temporary Resident    **Expiry Date:** \_\_\_\_\_

1<sup>st</sup> date of entry into Canada \_\_\_\_\_    Copy received for student file

**First language spoken in the home:**     English     French     Other \_\_\_\_\_

**Second language spoken in the home:**     English     French     Other \_\_\_\_\_

### If you wish to declare that you have Aboriginal heritage, please specify:

**Status Indian/First Nations**     **Non-Status Indian/First Nations**     **Métis**     **Inuit**

**No Aboriginal Heritage**    **Treaty Number:** \_\_\_\_\_    **Band Name:** \_\_\_\_\_

*Alberta Learning is collecting this personal information pursuant to section 33 ( c ) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.*

*For further informaton 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 Learning, 10155 102 Street, Edmonton AB T5J 4L5. (780) 427-8501*

List all siblings, whether of school age or not:

Name: _____	Date of Birth: _____	Male	Female
Name: _____	Date of Birth: _____	Male	Female
Name: _____	Date of Birth: _____	Male	Female

**Name of last school attended:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 2. STUDENT HISTORY

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STUDENT HAS BEEN ENROLLED IN A SPECIAL PROGRAM: \_\_\_\_\_ IPP WRITTEN \_\_\_\_\_

### SCHOLASTIC INFORMATION

Has the applicant ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever had disciplinary difficulties? \_\_\_\_\_

If yes, detail: \_\_\_\_\_

Has the applicant ever been in trouble with the law, arrested, etc.? \_\_\_\_\_

Explain: \_\_\_\_\_

Has the applicant ever used tobacco or drugs of any kind? \_\_\_\_\_

Explain: \_\_\_\_\_

Please indicate academic level of pupil's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has the applicant ever failed a grade in school? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S RESIDENCE:** Student lives with: (check one)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> 1 <sup>st</sup> Parent	<input type="checkbox"/> 2 <sup>nd</sup> Parent	<input type="checkbox"/> Independent	<input type="checkbox"/> Other (please specify)
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### Custody:

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. Please indicate if the school administration should be aware of any such Court Order for the protection of your child.  **Yes**  **No**  
(If "yes" please make arrangements to discuss this situation with the school administration. Legal documentation will be required.)

### PARENT (OR LEGAL GUARDIAN) RESIDENCY INFORMATION

If there are two parents or legal guardians, it is important to fill in both sections 3 and 4 whether or not the parents or legal guardians are living together. (A "legal guardian" is a person appointed by the court as the guardian. Documentation is required).

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### 3. FIRST PARENT/ LEGAL GUARDIAN OR INDEPENDENT STUDENT

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Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Mr. Mrs. Ms. etc. \_\_\_\_\_

Relationship to Student:  Mother  Father  Legal Guardian  Other Please specify \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 4. SECOND PARENT OR LEGAL GUARDIAN

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Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Mr. Mrs. Ms. etc. \_\_\_\_\_

Relationship to Student:  Mother  Father  Legal Guardian  Other Please specify \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### 5. EMERGENCY CONTACT

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An "emergency contact person" is someone **other than** the student's parent or guardian. Mr. Mrs. Ms. etc

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

### MEDICAL INFORMATION

**Student's Medical Information.** This information is often helpful for school staff. Are there any serious medical conditions about which you wish the school to be aware:  Yes  No If yes, please list below:

Medical notes: \_\_\_\_\_  
\_\_\_\_\_

If a reoccurring ailment exists: what is the treatment or course of action required? \_\_\_\_\_  
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\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP)

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).

I give Fort McMurray Public Schools/District permission for:

**Yes      No**

- my child to accompany his/her** class on school sponsored field trips.
- my child's work to be displayed** within the school, at community and public events and competitions.
- my child's photo to be displayed** in yearbooks, on I.D. cards, school and public displays, school websites, or in the media.
- my child's name to be released** with respect scholarships, honor rolls, achievements, and other special recognition to the school district, government or media officials.
- my child's name to be included** in the list of names, phone numbers, class lists for distribution to coaches, supervisors, parent association, volunteers, school council and school newsletters.

Other permissions for the Fort McMurray Public School District:

- I would like my child to participate in the human sexuality** sections of the Health Program.
- I would like my child to participate in the child abuse prevention** component of the Health Program.

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## FAITH COMMITMENT

Church Currently Attending: \_\_\_\_\_ Denomination

\_\_\_\_\_

Church Address: \_\_\_\_\_

Your Pastor's Name: \_\_\_\_\_

- Is the Child's Father a Christian?      Yes \_\_\_\_      No \_\_\_\_
- Is the Child's Mother a Christian?      Yes \_\_\_\_      No \_\_\_\_
- Does the Applicant Attend Sunday School Regularly?      Yes \_\_\_\_      No \_\_\_\_
- Has the Applicant ever made a profession of faith in Christ?      Yes \_\_\_\_      No \_\_\_\_

## GENERAL INFORMATION

How did you hear about this school? \_\_\_\_\_

Reason for selecting this school: \_\_\_\_\_

\_\_\_\_\_

### PROGRAM FEE PAYMENT OPTIONS

"I hereby pledge to pay my financial obligations to the school on the date due and understand that it may be necessary to withdraw my child/ren if proper arrangements are not made on a past due account."

I choose the following option:

- 1. Lump sum payment by August 31.
- 2. 10 post dated cheques dated the first day of each month beginning Sept. 1 and ending June 1.
- 3. Cash payment the first day of each month beginning Sept. 1 and ending June 1.

A NSF charge of \$15.00 will be assessed for each cheque returned by the bank.

We have included a non-refundable application fee of \$50.00/family.

(Parents of students in Kindergarten/ECDP) included a \$65.00 supply fee.

"I agree to uphold and support the pursuit of academic excellence and Christian character by providing a place at home for my child to study and giving my child encouragement in the completion of any homework or assignments."

"I appreciate the Christian standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school on behalf of the student and authorize this school to employ appropriate discipline as it deems wise and expedient for the training of my child."

We understand that our child's admission to the school is subject to administration's approval and possible academic testing.

### DECLARATION BY PARENT OR LEGAL GUARDIAN:

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

\_\_\_\_\_ **Date:**

\_\_\_\_\_ **Signature**

#### OPTIONAL INFORMATION

I give permission to provide access, to my child's information to the District ESL/ELL New Family Coordinator.     Yes     No