



# Student Registration

## Mission Statement

Fort McMurray Public School District is a learning community dedicated to educating all students for personal excellence.



- 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 the development of Christ-like character.
- To prepare students to be of service in the community.

Date of Registration:

YYYY	/	MM	/	DD
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**FOR OFFICE USE ONLY:**

Alberta Learning No.: \_\_\_\_\_

District ID: \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

Is this your designated school (*please circle*):      **YES**      **NO**      AM Kindergarten

**STUDENT'S NAME:** \_\_\_\_\_

Male       Female      **Transportation Required:** Yes  No

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

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

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Est-ce que cette enfant à le droit de recevoir son education 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

## 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        /        /        \*School's verification of birth     Birth Certificate     Passport     Other  
 date:

YR	MM	DD
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\* Copy received for student file

**Citizenship of Student:**     Canadian Citizen     Landed Immigrant     Study Visa  
 Child of a temporary Resident    **Expiry Date:** \_\_\_\_\_    **Copy received for student file**

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

**Please ensure you read and complete this section**

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

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

**Treaty Number:** \_\_\_\_\_                      **Band Name:** \_\_\_\_\_

*Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet Ministry mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. Alberta school boards are also collecting this information pursuant same section in conjunction with section 2(1)(t) of the Student Record Regulation and for the same purposes. This information will also be used to determine the provincial First Nations, Métis and Inuit funding allocation provided to school authorities.*

*For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501 . If you have questions regarding the collection activity by the Fort McMurray Public Schools District, please contact the Superintendent at the District Office, 231 Hardin Street, Fort McMurray, AB, T9H 2G2, (780) 799 7900.*

Does not apply.

**List all siblings, whether school age or not:**

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

**2. Student History**

**Has your child been identified with a disability or special need?**     Yes     No  
 School's verification of special need     Diagnosis     IPP     Assessment

**Medical Information:**

**Student's Medical Information:** Are there any serious medical conditions about which you wish the school be aware?  
 Yes     No    If yes, please list below:

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

**Student’s Residence:** *(Student lives with: (check one)*

Both Parents     1<sup>st</sup> Parent     2<sup>nd</sup> Parent     Independent     Other (please specify)

**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 2 and 3 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).

**3. First Parent / Legal Guardian or Independent Student**

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

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

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

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

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

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

Email Address (please print): \_\_\_\_\_ Cell phone: \_\_\_\_\_

**4. Second Parent or Legal Guardian**

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

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

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

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

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

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

Email Address (please print): \_\_\_\_\_ Cell phone: \_\_\_\_\_

**5. Emergency Contact**

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 \_\_\_\_\_

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

**Other permissions for the Fort McMurray Public School District:**

- I would like my son/daughter to participate in the human sexuality sections of the Heath Program.
- I would like my son/daughter to participate in the abuse prevention component of the Health Program.

**FAITH COMMITMENT**

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

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

Denomination: \_\_\_\_\_ 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:

- Lump sum payment by August 31.
- 10 post dated cheques dated the first day of each month beginning Sept. 1 and ending June 1.
- 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.
- We have included our signed Society Membership Form and the \$100.00 Membership Fee
- Parents only 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."

**DECLARATION BY PARENT OR LEGAL GUARDIAN**

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

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

\_\_\_\_\_ **Signature (REQUIRED)**

**OPTIONAL INFORMATION**

I give permission to provide access to my child's information to the District ESL/ELL New Family Coordinator.

Yes  No

Religious denomination: \_\_\_\_\_