

										SCHOOL USE ONLY										
Name of School										M	Enrollment Date	D	Y							
Student's Legal Surname (as stated on Birth Certificate)				First Name			Middle Name			Student I.D. Number										
Also Known As Surname				Also Known As First Name			Student Cell No.			Alberta Education I.D. Number										
Mailing Address				Town			Postal Code			Citizenship										
Residence / Street Address				Town			Home Phone No. <input type="checkbox"/> Unlisted			Custody										
Rural Legal Land Description <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW		Section	TWP	Range	W	th Meridian	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth		<input type="checkbox"/> Vital Stats Verification (per Alberta Education documentation requirements) <input type="checkbox"/> ILP <input type="checkbox"/> Fees Paid <input type="checkbox"/> Requested Student Record DATE: <input type="checkbox"/> Received Student Record DATE:										
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Other		Registering for Grade _____		Has the student previously attended school in Foothills School Division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where/when _____																
Entry Date to Canada: _____		First Language Spoken _____																		
Visa Expiry Date: _____		French Immersion <input type="checkbox"/> Yes																		
Note: School verification of documents required																				
High School Students Only Student registering for <input type="checkbox"/> 1st <input type="checkbox"/> 2nd Semester Registered by (employee name): _____										If student is entering Foothills School Division from another school division, provide name of school _____ and city/town and province _____										
If you wish to declare that you are an Aboriginal person, please specify: <input type="checkbox"/> Status Indian/First Nation Band #: _____ <input type="checkbox"/> Non-Status Indian/First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit																				
<p>Alberta Education is collecting the personal information in the section above 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 First Nations, Métis and Inuit Learner success. For further information or if you have questions regarding the collection of this information please contact the First Nations, Métis and Inuit Education Division, Alberta Education at 780-415-9300 or toll-free 310-0000.</p>																				
<p>Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms Citizens of Canada</p> <ul style="list-style-type: none"> whose first language and still understood is French; or who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language. <p>In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.</p> <p>A. According to the criteria as set out in the Canadian Charter of Rights and Freedoms: are you eligible to have your child receive a French first language (Francophone) education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know</p> <p>B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																				
<p>Student lives with (Complete ALL sections that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____</p> <p>Does child have CFS worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> check if completed Contact and Responsibility form is attached</p> <p><input type="checkbox"/> Sibling(s) enrolled at this school Name(s) including last name (if different) _____</p>																				
Primary Contact Name:						Contact 2 Name:														
Relationship to student:						Relationship to student:														
In Emergency, call first <input type="checkbox"/> <input type="checkbox"/> Has Legal Custody						In Emergency, call first <input type="checkbox"/> <input type="checkbox"/> Has Legal Custody														
Mailing Address:						Mailing Address:														
E-mail Address:						E-mail Address:														
Marital Status:						Marital Status:														
Daytime Contact Phone No.:						Daytime Contact Phone No.:														
Cell/Pager No.:						Cell/Pager No.:														
Contact 3 Name:						Contact 4 Name:														
Relationship to student:						Relationship to student:														
In Emergency, call first <input type="checkbox"/> <input type="checkbox"/> Has Legal Custody						In Emergency, call first <input type="checkbox"/> <input type="checkbox"/> Has Legal Custody														
Mailing Address:						Mailing Address:														
E-mail Address:						E-mail Address:														
Marital Status:						Marital Status:														
Daytime Contact Phone No.:						Daytime Contact Phone No.:														
Cell/Pager No.:						Cell/Pager No.:														
<p>In case of illness, accident, inclement weather or emergency school closure, please give the name and phone numbers of a local person to contact if we are unable to reach parent or legal guardian:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Home Phone</th> <th>Business Phone</th> <th>Cell Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>													Name	Home Phone	Business Phone	Cell Phone				
Name	Home Phone	Business Phone	Cell Phone																	
FAMILY DOCTOR				PHONE				If we are unable to reach you, in the event of a situation requiring medical attention, may we take what we consider to be reasonable action?												
Please advise of any severe medical issues we should be aware of. <i>Note: Medical information may be shared with child's bus driver</i>								<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, what do you wish us to do? _____												
Alberta Health Care No. (optional) _____																				
<p>DECLARATION I hereby certify that the information on this form is correct to the best of my knowledge as of this date. I acknowledge that it is my responsibility to inform the school of any changes to the above-noted information.</p>										M	D	Y	Signature of Parent/Legal Guardian OR Adult Student over 18 years							
										X										

STUDENT INFORMATION VERIFICATION AND CONSENT FORM

Student _____

CASL Consent

In order to keep parents informed, Foothills School Division No. 38 (FSD #38) and its schools would like to continue to send parents/guardians electronic communications (emails) that may include information about offers and promotions related to Division, school and school council activities such as:

- Offers to purchase goods, products, and services such as school apparel, yearbooks, school photos, fieldtrips and hot lunch programs;
- Advertisements for school activities, events, programs, and services for which there is a fee (e.g. field trips, fine arts performances, etc.); and
- School and school council fundraising activities that support our schools, students, and programs

In accordance with Canada's Anti-Spam Law (CASL), your consent to receive the electronic communications described above is required. **PLEASE NOTE:** If you do not consent, you may not receive some important electronic communications, which may affect your child's involvement in some school activities

<input type="checkbox"/> Yes, I consent to receiving these electronic communications to the following email address/es: _____
<input type="checkbox"/> No, I do not consent to receiving these electronic communications

You may withdraw your consent at any time by contacting your school at the number shown on the reverse of this form. Alternatively you may also write to Foothills School Division #38 at 120-5th Ave. SW, P.O. Box 5700, High River, AB, T1V 1M7.

Photograph/Media Consent

I hereby provide consent to Foothills School Division No. 38 (FSD #38) to photograph, video/audio tape, or interview my child, and to post any personal information herein contained on Division/school websites, social media accounts, or in promotional materials/advertisements. I understand that personal information posted on these sites could be copied, altered, or moved to another site by anyone who visits these sites.

YES, I consent for my child to be:
(check all boxes that apply)

YES, I consent for my child for Graduation
(check box below)

<input type="checkbox"/> Photographed/video/audiotaped by Media	<input type="checkbox"/> Grade 12 Graduation promotions including website, newsletter, and newspaper tributes
<input type="checkbox"/> Interviewed by media	

I hereby provide consent to FSD #38 to permit media and/or other outside educational organizations to film, photograph, video conference, make an audio/video recording, or interview my child at non-public events for use outside the school community, while my child is under the supervision of FSD #38. I understand that this means that a creative work, photograph, video conference, audio/video recording, interview, or likeness of my child may be collected, used, reproduced, or broadcast by media or an outside educational organization.

YES, I consent for my child to be:
(check all boxes that apply)

YES, I consent for my child for Graduation
(check box below)

<input type="checkbox"/> Photographed/video/audiotaped by Media	<input type="checkbox"/> Grade 12 Graduation promotions including website, newsletter, and newspaper tributes
<input type="checkbox"/> Interviewed by media	

Copyright Release

I hereby provide consent to Foothills School Division No. 38 (FSD #38) to use, display, or reproduce any artwork, written material or creative work created or authorized by my child through school activities. I understand that this material or creative work may be used by FSD #38 in school/Division displays, events, websites and publications. I understand that my child may be identified as the author of the work by name and grade.

YES, I authorize FSD38 to: *(check all boxes that apply)*

<input type="checkbox"/> Publish/Reproduce works by my child
<input type="checkbox"/> Display works by my child

PLEASE ENSURE THAT YOU HAVE REVIEWED THE INFORMATION BEFORE SIGNING	
_____ PARENT/GUARDIAN SIGNATURE	_____ DATE

This information is collected and distributed in accordance with the *Freedom of Information and Protection of Privacy Act (FOIP)* under the authority of section 33(c). If you have any questions or concerns regarding the collection of this information and the intended purposes, please contact the FOIP Coordinator, Foothills School Division, at spenced@fsd38.ab.ca, 403-652-6502, or Division Office, 120-51h Ave SW, High River, AB, T1V 1M7