

Crestomere School

Student Registration Form

Office Use Only	Alberta Student Number (ASN)		Date
	Grade	Homeroom	PowerSchool ID

Student Information			
Student's Preferred Name			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Student's Legal Name			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
Home Phone Number	Student's Cell Phone Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
		<i>Month Day Year</i>	
Mailing Address	City	Postal Code	
Has student attended a Wolf Creek Public School before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Wolf Creek School	School last attended (if different) include City, Province and Phone Number		

Citizenship	
Please indicate the citizenship or immigrant status of the student?	
<input type="checkbox"/> Canadian Citizen <small>(Birth Certificate or Citizenship Papers required)</small>	<input type="checkbox"/> Child of an individual lawfully admitted to Canada for permanent or temporary residence or on work visa. <small>(supporting documentation required)</small>
<input type="checkbox"/> Permanent Resident/Landed Immigrant <small>(Landed Immigrant Papers required)</small>	<input type="checkbox"/> Other: _____ <small>(supporting documentation required)</small>
<input type="checkbox"/> Temporary Resident - Student <small>(Student Visa required)</small>	

Section 23 Francophone Education Eligibility Declaration	
Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms: Citizens of Canada	
<ul style="list-style-type: none"> • whose first language learned 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. 	
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.	
A. According to the criteria above 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? (Please place an X in the appropriate box.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	
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	

Custody	
In some instances a child may be imparted by a court order under the Child Welfare Act, or the Domestic Relations Act, or The Divorce Act, or the Young Offenders Act.	
Please indicate if the school administration should be aware of any such court order that pertains to your child. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is a court order regarding custody and access to your child, please provide a copy of the order so the school can comply.	

Independent Student Status	
The School Act defines an independent student as someone who is (i) 18 years of age or older, or (ii) 16 years of age or older, and (a) who is living independently, or (b) who is party to an agreement under 57.2 of the Child, Youth and Family Enhancement Act.	
Are you claiming status as an "Independent Student" under the definition in the School Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Aboriginal Declaration

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

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

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 to the same sections 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, Information and Strategic Services Division, Alberta Education, 10155—102 Street, Edmonton, AB T5J 4L5, 780-427-8501. If you have questions regarding the collection activity by Wolf Creek Public Schools, please contact the Wolf Creek Public Schools Secretary-Treasurer, at 6000 Highway 2A, Ponoka, Alberta, T4J -1P6, 403-783-3473.

Parent and/or Guardian Information

Student lives with: Father & Mother Father Mother Other (please specify)

Foster Family

Social Worker Contact Information

Father	Father's Name		Father's Email	
	Address (if different from student)		City	Postal Code
	Residence Phone Number	Day Phone Number	Cell Phone Number	
Mother	Mother's Name		Mother's Email	
	Address (if different from student)		City	Postal Code
	Residence Phone Number	Day Phone Number	Cell Phone Number	
Guardian	Guardian's Last Name		Guardian's First Name	
	Address (if different from student)		City	Postal Code
	Residence Phone Number	Day Phone Number	Cell Phone Number	
Additional email address #1			Additional email address #2	

Student Physical Address Information

Apt. Number	House Number	Street or Legal Land Description (example: 55 St or Legal Land Description as in SW-25-41-24-W4)		
Town/City	Province AB	Postal Code	Rural Address specifically the Blue 911 Sign (Rural Residences Only)	

Emergency & Medical Information

In case of emergency, school closure, or if no one answers the home telephone number, please provide us with names and phone numbers of emergency contacts other than parents.

Emergency Contact # 1 Name	Day Phone	Phone Type	Relationship
Emergency Contact # 2 Name	Day Phone	Phone Type	Relationship
Are there any medical problems your child may be experiencing which his/her teachers should be made aware? (physical conditions, illness, allergies, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please specify			
Emergency action required for the above			

WCPS – Freedom of Information & Protection of Privacy

Schools play an important role in the education and socialization of our children. In this process, personal information is often collected and used for authorized programs and activities that are a normal part of school life. *Further information regarding the collection and use of personal information not specifically itemized under the School Act is available at your school main office.*

It is important to understand that school events which are open to the public are not subject to the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, special activities, academic-focused activities and athletics. The general public, parents and media may be in attendance and are allowed to take photographs, create video and audio recordings, and conduct interviews, without first obtaining consent. (It is not expected that the general public or parents will conduct interviews.) The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

Throughout the school year, there will be opportunities for television, radio, newspaper, community organizations, and School Division Representatives to be invited into the school to provide outside coverage of events and programs not included in the general public category described above. Also, throughout the year, there may be opportunities to display your son/daughter's work or other forms of school work at locations outside of the school. There may also be educational activities where your son/daughter's school work may be hosted or displayed online via a website or social media tool. All of the activities described in this paragraph are not considered to be in the public domain category described in bold print above. Your signature (parent/guardian) will authorize your selected option with respect to your son/daughter (as named on this form) being involved with the following activities:

1. interviewed by the media; approved community organizations; School Division.
2. photographed by the media; approved community organizations; School Division.
3. video or audio recorded by the media; approved community organizations; School Division.
4. having student work and/or accomplishments displayed, recognized, or reproduced outside of school (i.e. signed art work, creative writing, Student of the Day, or academic presentations such as Science Fair projects).
5. having student work posted in various social media tools for educational purposes
6. having your son's/daughter's name, photograph and/or school work posted on Wolf Creek Public Schools website.

Note: Information relating to these student work/recognition activities noted in points 4, 5 and 6 are often communicated to the home in advance.

Please select either Option 1 or Option 2 below

Option 1: Permission Granted

I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting, including the items listed under points 1 through 6 above. Yes

I give my consent to having my son/daughter involved with all of the activities listed under points 1 through 6 above.

Option 2: Permission Not Granted

I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting. However, I will NOT provide my general consent to allowing my son/daughter to participate in the activities described in points 1 through 6 above. No

Specifically I do not consent to the following activities (*Please circle the applicable activities objected to*):

1 2 3 4 5 6 All 1-6

Unless the school is notified of a change, the signed document will be in effect for the entire time that your son/daughter is registered in this school.

If you have any questions or concerns regarding the collection or use of information, please contact the **FOIP Coordinator at the Wolf Creek Public Schools office — 403-783-3473.**

First Nations Band and Treaty Information

Does the student reside on an Indian Reserve and qualify for Federal Government funding? Yes No

If Yes, Reserve	House Number	Band	Status

Treaty Number:

Special Education Needs

WCPS offers individual program planning for students identified with special education needs. Has your child been identified as having a special need and/or received specialized programming services? Yes No

Information regarding special education programming is available through the school administration, the special education facilitator or the student services department.

English as a Second Language

Is English the student's first language spoken at home? Yes No

If No, what is the first language spoken at home?

School Council/School Fund Raising Society

Schools have a School Council which represents the parents and engages in activities in the school. The School will normally make the Parent/Guardian name, phone number and mailing address as well as the student's name and grade level available to the School Council for contact purposes.

Do you as a Parent /Guardian consent to the school providing your contact information to the School Council and/or the School Fund Raising Society (if applicable)? Yes No

Other Information

Is there any other information or particular problems your child may be experiencing about which his/her teachers should be aware? (family circumstances, siblings, etc.) Yes No

Please specify:

Consent for Contact by Wolf Creek Public Schools

I agree to receive contact from Wolf Creek Public Schools, which primarily includes my child's school, to send me important information such as school emergency, closure, attendance and other valuable reminders. This contact can include phone, email and/or text messaging and can be unsubscribed at any time.

Wolf Creek Schools work hard to ensure that no unnecessary messages are sent or that messages are not sent too frequently to parents via digital or electronic methods thereby ensuring that parents are not receiving too many notifications.

This contact may be provided through various digital or electronic methods:

- 1) Primarily through email for school newsletters and reminders
- 2) Primarily through phone for attendance and emergency information
- 3) Through text message, if I opt in using Parent Portal

I understand that I can unsubscribe for these features at any time should I find that I no longer require this contact. The contact information that I provided through my registration process will be used and can be updated by me when contacting the school.

I understand that I may need to subscribe for some of these services myself through the school website or Parent Portal. Assistance with subscribing or unsubscribing to phone, email or text messages can be provided from the school office.

Your signature (parent/guardian) on this registration form will authorize your selected option with respect to your consent for contact.

Yes, I provide consent for contact by Wolf Creek Public Schools. I understand that my email address and home/mobile phone numbers will be used and that if I would like text messaging, I will need to subscribe to this text messaging service on the Parent Portal.

No, I do not provide consent. I recognize this means I will not have access to the information described above as readily via digital means as those who do provide consent.

Wireless and Device Access for Students

Wolf Creek Public Schools provides wireless access to student devices and encourages students to bring their own device for use in classroom learning activities. A parent purchase program for purchasing a student owned device is also available with a variety of payment plans.

Declaration

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief.

Date	Parent/Guardian Signature

For Office Use Only

Notes:	Principal's Acceptance Signature	
Indicate the legal student identification verification document	Last four Digits	Expiry Date
	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Other (specify)	