

<b>School</b>	Senator Joyce Fairbairn Middle School	<b>Grade</b>		<b>Program</b>	
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<b>Student's Legal Last Name</b>			
<b>Student's Legal First and Middle Name</b>			
<b>Preferred Last Name</b>		<b>Preferred First Name</b>	
<b>Student's Date of Birth</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>
<b>Gender</b>	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	<b>Unknown</b> <input type="checkbox"/> <b>Unspecified</b> <input type="checkbox"/>
<b>Student's Physical Address</b>			
Address	City	Province	Postal Code
<b>Student's Mailing Address (if different than student's residence)</b>			
Address	City	Province	Postal Code
<b>Home Phone (with area code)</b>		<b>Other Phone (with area code)</b>	
<b>Siblings currently enrolled with Lethbridge School District No. 51</b>			
<b>Medical Information (i.e. medical conditions, allergies, etc.)</b>			
<b>School History</b>			
Name and location of previous school attended: _____			
Date last attended previous school: _____			
Last Grade Completed: _____			

<b>Parent/Guardian Contact 1</b>	<b>Parent/Guardian Contact 2</b>	<b>Parent/Guardian Contact 3</b>
Name:	Name:	Name:
Address:	Address:	Address:
Relationship to Student:	Relationship to Student:	Relationship to student:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:	E-Mail Address:

<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>	<b>Emergency Contact 3</b>
Name:	Name:	Name:
Relationship to student:	Relationship to student:	Relationship to student:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:

**Aboriginal Self Identification:**

If you wish to declare that the student is Aboriginal, please select one.

First Nation of Residence: \_\_\_\_\_

First Nation (status)

Metis

First Nation (non-status)

Inuit

Student's Indian Registry Number: \_\_\_\_\_

For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://www.education.alberta.ca/system-supports/results-reporting) or contact Alberta Education at 780.427.8501. If you have questions regarding the collection of student information by the school board, please call 403.380.5299.

<b>Citizenship:</b>	1 Canadian Citizen <input type="checkbox"/>	2 Permanent/Landed Immigrant <input type="checkbox"/>	5 Temporary Resident <input type="checkbox"/>	6 Child of Canadian Citizen <input type="checkbox"/>	7 Child of a Resident <input type="checkbox"/>	9 Child of individually lawfully admitted to Canada / Unknown <input type="checkbox"/>
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**English as a Second Language (ESL) Eligibility** A student may be eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be born in Canada or in another country.

Languages spoken at home: \_\_\_\_\_ Students first language spoken: \_\_\_\_\_

Do you need assistance with interpretation: Yes  No

**Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms:** Citizens of Canada

- whose first language learned and still understood is French, or
- who have received their primary school instruction in Canada in French (this means instruction in a French only school, **not a French Immersion program**) 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 instruction in French (this means instruction in a French only school, **not a French Immersion program**) in Canada, have the right to have all their children receive primary and secondary instruction in the same language.

According to this criteria, are you eligible to have your child educated in French?

Yes  No

If yes, do you wish to exercise your right to have your child educated in French?

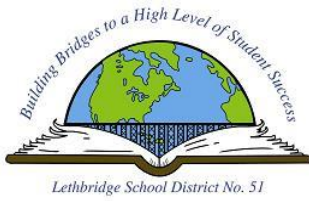
Yes  No

**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.**

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# Lethbridge School District No. 51

2019 / 2020 Student Registration Package

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

## INSTRUCTIONS

1. Read the Freedom of Information and Protection of Privacy Act information and Normal School Information notifications sheet enclosed in this package and retain this document at home for your reference.
2. Complete or verify the Student Registration Form.
3. Read and complete the enclosed Consent Forms.
4. Return the completed registration package to the school.

## Consent to receive Commercial Electronic Messages (CEM's)

On July 1, 2014 Canada's Anti-Spam Legislation (CASL) came into effect. As of this date, [Lethbridge School District No. 51](#) cannot send any messages by any means of telecommunication including e-mail messages, text messages, instant messages and direct messages to social networking accounts, where one or more of the purposes of this message is to encourage participation in commercial activity, whether or not there is an expectation of profit, unless we have received express consent to send these messages.

[Lethbridge School District No. 51](#) values the many learning opportunities, activities and mementos that enhance the educational experience that we provide to our students. Some of these opportunities include performances, field trips, travel, school clothing, student photos, yearbooks, hot lunches or similar school related activities. In order for [Lethbridge School District No. 51](#), our schools and school councils to communicate our programs, activities and special offers through electronic means, we require your consent.

By signing this document, I/we consent to receiving a commercial electronic message (CEM) from [Lethbridge School District No. 51](#), its schools, and school councils. Examples of these would include, but would not be limited to:

- Newsletters
- Offers to purchase goods and services such as
  - Apparel
  - Yearbooks
  - School Photos
  - Travel offers
  - Hot lunches
- Advertisements for school activities, events and programs for which there is a fee

*Note that consent to receive CEM information may be withdrawn at any time by contacting the School or Lethbridge School District No. 51.*

I, \_\_\_\_\_ the parent/guardian/Independent Student give my consent to receive Commercial Electronic Messages (CEM's) from Lethbridge School District No. 51, its schools and school councils. This consent will remain in effect until I expressly withdraw my consent by notifying the School or Lethbridge School District No. 51.

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Date

Email address: \_\_\_\_\_

(Please print clearly)

# CONSENTS FOR INFORMATION DISCLOSURE

## Copyright Release

As part of a student's educational program, they may be recorded and taped; have their work displayed; have their work reproduced for non-profit, educational purposes. Their production(s)/work(s) may be shown at educational displays during open house, in-service sessions and other school-related activities at school or School Board sites, or at school or School Board sponsored displays in the community, or used in a school publication.

\_\_\_\_\_ I give my consent to the information disclosures as described above.

\_\_\_\_\_ I do not give my consent to the information disclosures as described above.

I understand that this consent is valid for this current school year only.

_____	_____	_____
Print Name	Signature of Parent/Guardian/ Independent Student	Date

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## Media/Internet Consent

Lethbridge School District No. 51 enjoys and encourages an open and positive relationship with print (i.e. newspapers, magazines, etc.) and broadcast media (i.e. television, radio, etc.) as a means of promoting and reporting on school activities. In addition, schools are using the Internet (websites, web based programs) to increase positive learning, sharing and recognition opportunities for staff and students.

By signing this section I/we consent to the disclosure of information for use by Media and/or School District use for learning and/or celebration of learning purposes. Examples of these would include, but would not be limited to:

- Interviews for media or school publications (i.e. - school newsletters, etc.)
- Photograph of the student and posting of student's name
- Group and class photographs that include student and their name
- Class work (i.e. - art, stories, projects) done by student
- Awards, scholarships, prizes received by student
- Participation of Student in Extracurricular Activity (Athletics, clubs, fundraising efforts, music)
- Collaboration with other schools and classrooms using web based programs such as Skype, YouTube, Twitter, etc.

Please mark one of the following to indicate your consent:

\_\_\_\_\_ I give consent to disclosures as described above.

\_\_\_\_\_ I do not give consent to the above disclosures.

\_\_\_\_\_ I give consent, with the following exceptions.

\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
Print Name	Signature of Parent/Guardian/ Independent Student	Date

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## Public Health

Alberta Education will share student demographic information with Alberta Health Services in the case of health emergencies, such as a disease outbreak.

As authorized by Lethbridge School District 51 and Alberta Education, students in grades 6, 7, and 8 will participate in classes designed to provide information on Human Sexuality (Growth and Development). Please check **'Yes'** if you consent to your child taking part in the unit or **'No'** if you do not want your child to participate.

This curriculum can be found on the Alberta Education website at:

<http://www.education.alberta.ca/media/313382/health.pdf>

\_\_\_\_\_ **Yes**, I give consent for my child to attend Theme V classes

\_\_\_\_\_ **No**, I do NOT give my consent for my child to attend Theme V classes

**Student Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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