2020-2021 Student Registration Form

How to Register

- Please download and complete the attached form. The form may be printed and filled out manually or filled out in Adobe Reader and then printed.
- 2. Once the form has been completed, please sign and initial the form where indicated.
- 3. Proof of residency is required to register for school. Please include a copy of a utility bill or other legal document the shows your legal address.
- 4. Submit your registration form. You may mail or fax your signed application to the school, scan and email your signed application to the school or contact the school to make arrangements to drop off your form in person.

Please be advised that an intake appointment may be required for new students.







STUDENT REGISTRATION 2020 - 2021

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. Before a student can register for school, a Student Registration Form must be completed in and signed by the parent/ legal guardian or by the student (if living independently). The student registration form is used to enroll a student who is new to Northern Gateway Public Schools, who is returning to the division, or who is transferring to a school within the division. The registration form is also used annually to record important changes, such as student legal name, legal relationship of parent/guardian to student, health information, independent student status, or self-declaration of Aboriginal ancestry. A student cannot be registered without a copy of a legal document (birth certificate, permanent residency document, Canadian citizenship document, or passport) that provides proof of legal name and age. Please be advised that an intake appointment may be required for new students.

OFFICE USE ONLY	1			11				
Student ID #				ASN # (9 digits)				
School Grade			Room	Date of Registration (MM/DD/YYYY)				
A copy of the following is attached: Birth Certificate Residency				nt 🛮 Canadian Citizenship Document 🔻 Passport				
If applicable, a copy	y of the legal guardi	anship/custody or	der is attached: 🗆 Yes	□ No				
STUDE INFORMA			al surname (last name) and e student uses a different				student's birth certificate or n for <i>preferred name</i> .	
Student's Legal La						Date of Birth	(MM/DD/YYYY)	
Student's Legal First Name Grade Level								
Student's Legal M	liddle Name(s)				Language Spoken at Home (if other than English)			ish)
Student's Preferre	ed First Name			Gender Male Female Unspecified				
Student Citizensh	nip or Immigrant Sta	ntus						
Dhara Niveshara	(;kh aa a.a.la)							
Home Phone	(with area code)			Cell Phone				
Cib line are								
Siblings Last Name			First Name			School		
Last Name			First Name					
Last Name			First Name	First Name			School	
Last Name			First Name			School		
Town Residence Unit Number	Address House Number	Street Name	Street Type	Town		Province	Postal Code	
Rural Legal Land		Street Name	Street Type	TOWIT		Frovince	Postal Code	
□ NE □ NW	Section		Township		Range		W5	
□ SE □ SW Subdivision			Lot		Block		Plan	
Subdivision		LOC	Block			ran		
Rural Address Sign Number								
Mailing Address (Address or P.O. B	if different than stud	dent's residence)	Town		Province		Postal Code	
Address Of F.O. B	OX.		TOWN		FIOVINCE		Fostal Code	
School History Has the student ever registered with NGPS? Previous NGPS School								
rias trie studerit e	ever registered with i	Nai 5:		Trevious ivai s	3011000			
Previous Non-NO	GPS School Attended	Previous Scl	nool Phone Number	Previous School	ol District	Prev	vious School Province or Country	,
Medical Informat	ion (This informatio	n could be crucia	l to the well-being of the	student, although w	e understand	this information is		
Are there any serious medical conditions about which you wish the school to be aware? Please indicate below. AHC Number								
□ Diabetes □ Epilepsy □ Allergies (please specify) □ Hemophilia □ Heart Condition □ Asthma □ Other (please specify) Medical Notes (If more space is required, please attach additional notes)								

Bus Transportation

Will the student require transportation on a Northern Gateway Public Schools' bus? $\quad \Box$ Yes

otherwise affecting the custody of or access to your child.

Information from this form will be forwarded to the Transportation Department. The Transportation Department will contact the driver, who will call you. For more information regarding transportation, please visit the NGPS website at https://www.ngps.ca/students-and-parents/busing-and-transportation2

Proof of residency is required i.e. Utility bill. Please attach a copy with your registration form

	RENT/GUARDIAN INFORMATION	guardian as defined in	the Family Law Act, Corrections			rent or person legally appointed as , Young Offenders Act, or Child,		
	Relationship to Student	Youth, and Family Enh	ancement Act.					
AL PARENT/GUARDIAN	Last Name							
	First Name First Name							
	Phone Numbers (with a	rea code)						
	Home Phone			Business Phone				
	Cell Phone Email Address							
	Does the student reside with this individual?							
	Street Address	***	Town		Province	Postal Code		
LEGAL	Rural Legal Land Description Section		Township		Range	W5		
FIRST	Subdivision		Lot		Block	Plan		
FII	Rural Address Sign Num	ber						
	Mailing Address (if differ Address or P.O. Box	rent than student's reside			Duestines	Doctol Codo		
	Address or P.O. Box		Town		Province	Postal Code		
	Relationship to Student							
_	Last Name							
OIAN	First Name							
JARI	Phone Numbers (with a Home Phone	rea code)		Business Phone				
RENT/GU	Cell Phone			Email Address				
	Does the student reside with this individual? Yes No If address is different than the student's, please complete the section below.							
REN_	Does the student reside	with this individual?	Yes □ No If addres	ss is different than the stu	dent's, please comple	ete the section below.		
L PAREN	Does the student reside Town Residence Addres Street Address		Yes No If addres	ss is different than the stu		Postal Code		
EGAL PARENT	Town Residence Addres	ss				ļ		
ID LEGAL PARENT/GUARDIAN	Town Residence Address Street Address	ss			nce	ļ		
	Town Residence Address Street Address Rural Legal Land Descri	ption Section	Town	Provi	nce	Postal Code		
SECOND LEGAL PAREN	Town Residence Address Street Address Rural Legal Land Descri Subdivision Rural Address Sign Num	ption Section ber	Town Township Lot	Provi	nce	Postal Code W5		
ECOND	Town Residence Address Street Address Rural Legal Land Descri Subdivision Rural Address Sign Num	ption Section	Town Township Lot	Provi	e e	Postal Code W5		
ECOND	Town Residence Address Street Address Rural Legal Land Descri Subdivision Rural Address Sign Num Mailing Address (if differ Address or P.O. Box	ption Section ber rent than student's residen	Town Township Lot Town Town	Rang Block Provi	e e	Postal Code W5 Plan Postal Code		
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Family Circumstances

Are there family circumstances you wish to share with the school?

If yes, please make an appointment with the principal.

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 Section 57.2 of the Child, Youth, and Family Enhancement Act.

Are you claiming status as an Independent Student under the definition of the School Act? 🛛 Yes 🗀 No

Francophone Rights

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/guardian is a resident of Alberta and French was the first language learned, and is still understood, by at least one parent or one or more of the parents or one or more of their children have received/are receiving instruction in a French First Language Program or school in Canada (this does not include a French Immersion program).

Do you claim entitlement to a Francophone Education under the terms of the School Act?

— Yes — No

If you have answered yes, the Student Record Regulation requires Northern Gateway Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction.

If yes, do you wish to exercise your right to have your child educated in French? $\ \square$ Yes $\ \square$ 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.

Aboriginal Self-Declaration

If you wish to identify that your child has an Aboriginal ancestry, please specify:

For further information, please refer to 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 contact the School Board Superintendent at 780-778-2800 or 800-262-8674.

Student Treaty Status and Residency

Does this student have treaty status?

— Yes

Does this student reside on reserve?

Yes

Indian Registry Number (IRN – ten digit number)

Name of Reserve

Complete Address on Reserve

Digital Citizenship and Technology Use

As a condition of using Northern Gateway Public Schools network resources, I understand that access to division information resources, including access to internet and cloud-based resources, is a privilege and agree to abide by <u>Administrative Procedure 140 - Digital Citizenship</u> and the regulations identified in the <u>Northern Gateway Digital Citizenship</u> - Technology Use Agreement.

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials

Using and Disclosing Personal Information

Northern Gateway Public Schools recognizes that all procedures for the collection and storing of information by Division staff in the course of affairs and procedures regulating the release of information to other parties must follow provisions of the Freedom of Information and Protection of Privacy Act (FOIP). Access to information is guided by <u>Administrative Procedure 180 - Freedom of Information and Protection of Privacy</u>. Further details can be found in our <u>FOIP and Media Consent</u> document..

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials

Media Participation

While under the supervision of Northern Gateway Public Schools, I hereby give Northern Gateway Public Schools and outside organizations permission to photograph, video tape, audio tape, and/or interview my child. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced, and broadcast within NGPS and by the outside organization for displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials.

I hereby give Northern Gateway Public Schools permission to use, publish, display, and copyright any work, written material, or creative work created or authored by my child through school activities. I understand that artwork, written material, or creative work may be used by Northern Gateway Public Schools in division or school displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials. I understand that Northern Gateway Public Schools may make minor edits as deemed appropriate.

I understand that consent can be revoked at any time by written notification provided to my child's school. Further details can be found in our FOIP and Media Consent document.

Please initial to indicate that you have read and understood the guidelines explained above.

Initials

Consent to Post Personal Information

Northern Gateway Public Schools requests consent to post personal information (including but not limited to first name, last name, grade, photographs, video, audio, award recognition, and school related activities) to external websites, social media, media publications (including yearbooks), and promotional materials. I understand that my signature below indicates my consent.

I understand that once provided, consent, in whole or in part (e.g. last name or photo, etc.), can be revoked at any time by written notification provided to my child's school, acknowledging that although photos/videos will be removed from websites and social media accounts, it may not be possible to remove all traces of personal information from the Internet.

Further details can be found in our FOIP and Media Consent document.

Policies and Regulations

If the hyperlinked documents are unavailable for any reason, information related to the sections above is available at your school in paper format. Please ask your school secretary or principal.

Collection and Use of Personal Information Disclaimer

The information requested on this form is being collected pursuant to the School Act, Section 23, A.R. 71/99 and the FOIPP Act, Sections 33(c), 39(1)(b), and 40(1)(c). Information acquired through this form is kept secure and access is restricted. In accordance with the Student Record Regulation, this form will be placed in the student's record file.

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the school or the Northern Gateway Public Schools FOIPP Coordinator at Box 840, 4816 – 49 Avenue, Whitecourt AB T7S 1N9, 780-778-2800 or 1-800-262-8674, fax 780-778-6719.

DECLARATION	I am the legal guardian or the independent student referred to in this registration form. I have read and understand the information regarding guardianship and I have identified all guardians for this student. I hereby certify the foregoing information to be true, correct, and complete.				
First Parent/Guardian Print Name		Signature	Date		
Second Parent/Guardian Print Name		Signature	Date		





Hilltop High School

Request and Authorization to Release Student Records

Student	Grade Entering
Date of Birth	
School Last Attended	
School Address	Town
FAX#	Phone #
Province	Postal Code
any grant coding), assessment information, and including health (physical/psychological) inform address on letterhead as soon as possible. Note that Section 2(1) of the Student Record Regrequired to be included on the student's record information related to the student where inclusing safety of students and staff." Please contact must be student is considered to be at-risk or requiring ad Section 6(1) of the Student Record Regulation proposed from which the student transfers shall, constituted in the student record" If you have any questions in School.	provide for the transfer of student records, specifically, "the in receipt of a written request from that school, send the regarding this request, please direct them to Hilltop High
Date Parent's Signa	ture(if available)
Principal's Signature	



Student Transportation Registration Form 2020 - 2021 School Year

PLEASE RETURN THIS FORM PROMPTLY TO YOUR SCHOOL or email to: transportation@ngps.ca

Dear Parents:

Please complete one of these forms for **each of your children that are new to the school or are changing school and riding school buses** operated by the Northern Gateway Regional Division No.10. Upon completion, please return the form(s) to your school or to the email address above. Please make sure the legal description of your residence is correct, as this information is necessary for routing the buses. **Proof of address is required with bus registration form**, ie: utility bill, property tax notice, rental agreement. Students who are not registered will **not** receive bus service.

PLEASE PRINT CLEARLY

NAME OF PUPIL:	SCHOOL	GRADE	Gender		
ADDRESS:	(Apt No)	BIRTHDATE:			
ADDRESS:	(Street)				
Rural Address sign number:					
Sub-Division Name	Lot #				
P. O. Box					
Town Postal	Code				
Home Contact Name:	Home Pho	one No.			
Work Contact Name:	Work Pho	Work Phone No.			
Emergency Contact Name:	Emergend	Emergency Phone No.			
PERTINENT MEDICAL INFORMATION REGARD	ING YOUR CHILD:				
Printed Name of Parent or Guardian	-	Signature of Parent	or Guardian		
	Starting	g Date (am/pm)			
Date					
(Office Use Only)					
BUS NO Driver		Pick-up Point			
Eligible (n/y) Amount Paid	Pick-up tim	e: Drop-off	Гіте:		
Paid By: Cash Cheque Visa					
Date Moved in Date	e Moved Out	Pass No)		