

# ASPEN VIEW PUBLIC SCHOOLS ~ STUDENT REGISTRATION

3600 – 48 Avenue  
Athabasca, AB  
T9S 1M8

Phone: 780-675-7080  
info@asperview.org  
[www.asperview.org](http://www.asperview.org)

Please contact the appropriate school to submit your registration form.

Boyle School ~ K-12 Ph: 780.689.3647

H. A. Kostash School ~ K-12 Ph: 780.656.3820

Smith School ~ K-12 Ph: 780.829.3979

CAVE ~ Ph: 1-888-870-7313

EPC School (Athabasca) ~ 8-12 Ph: 780.675.2285

LTI School (Athabasca) ~ 4-7 Ph: 780.675.2213

Thorhild Central School ~ K-12 Ph: 780.398.3610

WHP School ~ K-3 Ph: 780.675.4546

Grassland School ~ K-12 Ph: 780.525.3733

Rochester School ~ K-9 Ph: 780.698.3970

Vilna School ~ K-12 Ph: 780.636.3651

*The information requested herein is authorized under the School Act RSA 2000, by the Student Record Regulation and by School Board Policy.*

## 1. STUDENT/PARENT/GUARDIAN AND REGISTRATION INFORMATION:

### STUDENT REGISTRATION INFORMATION

Registration Date: \_\_\_\_\_

LEGAL First Name: \_\_\_\_\_

LEGAL Middle Name(s) \_\_\_\_\_

LEGAL Last Name \_\_\_\_\_

Registering for Grade \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Preferred Last Name \_\_\_\_\_

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

Town: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_\_

Birthdate (yyyy/mm/dd) \_\_\_\_\_ Gender:  Male  Female

If you reside outside of Aspen View Public School Division, please indicate your resident school board:

Age \_\_\_\_\_ Alberta Student Number \_\_\_\_\_

Previous School \_\_\_\_\_

Previous School City/Province \_\_\_\_\_

### CITIZENSHIP OR IMMIGRATION STATUS:

Canadian or Child of a Canadian Citizen:  Yes  No

Copy of Birth Certificate on file:  Yes  No (see \* below)

Individual who is lawfully admitted to Canada for permanent or temporary residence or child of that individual (excludes tourists and visitors) \_\_\_\_\_

Refugee Status \_\_\_\_\_

Other, explain \_\_\_\_\_

Any applicable EXPIRY DATE \_\_\_\_\_

If you reside on an Indian Reserve, please indicate the reserve, band and status number:

\* All students require a copy of their birth certificate on file. A copy of the birth certificate must be submitted to the school, if not previously done.

## PARENT/GUARDIAN INFORMATION

Please identify **each** legal guardian for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian; as defined Section 2 of the School Act and within the Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth and Family Enhancement Act.

Father  Stepfather  Guardian  Other

Full Name: \_\_\_\_\_

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

(Note 'same' if not different from student's, above)

Ph: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Other \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother  Stepmother  Guardian  Other

Full Name: \_\_\_\_\_

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

(Note 'same' if not different from student's, above)

Ph: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Other \_\_\_\_\_

E-Mail: \_\_\_\_\_

## CUSTODY INFORMATION

### Appendix A - Parenting Order/Custody & Access Form

Are there any Court Orders affecting access to the student?  Yes\*  No  Copy provided

If **Yes**, parent to fill out Appendix A for student file and provide a copy of order for student's file

Custody/Access concerns? \_\_\_\_\_

1) Full Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

2) Full Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

## 2. EMERGENCY CONTACT AND MEDICAL INFORMATION:

### EMERGENCY CONTACT INFORMATION: other than parents/guardian

1) Full Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

2) Full Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

### See Appendix B – Student Allergy Form

Does the student have allergies and/or a medical condition that is potentially fatal or debilitating?

Yes\*  No \*If yes, please fill out Appendix B

ALLERGY NOTE: \_\_\_\_\_

EMERGENCY / MEDICAL NOTE: \_\_\_\_\_

Medical Disabilities  Physical Disabilities  Serious Illness

Has your child had any previous special needs testing or assistance?  Yes  No

If yes, program name: \_\_\_\_\_ Contact: \_\_\_\_\_

### 3. TRANSPORTATION:

Attendance Area where the student resides: \_\_\_\_\_

Designated School: \_\_\_\_\_

**Student's Legal Land Description and /or Municipal Address:** (NOT mailing address if mail is delivered to a box number) \_\_\_\_\_

Method of transportation to school:      School Bus                       Private Vehicle                       Walking

Bus Route Number: \_\_\_\_\_ Bus Stall or Number: \_\_\_\_\_

Contractor/Driver: \_\_\_\_\_

#### ***Please Note:***

**It is your obligation to provide proof to the school in regards to the following:**

- 1) age                                      2) citizenship                                      3) residency

Examples of acceptable documentation to support **age and citizenship** are:

- |   |                                     |
|---|-------------------------------------|
| a. Birth Certificate (Canadian)           | f. Adoption Papers                  |
| b. Passport (Canadian)                    | g. Temporary Resident Papers        |
| c. Immigration Papers (including Refugee) | h. Legal Guardianship (Court Order) |
| d. Treaty Card (Number)                   | 1. Parent's Work or Study Permit    |
| e. Permanent Resident Card                | j. Parent's Citizenship             |

Examples of acceptable documentation to support residency are:

- a. Current school registration form signed by parent
- b. Driver's license for students older than 16

### 4. DECLARATIONS:

#### **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 a 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 of the School Act?      Yes                       No

#### **ABORIGINAL LEARNER DATA COLLECTION INITIATIVE:**

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

First Nation (status)                       First Nation (Non-Status)                       Metis                       Inuit

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 contact the Aspen View Public Schools Secretary Treasurer at (780) 675-7080 ext 04.

**SECTION 23 ELIGIBILITY (FRANCOPHONE EDUCATION):**

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, the following applies to Canadian citizens' rights to have all their children receive primary and secondary instruction in French:

Citizens of Canada

- whose first language learned and still understood is French or
- who have received their primary school instruction in French or
- who have one or more children in the family having received or are receiving primary or secondary school instruction in French, in Canada.

**According to these criteria, do you claim to be eligible to have this child education in French?**

Yes       No

**If 'yes', do you wish to exercise your right to have your child education 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. To exercise your Section 23 rights, you must enrol your child with one of the five Francophone Regional Authorities listed below:

- The Northwest Francophone Education Region No. 1 – St. Isidore (780) 624-8855
- The Greater North Central Francophone Education Region No. 2 – Edmonton (780) 468-6440
- The East Central Francophone Education Region No. 3 – St. Paul (780) 645-3888
- The Greater Southern Separate Catholic Francophone Education Region No. 4 – Calgary (403) 685-9881
- The Greater Southern Public Francophone Education Region No. 4 – Calgary (403) 686-6998.

**ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY:**

A child or student may be eligible for English as a Second Language (ESL) supports when the primary language spoken at home is a language other than English and a current school year assessment demonstrates insufficient fluency in English to achieve grade level expectations in English Language Arts and other subject areas.

**According to these criteria, do you believe your child qualifies for ESL?**  Yes       No

**If 'yes', please specify the primary language spoken at home** \_\_\_\_\_

**DECLARATION BY PARENT, GUARDIAN, OR INDEPENDENT STUDENT:**

I hereby declare I have read and understood the information contained on this Student Registration Form and that the information I have provided above to be true, correct, and complete. I accept responsibility to advise the school if there are any changes to this information.

Parent/Guardian/Independent Student Name (Please Print): \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

**Continued Pages 5-7:**  
FOIP Declaration Form  
Appendix A - Parenting Order  
Appendix B - Allergy Record

# Aspen View Public Schools' FOIP Notification

## *Freedom of Information and Protection of Privacy Act (FOIP Act)* Collection of Personal Information Notice under s. 34 of the FOIP Act

The FOIP Act, which came into effect for school boards on September 1, 1998, sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody or under their control.

The FOIP Act requires that school boards collect personal information directly from individuals the information is about, that these individuals be provided with the legal authority for the collection, be explained the purpose of the collection and how the information will be used, and be provided a contact person should they have any questions relating to this activity.

- 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).

Once the information is collected and compiled, the Aspen View Regional Division #19 believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are examples of activities where the information may be used:

- the taking of individual, class, team or club photos or information including awards, school events or student marks for school purposes including school publications such as newsletters, yearbooks, school/division websites and similar publications
- the use of student information, including photos, for other identification purposes
- the use of students' names in honour rolls, work ethic (listings), graduation ceremonies, program enrolment, scholarship or other awards within the school or school boards and at school sponsored events such as annual award's night. This information may be included in school newsletters, yearbooks, school/division websites and similar publications
- the use of students' names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the board applies on a student's behalf
- the use of students' names, related contact information and telephone numbers for absenteeism verification
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations *where students are not interviewed or identified by name or face*. Where individual students are identified or interviewed and the material will be used outside the school a separate and specific consent will be required. You will be contacted prior to this event taking place. Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school.
- the taking of photos/videos of classroom or other school activities by the school board where the material will be used within the school. Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place.
- the use of students' names on artwork or other creative work or material of students displayed at school or school board sites or at a school board sponsored display in the community, provided appropriate copyright legislation is followed.

If you have any questions or concerns regarding the collection and the intended purposes, please contact, Ms. Amber Oko, Secretary Treasurer, at Aspen View Public Schools, (780) 675-7080 ext 04.

If you wish to request that your child's personal information be **withheld** for any reason, please contact the **School Principal directly**.

I have read the Aspen View Schools' FOIP Notification and understand that my child's personal information will be used to provide an education program that meets their needs and provide a safe and secure school environment.

Student's Name: \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PARENTING ORDER/CUSTODY & ACCESS FORM

There are occasions where child guardianship concerns involve the school. If your child is in a situation relating to any of the orders below, please complete the appropriate section(s) so the school has the necessary information to follow a proper course of action. **The school must be supplied with a copy of the order and the court seal must be evident on the order.**

<b>CUSTODY AND ACCESS ORDER:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Both the custodial and the non-custodial parents have access to the child. If the non-custodial parent wants to take the child from the school, the school can attempt to contact the custodial parent and advise of the situation. The school cannot try to prevent the non-custodial parent from taking their child.</p>	
<b>Name of Child:</b> _____	
<b>Name of Custodial Parent:</b> _____	
<b>Name of Non-Custodial Parent:</b> _____	
Contact phone number if an incident occurs or concerns arise at the school: _____	
Custody/access concerns: _____	

<b>LEGAL RESTRAINING ORDER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>One parent has custody and the other parent has a restraining order from a court prohibiting contact with the child. If the non-custodial parent takes the child from school, the school must call the RCMP and advise them of the situation. From that point on, it is a police matter. The school will attempt to contact the custodial parent and inform them of the situation.</p>	
<p><b>You must be aware that the school and its personnel will take responsible actions should an incident occur, but we may not be able to make phone contact with the custodial parent, and we are not legally allowed to prevent any parent from accessing their child. If you would like further clarification on this matter, please contact the School Principal.</b></p>	

<b>PARENTING ORDER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>The courts may make a Parenting Order when a child has more than one guardian (usually parents) who live apart and are unable to agree on how to distribute powers, responsibilities and entitlements of guardianship.</p>	
What is the allocation of decision making powers: _____	
What is the dispute resolution process: _____	
Allocation of parenting time: _____	
Other: _____	

<b>CONTACT ORDER</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>A Contact Order involves contact between the child and persons other than the guardian—such as grandparents and other people who might be important to the child. An application for in-person visitation or other contact, such as by telephone or e-mail, can be made if a guardian has denied contact with a child.</p>	
What are the conditions/limitations of the contact? _____	

**I have read and understand the above information. Also, I believe to the best of my knowledge that the information I have provided is accurate.**

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# STUDENT ALLERGY FORM

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

**This form is to be completed for students identified as having severe allergies that are potentially fatal or debilitating.**

This form must be signed by the student's medical practitioner and parent (or guardian).

**Please provide the following information:**

- 1. Identify the substance(s) to which the student is known to be allergic to.**
- 2. List the symptoms of the allergic reaction(s).**
- 3. List detailed emergency procedures to be followed in the event of an allergic reaction.**
- 4. If medication is to be administered as part of the emergency procedure, the following information must be provided:**
  - name of medication
  - required dosage
  - method of administration
  - possible side effects
  - special storage instructions
  - the time framework within which the medication must be administered

**Student's name:** \_\_\_\_\_

1. Allergy to:	1. Symptoms	1. Emergency procedure	1. Medication Details

\_\_\_\_\_  
Parent or Guardian's SIGNATURE

\_\_\_\_\_  
Medical Practitioner's SIGNATURE

\_\_\_\_\_  
Parent or Guardian's NAME

\_\_\_\_\_  
Medical Practitioner's NAME



## ASPEN VIEW PUBLIC SCHOOL DIVISION NO.78

3600-48<sup>th</sup> Avenue, Athabasca, Alberta T9S 1M8

Phone: (780) 675-7080

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E-mail: [info@aspensview.org](mailto:info@aspensview.org)

Website: [www.aspensview.org](http://www.aspensview.org)

September 1, 2017

Canada's new Anti-Spam Law came into effect on July 1, 2014. The Anti-Spam Law states that without your consent we will be unable to send you communications electronically.

Aspen View Public School Division wants to continue to keep you up-to-date and informed about the latest school and school board information, events and announcements through electronic communications such as emails and newsletters from Aspen View Public School Division and its schools, trustees, school councils, service providers, and other organizations associated with Aspen View Public Schools. Occasionally these communications may include information about offers, advertisements or promotions related to school activities such as events, yearbooks, field trip opportunities, student photos, or similar school related activities.

To receive the above mentioned electronic communications, please complete the form below to indicate your consent and return to your child's school. Please note that if you do not return the completed form we will be unable to continue to send you electronic communications.

If you have any questions, or wish to withdraw your consent at any time, please contact the secretary of your child's school and have your name removed from the consent list.

Thank you.

Mark Francis  
Superintendent of Schools  
Aspen View Public Schools

Name of student: \_\_\_\_\_

Name of student's school: \_\_\_\_\_

Student's grade: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_

Parent / Guardian signature indicating consent: \_\_\_\_\_

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



# **Aspen View Public School Division**

## **Acceptable Use of Technology Agreement**

### **For Students**

Aspen View Public School Division encourages the responsible use of technology devices and contemporary digital tools in our schools to assist with instruction and learning. Therefore, all students within Aspen View Public School Division are eligible for Aspen View network services. These technology devices, digital tools and services include hardware, internet electronic mail (email) and/or digital collaboration access to cloud-based services for documents and other educational activities.

A detailed Administrative Procedure titled “Use of Cloud-Based Applications and Data Storage Facilities” and an Aspen View Technology Code of Conduct clearly articulate the responsibilities of all members and stakeholders within Aspen View Public School Division in regards to the use of technology, online resources and cloud-based services. Students and/or parents need to provide informed consent before access is provided to the Aspen View network services.

Access to digital services are provided primarily through access to Windows-based and cloud-based services with a provided student login to the Microsoft Windows servers and Google-based services that connect to the Internet. Many teachers will also include educational activities during the learning day using various online digital services designed to meet educational goals.

Students are prepared to use technology properly and to access online tools and learning environments through specific instruction in Digital Citizenship. This is reviewed each year as students move from grade to grade in order to emphasize responsible hardware use and responsible online behavior. Despite Canada’s Anti-Spam Law and Aspen View’s best technical efforts to block offensive, inappropriate, suggestive, or otherwise obnoxious email (SPAM), staff may still have the potential to receive these at times. Through our district approach to proactively teaching Digital Citizenship skills, students are taught to exercise regular and appropriate caution before providing any personal information over the Internet through email or other social communications from home or from school-based technologies.

To obtain an account within the Aspen View network services, the school principal in the student’s school must be satisfied that the student understands The Aspen View Technology Code of Conduct and related school or division procedures around acceptable behaviours. Your child’s teacher has reviewed the Aspen View Technology Code of Conduct with the class as well as related expectations and we encourage parents to also review the information in this document with your child. Only upon parental consent can the school administration approve an Aspen View network services account for a student.

**Aspen View Student / Parent (Guardian)  
Technology Code of Conduct Agreement**

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

Student Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

Please read carefully.

I understand that this is an application for access credentials for Aspen View's network services. This includes access to district provided technology as deemed appropriate by the school such as hardware, an email account, cloud-based Google account and/or a Windows Server account.

I have read and understand the Aspen View Technology Code of Conduct.

I understand that my digital access will be suspended or removed if I do not follow the Aspen View Technology Code of Conduct.

I understand my responsibilities as a digital citizen in ensuring that I act responsibly when using hardware and digital resources provided from Aspen View Public School Division.

I agree to abide by the terms of the Aspen View Technology Code of Conduct and I agree to follow the student safety guidelines that my teacher has outlined.

Student Signature: \_\_\_\_\_

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

As a parent or legal guardian, I have reviewed the above information and provide consent for my child to use technology as required by Aspen View Schools and to allow my child to access the Aspen View network services for the duration of their time as an enrolled student in Aspen View Public School Division. I understand that my child will be accessing digital content and services online as outlined in the Aspen View Technology Code of Conduct and in the Admin Procedure "Use of Cloud-Based Applications and Data Storage Facilities". I understand that if the school has concerns with my child's technology use, digital access or online behavior that they will contact me to determine a solution.

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

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

Questions can be directed to your child's teacher or school principal. This form needs to be returned to the school.

# ASPEN VIEW PUBLIC SCHOOLS

Put an X beside appropriate school that student will be attending:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Boyle School                      | <input type="checkbox"/> EPC School (8-12 Athabasca) | <input type="checkbox"/> Grassland School        |
| <input type="checkbox"/> H.A. Kostash School ( Smoky Lake) | <input type="checkbox"/> LTI School (4-7 Athabasca)  | <input type="checkbox"/> Rochester School        |
| <input type="checkbox"/> Smith School                      | <input type="checkbox"/> Whp School (K-3 Athabasca)  | <input type="checkbox"/> Thorhild Central School |
| <input type="checkbox"/> CAVE                              |  | <input type="checkbox"/> Vilna School            |

REQUEST FOR AUTHORIZATION  
TO RELEASE STUDENT CUMULATIVE RECORD

\_\_\_\_\_  
(date)

**RE:** \_\_\_\_\_  
(surname of student) (first name) (middle name)

**Date of Birth:** \_\_\_\_\_  
(year) (month) (day)      **Entering Applicable School at Grade** \_\_\_\_\_

**Permission is hereby granted for the school (division) to release the Cumulative Record and any confidential information of the above named student to the school indicated above.**

\_\_\_\_\_  
(name of previous school)

\_\_\_\_\_  
town / city                      province                      postal code

Phone: \_\_\_\_\_

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

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

---

**For Office Use Only:**

Please send the record to the school address below:

Mailing Address of School that the student is now attending:

\_\_\_\_\_ Town: \_\_\_\_\_

Alberta                      Postal Code \_\_\_\_\_

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