

STUDENT REGISTRATION 2018 – 2019

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. Before a student can be registered by a school, a student registration form must be completed in its entirety 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, citizenship, residency information, legal relationship of parent/guardian to student, health information disclosure, Francophone Education rights, 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.

OFFICE USE ONLY			
Student ID #	<input type="text"/>	ASN # (9 digits)	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>
		Room	<input type="text"/>
		Date of Registration (MM/DD/YYYY)	<input type="text"/>
A copy of the following is attached: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Residency Document <input type="checkbox"/> Canadian Citizenship Document <input type="checkbox"/> Passport			
If applicable, a copy of the legal guardianship/custody order is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			

STUDENT INFORMATION	Print the student's legal surname (last name) and given name(s) below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first name, there is a space at the end of this section for <i>preferred name</i>.					
Student's Legal Last Name			Date of Birth (MM/DD/YYYY)			
Student's Legal First Name			Grade Level			
Student's Legal Middle Name(s)			Language Spoken at Home (if other than English)			
Student's Preferred First Name			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Student Citizenship or Immigrant Status						
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Child of Canadian Citizen <input type="checkbox"/> Child of individual lawfully permitted to Canada for permanent or temporary residence <input type="checkbox"/> Lawfully admitted to Canada for permanent residence <input type="checkbox"/> International student (parent/guardian residing in another country)						
Phone Numbers (with area code)						
Home Phone			Cell Phone			
Siblings						
Last Name		First Name		School		
Last Name		First Name		School		
Last Name		First Name		School		
Town Residence Address						
Unit Number	House Number	Street Name	Street Type	Town	Province	Postal Code
Rural Legal Land Description						
<input type="checkbox"/> NE <input type="checkbox"/> NW	Section		Township	Range	W5	
<input type="checkbox"/> SE <input type="checkbox"/> SW						
Subdivision			Lot	Block	Plan	
Rural Address Sign Number						
Mailing Address (if different than student's residence)						
Address or P.O. Box			Town	Province	Postal Code	
School History						
Has the student ever registered with NGPS? <input type="checkbox"/> Yes <input type="checkbox"/> No			Previous NGPS School			
Previous Non-NGPS School Attended	Previous School Phone Number		Previous School District	Previous School Province or Country		
Medical Information (This information could be crucial to the well-being of the student, although we understand this information is optional)						
Are there any serious medical conditions about which you wish the school to be aware? Please indicate below. <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies (please specify) <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please specify)					AHC Number	
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? Yes No

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 <http://www.ngps.ca/about-us/transportation-services/>

PARENT/GUARDIAN INFORMATION

Please identify each of the legal guardian(s) for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian as defined in the Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth, and Family Enhancement Act.

FIRST LEGAL PARENT/GUARDIAN	Relationship to Student					
	Last Name					
	First Name			Mr., Mrs., Ms., Dr., etc.		
	Phone Numbers (with area code)					
	Home Phone		Business Phone			
	Cell Phone		Email Address			
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If address is different than the student's, please complete the section below.					
	Town Residence Address					
	Street Address		Town	Province	Postal Code	
	Rural Legal Land Description					
	<input type="checkbox"/> NE <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> SW	Section	Township	Range	W5
	Subdivision		Lot	Block	Plan	
Rural Address Sign Number						
Mailing Address (if different than student's residence)						
Address or P.O. Box		Town	Province	Postal Code		

SECOND LEGAL PARENT/GUARDIAN	Relationship to Student					
	Last Name					
	First Name			Mr., Mrs., Ms., Dr., etc.		
	Phone Numbers (with area code)					
	Home Phone		Business Phone			
	Cell Phone		Email Address			
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If address is different than the student's, please complete the section below.					
	Town Residence Address					
	Street Address		Town	Province	Postal Code	
	Rural Legal Land Description					
	<input type="checkbox"/> NE <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> SW	Section	Township	Range	W5
	Subdivision		Lot	Block	Plan	
Rural Address Sign Number						
Mailing Address (if different than student's residence)						
Address or P.O. Box		Town	Province	Postal Code		

EMERGENCY CONTACTS

An **emergency contact person** is someone who resides in the vicinity of the school, other than the student's parent or guardian, who can be called upon to quickly respond to an emergency situation if the parent or guardian is unavailable.

Emergency Contact #1		Relationship to Student	
Home Phone	Business Phone	Cell Phone	
Emergency Contact #2		Relationship to Student	
Home Phone	Business Phone	Cell Phone	

Guardianship Rights and Student Protection

Guardians of the student must be identified to ensure each party's rights are respected. If an order does exist affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. The court seal must be evident on the order. In rare instances, a child may be designated as "protected" if a court issues a restraining order under the Child Welfare Act, the Divorce Act, the Young Offenders Act or similar legislation.

Does a legal document exist? Yes No Document Expiry Date (MM/DD/YYYY, if applicable)

Type of Legal Document Access and/or Custody Parenting Guardianship Protection

Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. Please ensure that the Division has copies of all current orders or agreements addressing guardianship rights, responsibilities, and entitlements or otherwise affecting the custody of or access to your child.

Family Circumstances	
Are there family circumstances you wish to share with the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No 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 ? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
<input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this student reside on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 Administrative Procedure 140 - Digital Citizenship and the regulations identified in the Northern Gateway Digital Citizenship - Technology Use Agreement .	

Please initial to indicate that you have read and understood the policies and regulations identified above.	Initials
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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 Administrative Procedure 180 - Freedom of Information and Protection of Privacy . Further details can be found in our FOIP and Media Consent document..	

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



Percy Baxter School

Parental Informed Consent/Permission Form For Field Trips and Excursions

Percy Baxter School will endeavor to enhance and complement our health and physical education programs by taking our homeroom and Phys. Ed. Students on walks around the school community on sidewalks. These walks will be dependent on weather and time constraints.

This form must be read and signed by **every student** who wishes to participate **and by a parent or guardian** of the participating student.

Safety Elements:

Educational activity programs require attention to safety. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of safety concerns related to the trip noted above.

1. Minor injuries related to walking could occur I.E. sprains.

Such concerns result from the nature of the activity and can occur without fault of either the student or the school board, its employees/agents of the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

Note: The chance of an injury occurring can be greatly reduced by carefully following instructions at all times during the activity.

Acknowledgement:

We have read the above, and by signing below; acknowledge that by participating in the activity described above we are assuming the risks associated with doing so.

Permission:

I give my child _____ permission to participate in the above
(Name of Student)
described activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Parents: please sign and return this form to your child's school.



Permission to Leave the School Grounds over the Lunch Period

Dear Parents and Guardians:

At Percy Baxter Middle School, we take the safety of our students and good relationships with our community very seriously.

Percy Baxter Middle School runs a CLOSED CAMPUS. This means that all students are required to remain on the school grounds throughout the day. If you would like your son or daughter to go home for lunch regularly, you will need to sign the form below and return it to the school office. A pass will be issued allowing your child to leave the school over the lunch period to go to their own home. Special arrangements can be made for a particular day with a note to the office signed and dated by you.

Under no circumstances are students permitted to congregate in the surrounding neighborhood, stores or restaurants.

As a parent, of course, you may sign your child out at the office for lunch at any time.

Sincerely,

Mr. D. Turcotte
Principal

Ms. A. Martens
Assistant Principal

Mrs. B. Rawluk
Assistant Principal

My son or daughter will be going home for lunch on a regular basis.

Student's name: _____ Grade: _____

Parent's Signature: _____ Date: _____

Address: _____



Northern Gateway
Public Schools

**Student Transportation Registration Form
2018 to 2019 School Year**

**Box 699 - Valleyview, Alberta T0H 3N0
524-3833 or 1-888-785-3396
Fax 780-524-4256**

**PLEASE RETURN THIS FORM PROMPTLY TO YOUR SCHOOL
or to the address above**

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 the address above, or return them to your school who will submit them to the Transportation Office. Please make sure the legal description of your residence is correct, as this information is needed for routing the buses. Students who are not registered will **not** receive bus service.

PLEASE PRINT

NAME OF PUPIL: _____ SCHOOL _____ GRADE _____ Gender _____

ADDRESS: _____ (Apt No)

ADDRESS: _____ (Street)

LAND LOCATION (rural): **Rural Address sign number:** _____

NE NW SE SW Sec. _____ Twp. _____ Rge. _____ W5

Sub. Div. _____ Lot _____ Blk. _____ Plan _____

P. O. Box _____

Town _____ Postal Code _____

Home Contact Name: _____ Home Phone No. _____

Work Contact Name: _____ Work Phone No. _____

Emergency Contact Name: _____ Emergency Phone No. _____

PERTINENT MEDICAL INFORMATION REGARDING YOUR CHILD:

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Starting Date (am/pm)

(Office Use Only)		
BUS NO. _____	Driver _____	Pick-up Point _____
Eligible (n/y) _____	Amount Paid _____	Pick-up time: _____ Drop-off Time: _____
Paid By: Cash Cheque Visa		
Date Moved in _____	Date Moved Out _____	Pass No _____



Request and Authorization to Release Student Records

Student: _____ Grade Entering: _____

Date of Birth: _____

School Last Attended: _____

School Address: _____ Town: _____

FAX #: _____ Phone #: _____

Province: _____ Postal Code: _____

Date Entered Percy Baxter School: _____

Please forward the cumulative record for the above-named student, including academic history (including any grant coding), assessment information, and any other pertinent information about the student(s), including health (physical/psychological) information necessary to provide appropriate programming, to address on letterhead as soon as possible.

Note that Section 2(1) of the Student Record Regulation for the Province of Alberta stipulates the information required to be included on the student's record. Section 2(6)(b) further permits the release of personal information related to the student where inclusion of the information would "be necessary to ensure the safety of students and staff." Please contact me directly by telephone at (780) 778-3898 to advise if the student is considered to be at-risk or requiring additional supports.

Section 6(1) of the Student Record Regulation provide for the transfer of student records, specifically, "the board from which the student transfers shall, on receipt of a written request from that school, send the student record..." If you have any questions regarding this request, please direct them to Mr. David Turcotte, Principal.

Parent's Signature: _____ Date _____

Principal's Signature: _____ Date _____

101 Mink Creek Road, Whitecourt, T7S 1S2
780.778.3898
780.778-8416(fax)
percybaxter.ca

AUGUST							SEPTEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4							1
5	6	7	8	9	10	11	2	3	4	5	6	7	8
12	13	14	15	16	17	18	9	10	11	12	13	14	15
19	20	21	22	23	24	25	16	17	18	19	20	21	22
26	27	28	29	30	31		23	24	25	26	27	28	29
							30						
OCTOBER							NOVEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6					1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28	29	30	
DECEMBER							JANUARY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5
2	3	4	5	6	7	8	6	7	8	9	10	11	12
9	10	11	12	13	14	15	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28	29	30	31		
30	31												
FEBRUARY							MARCH						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2					1	2	
3	4	5	6	7	8	9	3	4	5	6	7	8	9
10	11	12	13	14	15	16	10	11	12	13	14	15	16
17	18	19	20	21	22	23	17	18	19	20	21	22	23
24	25	26	27	28			24	25	26	27	28	29	30
							31						
APRIL							MAY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6				1	2	3	4
7	8	9	10	11	12	13	5	6	7	8	9	10	11
14	15	16	17	18	19	20	12	13	14	15	16	17	18
21	22	23	24	25	26	27	19	20	21	22	23	24	25
28	29	30					26	27	28	29	30	31	
JUNE							JULY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1		1	2	3	4	5	6
2	3	4	5	6	7	8	7	8	9	10	11	12	13
9	10	11	12	13	14	15	14	15	16	17	18	19	20
16	17	18	19	20	21	22	21	22	23	24	25	26	27
23	24	25	26	27	28	29	28	29	30	31			
30													

2018-2019 SCHOOL CALENDAR

Aug 29 - Aug 31	Staff Planning & Development
September 3	Labour Day
September 4	First Day for Students
October 5	Staff Planning & Development Day
October 8	Thanksgiving Day
November 9	Day in Lieu of Parent Teacher Interviews
November 12	No School
November 13	Staff Planning & Development
Dec 24 - Jan 4	Christmas Vacation
January 7	First Day Back for Students
January 31	Staff Planning & Development Day
February 7 & 8	Teachers' Convention (Onway to Fox Creek)
February 15	Staff Planning & Development Day (Valleyview)
February 18	Family Day
March 7 & 8	Teachers' Convention (Valleyview)
March 15	Staff Planning & Development Day (Onway to Fox Creek)
April 19	Good Friday
April 22-26	Easter Vacation
April 29	First Day Back for Students
May 16	Staff Planning & Development Day
May 17	Day in Lieu of Parent Teacher Interviews
May 20	Victoria Day
June 27	Last Day for Students
June 28	Staff Planning & Development Day
July 1	Canada Day

BOARD OF TRUSTEES

TRUSTEE	AREA	PHONE
Judy Muir	Alberta Beach	780.991.7413
Barb Maddigan	Whitecourt	780.262.1013
Sherry Jeffreys	Sangudo	780.898.0404
Linda Wigton	Whitecourt	780.706.4345
Ethan Thesen	Fox Creek	780.622.9576
Diane Hagman	Mayerthorpe	780.396.9694
Sarah Healy	Onway	780.945.4324
Anita Portsmouth	Valleyview Rural	780.552.4150
Gerry Steinke	Valleyview	780.524.9889

Regular School Board meetings are held at the Division Office in Whitecourt. Start time is 5:00 p.m. Members of the public are welcome to attend. Please visit our website at ngps.ca or contact the Division Office for a complete board schedule.