

# Iron Ridge Intermediate Campus

## 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>              |  |
| <b>Student's Legal Name</b>  |   |                                 |  |
| <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<br><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<br>(Birth Certificate or Citizenship Papers required)    | <input type="checkbox"/> <b>Child of</b> an individual lawfully admitted to Canada for permanent or temporary residence or on work visa.<br>(supporting documentation required) |
| <input type="checkbox"/> Permanent Resident/Landed Immigrant<br>(Landed Immigrant Papers required) | <input type="checkbox"/> Other: _____ (supporting documentation required)   |
| <input type="checkbox"/> Temporary Resident - Student<br>(Student Visa required)                   |   |

| 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"> <li>• whose first language learned and still understood is French; or</li> <li>• 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</li> <li>• 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.</li> </ul> |  |
| 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 the student is Aboriginal, please select one:

- First Nation (status)     
  First Nation (non-status)     
  Métis     
  Inuit

For further information, please refer to: [www.education.alberta.ca/system-supports/resultsreporting](http://www.education.alberta.ca/system-supports/resultsreporting) 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 Wolf Creek Public Schools 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

|                             |                                     |                  |                             |             |
|-----------------------------|-------------------------------------|------------------|-----------------------------|-------------|
| <b>Father</b>               | <b>Father's Name</b>                |                  | Father's Email              |             |
|                             | Address (if different from student) |                  | City                        | Postal Code |
|                             | Residence Phone Number              | Day Phone Number | Cell Phone Number           |             |
| <b>Mother</b>               | <b>Mother's Name</b>                |                  | Mother's Email              |             |
|                             | Address (if different from student) |                  | City                        | Postal Code |
|                             | Residence Phone Number              | Day Phone Number | Cell Phone Number           |             |
| <b>Guardian</b>             | <b>Guardian's Last Name</b>         |                  | 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<br>AB | 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.

|                                   |           |            |              |
|-----------------------------------|-----------|------------|--------------|
| <b>Emergency Contact # 1 Name</b> | Day Phone | Phone Type | Relationship |
| <b>Emergency Contact # 2 Name</b> | Day Phone | Phone Type | Relationship |

Are there any medical problems your child may be experiencing which his/her teachers should be made aware of (physical conditions, illness, allergies, etc.)  Yes  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.

## Computer and Network Access

Wolf Creek Public Schools provides wireless access to student devices and encourages students to bring their own device for use in classroom learning activities. Wolf Creek also provides access to a parent purchase program for student owned devices. If you are interested, please contact your school office for more information.

## 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 |                    |
|   |                                  |                    |
| <b>Indicate the legal student identification verification document</b>  | <b>Last four Digits</b>          | <b>Expiry Date</b> |
| <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Citizenship Certificate <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Other (specify) |                                  |                    |