

Medical Information (Optional)

You do not have to provide information about medical concerns, but the information could be crucial to the well-being of your child. Are there any serious medical conditions you would like the school to be aware of that affect your child? Please indicate below:

Is immunization up to date ☐ Yes ☐ No

☐ Diabetes ☐ Epilepsy ☐ Allergies ☐ Hemophilia ☐ Heart Condition ☐ Asthma ☐ Other

Medical Notes: _____

Parent or Guardian Information

The *School Act* defines a parent as a legal guardian of the child. Legal Guardianship is legally defined in section 20 of the *Family Law Act*, Part 5 of the *Child Welfare Act*, Part 1 Division 5 of the Child, Youth and Family Enhancement Act or Section 23 of the Family Law Act. Legal Guardianship may also be established by a temporary or permanent guardianship order under the Child Welfare Act, or by way of a court order or agreement in accordance with the Family Law Act. Please identify the legal guardians of the child being enrolled. If there are questions as to whether an individual is a parent or guardian pursuant to the legal definitions, please contact the school principal for assistance.

Parent 1 Information	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Child resides with this person	<input type="checkbox"/> Parent is responsible for student
Relationship to Student:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other (Please Specify): _____	
Last Name: _____		First Name: _____		
Contact information of this Parent or Guardian (if different from student's):				
Address: _____				
City: _____		Province: _____	Postal Code: _____	
Home Phone: _____		Day Phone: _____		
Other Phone: _____		Email: _____		

Parent 2 Information	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Child resides with this person	<input type="checkbox"/> Parent is responsible for student
Relationship to Student:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other (Please Specify): _____	
Last Name: _____		First Name: _____		
Contact information of this Parent or Guardian (if different from student's):				
Address: _____				
City: _____		Province: _____	Postal Code: _____	
Home Phone: _____		Day Phone: _____		
Other Phone: _____		Email: _____		

Emergency Contacts

An "emergency contact person" is someone other than the student's parent(s) or guardian(s).

Name of Emergency Contact #1: _____	Relationship: _____
Day Telephone: _____	
Name of Emergency Contact #2: _____	Relationship: _____
Day Telephone: _____	
**Please note if Babysitter or Daycare is different than Emergency Contact # please provide it below:	
Name: _____	Telephone: _____

Guardianship, Custody or Access Rights

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

Please indicate if any such document(s) exists ☐ No ☐ Yes → A copy is in the student's file and is the following type of legal documentation:
☐ Access and/or Custody ☐ Parenting ☐ Guardianship ☐ Protection

Sibling Information (optional)

Note: The provision of sibling information is optional and is collected for communication and planning purposes.

Do you have other children attending or will be attending this school District? ☐ Yes (please list) ☐ No

Name	Age	Name:	Age:

Program

Does your child have any special needs that we need to be aware of? ☐ Yes ☐ No

Consent to Communicate Through Electronic Means

Under *Canadian Anti-Spam Legislation*, we need to establish consent to use your email address provided below for the purposes of communicating with you. We use email addresses to contact you regarding your child's attendance and progress. We will also send your email address an invitation to subscribe to school announcements. For more information about the Canadian Anti-Spam Legislation please visit www.fightspam.gc.ca.

Do you provide consent for us to contact you for the purposes listed above?

Parent/Guardian 1 Yes ☐ No ☐ Parent/Guardian 2 Yes ☐ No ☐

Email Address (please print) _____

Email Address (please print) _____

I hereby certify the above information to be true, correct, and complete. I have also identified all guardians for this student.

Signature: _____

Date: _____

(This registration document must be dated and signed by the parent or guardian)

Collection and Use of Personal Information Disclaimer

The information collected on this form is required to allow ECACS to fulfill its obligations under the *School Act*, the Regulations, and through the *Charter of Rights and Freedoms*. These obligations are to provide a safe and secure environment, protect the student's rights and determine eligibility for particular programs and funding. The information will be made available to employees of East Central Alberta Catholic Separate Schools Regional Div #16, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the students in schools and to Alberta Education on a need to know basis. Please read the information contained on the NOTICE OF ACTIVITIES in the FOIP Parent/Guardian Form, which describes particular uses for which personal information may be accessed. The information will be used for authorized programs and activities that are a part of normal school life.

If you have any questions or concerns regarding the collection or intended uses of this information please contact the school principal.



East Central Alberta Catholic Schools
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIPP) ACT
 PARENT/GUARDIAN CONSENT FORM

Student Name: _____

The information collected on this form is required to allow ECACS to fulfill its obligations under the *School Act*, the Regulations, and through the *Charter of Rights and Freedoms*. These obligations are to provide a safe and secure environment, protect the student's rights and determine eligibility for particular programs and funding. The information will be made available to employees of East Central Alberta Catholic Separate Schools Regional Div. #16, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the students in schools and to Alberta Education on a need to know basis. If you have any questions or concerns regarding the collection or intended use of this information please contact the FOIP Coordinator at ECACS Office at 780-842-3992.

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 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, school, grade, photo, and write ups in newsletters, yearbook or other school or school division publications, and local print and broadcast publications, ECACS websites, or social media.
7. Having your son's/daughter's name and information shared with the school council.
8. Having your son's/daughter's name and information shared with the local parish.

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 2 below

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Option 1:

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. I give my consent to having my son/daughter involved with all of the activities listed under points 1 through 8 above.

☐ Yes

Option 2:

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 8 above. Specifically I do not consent to the following activities (Please indicate the applicable activities objected to):

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

If you have any questions or concerns regarding the collection or use of information, please contact the FOIP Coordinator at ECACS Office at 780-842-3992.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Reference: STAR Catholic FOIP Form