



Nipisihkopahk Education Authority  
 Box 658 Maskwacis, AB T0C 1N0  
 (780) 585-2211 fax: (780) 585-3857



**REGISTRATION APPLICATION FOR 2016-2017 SCHOOL YEAR**

Please check which school you are registering the student in:

Mimiw Sakahikan School, Mameo Beach (Gr K-6)	<input type="checkbox"/>	780-586-3808 fx 586-3809	Nipisihkopahk Secondary (Gr 7-12) 780-585-4449 fx 585-2259	<input type="checkbox"/>
Nipisihkopahk Elementary (Gr 2-6)	<input type="checkbox"/>	780-585-2244 fx 585-2084	Nipisihkopahk Primary (Gr K4-1) 780-585-2075 fx 585-2028	<input type="checkbox"/>
Samson Headstart	<input type="checkbox"/>	780-585-2230 fx 585-2240	Maskwacis Outreach (Ages 15+) 780-585-3076 fx 585-3792	<input type="checkbox"/>

**A. STUDENT INFORMATION:**

Student's Legal Name: \_\_\_\_\_  
 Last Name First Name Middle

Preferred Name: \_\_\_\_\_ Student Home Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age on Sept 1: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
 MM/DD/YY

Student Band Number is: \_\_\_\_\_ and I am a Member of: \_\_\_\_\_ Band.  
 Ermineskin (443), Samson (444), Louis Bull (439), Montana (442)  **NON STATUS**

**B. ADDRESS INFORMATION:**

Mailing Address: \_\_\_\_\_, AB \_\_\_\_\_ Postal Code \_\_\_\_\_

I live on \_\_\_\_\_ reserve. My land location is: \_\_\_\_\_  
 Section Township Range Meridian

Mile \_\_\_\_\_, House # \_\_\_\_\_

Bus Number: \_\_\_\_\_ **Bus Information** – To arrange Bussing Contact Hobbema Transport at (403) 783-5259/585-2424

**C. PARENT/GUARDIAN INFORMATION:**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

**IN CARE:** Yes No CASEWORKER NAME: \_\_\_\_\_ Company: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**D. LIVING ARRANGEMENTS:**

Single Parent Household? YES NO

Student currently lives with/at: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 If student currently lives with a guardian, foster parent, custodian, group home etc. indicate contact information below:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

**E. EMERGENCY INFORMATION:**

Please use names and numbers other than those above.

#1 Emergency Contact: \_\_\_\_\_  
 Name Relationship Phone Number

#2 Emergency Contact \_\_\_\_\_  
 Name Relationship Phone Number

#3 Emergency Contact \_\_\_\_\_  
 Name Relationship Phone Number

**ALERT** (please indicate if there is any person(s) who is not permitted to see the child). \_\_\_\_\_  
 We are not able to enforce any "ALERT" without supporting LEGAL DOCUMENTATION. Have you provided legal documentation to the School? YES NO

**F. MEDICAL INFORMATION:**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Number: \_\_\_\_\_ Allergies/Medications: \_\_\_\_\_

**Medical Alert:** Use the space below to indicate any concerns regarding your child. (e.g.: allergies, vision, hearing, handicaps, etc.)

## PARENT CONSENT CHECKLIST

(Please initial the appropriate boxes to provide your consent for each section)

### INTERNET USE PARENTAL PERMISSION:

Please Initial Here:

I grant permission for my child to access networked computer services such as electronic mail and Internet for the period of time that my child attends Nipisihkopahk Schools. I will notify the school if this permission is withdrawn.  
I understand that some materials on the Internet may be objectionable; therefore I agree to accept responsibility for guiding my child, and conveying to him/her appropriate standards for selecting, sharing and/or exploring information and media.

### FOIP / COPYRIGHT RELEASE:

Please Initial Here:

The Freedom of Information and Protection Act (FOIP) requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act. However, in the education and socialization of the children, personal information is often collected and used for authorized programs, and activities that are a normal part of school life.

#### **Public Events (permission not required)**

Many school events, which are open to the public, are not subject to some of the conditions of the FOIP Act. These events include: general assemblies, concerts, school plays, and special activities or contests, academic focused activities and athletics. The general public, parents, and the media may be in attendance and are allowed taking photographs, videos and conducting interviews, without first obtaining consent. The media are expected to work cooperatively with the school and within the mutually agreed upon guidelines and protocol.

#### **Other Events (permission is required)**

Throughout the school year, there also may be opportunities to display your child's schoolwork outside of the school (i.e. malls, head office, etc.). There may be times when television, radio, newspaper, community organizations and the School Division are in the school providing outside coverage of events and programs not included in the public events category described above. *If you have any questions about FOIP please feel free to contact the school.*

For the period of time that my child attends Nipisihkopahk Schools, I grant permission for Nipisihkopahk Education Authority to allow:

- Student interview by media, approved community organizations, School Division
- Student to be photographed by the School Division, media, approved community organization
- Student to be videotaped by the media, approved community organization, School Division
- Student work to be displayed recognized or reproduced outside of the school (i.e. signed art work, creative writing, academic presentations, etc.)
- Student image and name to appear in school yearbook
- Student image on the School Division Website
- Student name on the School Division Website
- Student image on school or division publications and documents
- Student name on social media sites such as the school's Facebook account or Twitter account
- Student image on social media sites such as the school's Facebook account or Twitter account

which are produced during the school year, for non-profit, educational purposes. I understand the production/work/photographs may be shown at education displays, in-service sessions and other school related activities at school board sites or at school board sponsored displays in the community, or used in a school publication or web site.

### FIELD TRIP CONSENT:

Please Initial Here:

I grant permission for my child to participate in field trip activities within the local community area for the period of time that my child attends Nipisihkopahk Schools. All activities will be announced prior to the activity.  
I understand that there is an element of risk in all field trip activities. Field trips outside of local community area will require an additional form to be signed at the time of the trip.

### SIGNATURES / PROOF OF INFORMATION:

Alberta Education requires a student, parent/guardian or custodian to present some legal proof of the student's name, citizenship, and birth date for all students registered in a school in Alberta. **You must provide one of the following items when registering your child: Birth Certificate, Baptism Certificate, Alberta Health Card, Canadian Certificate of Indian Status, Band Issued ID.** The school will make a photocopy of the document and keep it in the student's file.

Please Initial Here:

ALL INFORMATION HAS BEEN PROVIDED TO THE BEST OF MY KNOWLEDGE ON THE CONDITION OF STRICT CONFIDENTIALITY, FOR THE BENEFIT OF MY CHILD.

Please Initial Here:

I HEREBY GIVE CONSENT FOR NIPISIHKOPAHK EDUCATION AUTHORITY TO OBTAIN ALL PREVIOUS SCHOOL RECORDS AND CONFIDENTIAL REPORTS CONCERNING MY CHILD.

Please Initial Here:

I HEREBY GIVE CONSENT FOR NIPISIHKOPAHK EDUCATION AUTHORITY TO UNDERTAKE ALL APPROPRIATE ASSESSMENTS DEEMED BENEFICIAL TO MY CHILD.

Previous School Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Parent/Guardian Name (Please Print) \_\_\_\_\_

#### **OFFICE USE ONLY:**

**Accepted**

**Refused**

**Reason:** \_\_\_\_\_



**Policy:** \_\_\_\_\_ **Date:** \_\_\_\_\_

LEGAL DOCUMENT PROVIDED TYPE OF DOCUMENT: \_\_\_\_\_

LEGAL DOCUMENT PHOTOCOPIED STAFF NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REPORT CARD RECEIVED STAFF NAME: \_\_\_\_\_

ENTRY TESTING COMPLETED TEST: \_\_\_\_\_ RESULTS: \_\_\_\_\_

PARENT PORTAL ACTIVATED CLASS ASSIGNMENT: \_\_\_\_\_

CUME FILE SENT DATE: \_\_\_\_\_ CUME FILE RECEIVED DATE: \_\_\_\_\_