



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



REGISTRATION APPLICATION FOR 2017-2018 SCHOOL YEAR

Please check which school you are registering the student in:

Mimiw Sakahikan School, Mameo Beach (Gr K-6) 780-586-3808 fx 586-3809
 Nipisihkopahk Elementary (Gr 2-6) 780-585-2244 fx 585-2084
 Samson Headstart 780-585-2230 fx 585-2240

Nipisihkopahk Secondary (Gr 7-12) 780-585-4449 fx 585-2259
 Grace Swampy Primary (Gr K4-1) 780-585-2075 fx 585-2028
 Maskwacis Outreach (Ages15+) 780-585-3076 fx 585-3792

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)

Please Initial Here:

INTERNET USE PARENTAL PERMISSION:

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.

Please Initial Here:

FOIP / COPYRIGHT RELEASE:

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.

Please Initial Here:

FIELD TRIP CONSENT:

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: _____