



Grade 7-12 Student Outreach Registration Form

Please complete one form per child in your household.

- New student: complete all four pages.
- Returning student: complete pages 1 and 4 only (unless changes are needed on pages 2-3).

*Please indicate where you will attend school:

KTCEA Outreach School, please specify the campus location

<input type="checkbox"/> Atikameg Campus	<input type="checkbox"/> Little Buffalo Campus	<input type="checkbox"/> Trout Lake Campus	<input type="checkbox"/> Loon River Campus
<input type="checkbox"/> Online Learning		<input type="checkbox"/> Hybrid Learning (<i>In home and online</i>)	

*Please indicate whether or not your child is moving schools:

- My child attended the same school last year.
- My child attended a different school last year.

*Name of school attended last year: _____ Grade last year: _____

*Please indicate how your child is to be transported to and from school:

- My child will take the bus to school.
- I will drop off and pick up my child from school.

*Child's Information

Child's Legal Name (Surname, First, Middle): _____

Child's Preferred Name: _____ Male Female

Date of Birth (mm/dd/yyyy): _____

A birth certificate is legally required if it has not been already been provided to the school.

Page 2 and 3 MUST be completed for all NEW STUDENTS.

Returning students – only complete this section if updates are needed.

Child's Documentation

Alberta Health Care Number: _____

Birth Certificate Number: _____

Treaty/Registration Number: _____

First Nation: _____

Alberta Student Number (to be completed by the school): _____

Primary Caregiver Information

Primary Caregiver Name: _____ Relation to Child: _____

Home Address: _____

Land Location Address (required for bussing): _____

City/Province: _____ Postal Code: _____

Home Phone: _____ Cell phone: _____

Email: _____

Other Phone Number: _____

Language Mostly at Home: _____

Alternative Caregiver Information

Alternate Caregiver Name: _____ Relation to Child: _____

Home Address: _____

City/Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact 1

Name: _____ Relation to Child: _____

Home Phone: _____

Emergency Contact 2

Name: _____ Relation to Child: _____

Home Phone: _____

Medical Information

Family Physician Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

Are there any health issues or allergies the school should be aware of? Please explain:

***Required Field.**

***Consent to Publish Photographs, Videos, and Information**

While under the supervision of KTCEA, I hereby give KTCEA and outside organizations permission to photograph, record audio or video, or interviews of my child. I understand this means that photograph(s), video(s), audio recording(s), interview(s), or likeness of my child may be collected, used or reproduced or broadcast within KTCEA and by the outside organization for education displays, publications, website, social media or other electronic media, advertising or promotional materials.

I give KTCEA permission to use, publish and display art work, written material or creative work created and authored by my child in school activities. I understand this work may be used in KTCEA or school displays, publications, website, social media, other electronic media, and in advertising or promotional materials. I understand that KTCEA may make minor edits as deemed appropriate. I understand that consent can be revoked at any time prior to publication or request removal of photographs, video or information from KTCEA public forum sites by written notification provided to my child’s school.

Signature of Caregiver/Parent/Guardian: _____

***Collection of Personal Information**

The personal information collected on this form is part of the KTCEA school registration process and is authorized under the provisions of the *Education Act* and its regulations and under section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP Act)*. This information will be used for the student record, to provide an education program that meets their needs, to provide a safe and secure school environment and for KTCEA education system measurement and reporting. For system measurement and reporting, personal information may be data-matched with information held by Alberta Education and Advanced Education, such as diploma exam or provincial achievement test results. Alberta Education will provide a report on education performance measures to KTCEA. This information will be treated in accordance with the privacy protections of the *FOIP Act*. If you have any questions or concerns regarding the collection or intended use of information on this form, please contact the Secretary Treasurer at KTCEA Box 360, Red Earth Creek, AB, T0G 1X0, phone: (780) 649-3103.

***Caregiver Signature**

By signing this form, I am stating that the above information is correct, to the best of my knowledge, and will be used to register my child for school, either at home or in-person, in my community.

I understand that learning is mandatory, and my child will participate in school.

Signature of Caregiver/Parent/Guardian: _____ Date: _____

Security Notice (for information only):

KTCEA schools and buses are monitored by surveillance cameras. Personal information collected by the use of the cameras is collected and used under the authority of sections 14, 17 and 20 of *Alberta’s Personal Information Protection Act*. This information is used for the purpose of promoting safety and to protect KTCEA property and assets. If you have any questions, please contact the Secretary Treasurer at KTCEA, Box 360, Red Earth Creek, AB, T0G 1X0, phone: (780) 649-3103.

Next Steps: Fill out this form (then save, email or print it out) and deliver the completed form to your child's school to complete the registration process.

All Parents must complete and sign page 4.