



# Student Registration Form 2021-2022

Please complete one form per child in your household.

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

\*Please indicate where your child will attend school:

<input type="checkbox"/> Atikameg school	<input type="checkbox"/> Cadotte Lake School	<input type="checkbox"/> Clarence Jaycox School
<input type="checkbox"/> Kateri School	<input type="checkbox"/> Little Buffalo School	<input type="checkbox"/> Elizabeth Quintal School
<input type="checkbox"/> Outreach School		

\*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: \_\_\_\_\_ Grade last year: \_\_\_\_\_

KTCEA respects and upholds parents' right to choose between sending their child to school or continue learning at home. It is also the parents' right to change their decision at any time.

**Please contact your school principal if you change your mind.**

\*Please indicate how your child will attend class:

- My child will attend school in-person.
- My child will continue learning at home.

\*If attending school in-person, 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/yy): \_\_\_\_\_

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



**All Parents must complete and sign page 4.**

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

I, the individual, or the caregiver/parent/legal guardian of the person named below, voluntarily give KTCEA consent to publish my or my child's photograph and/or video in various forms (including KTCEA or school publications, newsletters, brochures, social media, websites) as described above for non-profit educational and promotional purposes. I understand my consent is valid indefinitely unless I revoke my consent prior to publication or request removal of photographs, video, or information from KTCEA public forums sites by notifying the organization in writing.

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.