



BANFF COMMUNITY HIGH SCHOOL
BANFF ELEMENTARY SCHOOL
CANMORE COLLEGIATE
ELIZABETH RUMMEL SCHOOL
EXSHAW SCHOOL
LAWRENCE GRASSI SCHOOL

Banff Community High School

330 Banff Avenue
P.O. Box 748, Banff, AB T1L 1K1

Tel: (403) 762-4411
Fax: (403) 762-9220

**HOME OF THE
B E A R S**

Documentation Requirements

Born in Canada

- ✓ Birth Certificate
- ✓ Alberta Health Care Card
- ✓ Immunization Records
- ✓ Most Recent Report Card

Born outside Canada

- ✓ Permanent Resident Card or confirmation, parent and student or Study Permit/Work Permit with child listed as accompanying parent and eligible to attend school in Canada
- ✓ Passports - parents and student
- ✓ Birth Certificate
- ✓ Alberta Health Care Card
- ✓ Immunization Records
- ✓ Most recent report card



Canadian Rockies Public Schools
Student Registration Form



C.R.P.S. Student I.D.

Alberta Learning Student I.D. Number

Legal Surname

Legal Given Name(s)

Birthdate

Y Y Y Y M M D D

M/F

Registration
Date

Y Y Y Y M M D D

Grade

Vital Statistics Document:

Type

Number

Student Also Known as:

Surname

Given Name

Student Current Mailing Address:

Address Line 1

Box number

City/Town

Province

Postal Code

Area Code

Phone #

Student Permanent Mailing Address: (If different from above)

Address

City/Town

Province/State

Country

Citizenship if not Canadian:

Citizenship /

Immigration Status (A copy of the student's birth certificate, passport, or visa / immigration documentation is required.)

Canadian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, check appropriate box below.)	
Birth country, if not Canada:	Office Use Only
<input type="checkbox"/> Temporary Resident (student has a study permit) International Student Fees Apply Student Visa Expiry Date: Month Day Year	Citizenship Code: 5 Enrolment Codes: In Canada: 415 Outside Canada: 416
<input type="checkbox"/> A child lawfully admitted to Canada for permanent residency. Student presents permanent resident card.	Citizenship Code: 2
<input type="checkbox"/> A child living in Canada with a biological or adopted parent who is a Canadian Citizen.	Citizenship Code: 6
<input type="checkbox"/> A child living in Canada with a biological or adopted parent who has Landed Immigrant Status or Study Permit or Work Permit. Proof of parent's documentation and copy of child's passport required.	Citizenship Code: 7
<input type="checkbox"/> A step-child of a Canadian; student presents passport and study permit. Biological or adopted parent provides passport and proof of application for permanent residency and fee payment to Citizenship and Immigration Canada.	Citizenship Code: 9 Enrolment Code: 417
<input type="checkbox"/> A step-child of a Temporary Foreign Worker; student presents passport and study permit. Biological or adopted parent provides passport; step-parent provides passport and work permit.	Citizenship Code: 9 Enrolment Code: 418

Parent/Guardian Information:

Resides with

Relationship

Mother's Name

E-Mail Address _____ Cell Number _____

Mother's Address (only if different from student's address)

Mother's Employer & Phone Number

Father's Name

E-Mail Address _____ Cell Number _____

Father's Address (only if different from student's address)

Father's Employer & Phone Number

Emergency Information (other than parents):

Emergency Contact #1 and Phone Number

Street Address

Emergency Contact #2 and Phone Number

Street Address

Doctor / Phone #

AB Health Care #

Medical Information:

Illness / Allergies / Medication

Please Specify:

1. Brother(s) – Names(s) and age(s) _____

Sister(s) – Name(s) and age(s) _____

2. Name of person(s) **NOT** authorized to take children from the school:

Learning Services

3. Has your child ever received services to support their learning differences/challenges? Yes / No

4. Has your child ever received an individualized or specialized program (eg. IEP, IPP, SLP)? Yes / No

5. Has your child had:

A Vision Check	Yes / No	Date _____
A Hearing Check	Yes / No	Date _____
Physio Therapy Support	Yes / No	Date _____
Speech Therapy	Yes / No	Date _____
Occupational Therapy	Yes / No	Date _____

Francophone Rights

According to the *School Act and section 23 of the Canadian Charter of Rights and Freedoms*, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/guardian is a resident of Alberta **and**: French was the first language learned, and is still understood, by at least one parent; **or** one or more of the parents, **or** one of their children received, **or** are receiving instruction in a French first language program **or** school in Canada (this does not include a French Immersion program).

6. Do you claim entitlement to a francophone education under the terms of the *School Act*? Yes No

7. If YES, do you wish to exercise these rights? Yes No

If YES, please contact the local Francophone School Divisions.

Aboriginal Self-identification

If you wish to declare the student is Aboriginal, please select one:

8. First Nation (status) First Nation (non-status) Métis Inuit

For further information, please refer to: <https://education.alberta.ca/system-supports/results-reporting> / or contact Alberta Education at 780-427-8501. If you have questions regarding the collection of student information by the Canadian Rockies Public Schools, please contact the Canadian Rockies Public Schools Superintendent at 403-609-6070.

Band Name _____ Band ID (3 Digits) _____ Treaty ID (7 Digits) _____

English as a Second Language (ESL) Eligibility: **ESL students are identified as Canadian-born or foreign students.**

A Canadian student is eligible for ESL support when the primary language spoken at home is a language other than English.

9. Is your Child within this category? ____ Yes ____ No. If Yes, what language is spoken at home _____

A Foreign-born student is eligible for ESL support when the student has recently immigrated to Canada.

10. Is your Child within this category? ____ Yes ____ No. If Yes, what language is spoken at home _____

Independent Student Status

The School Act defines an independent student as someone who is: (i) 18 years of age or older, or, (ii) 16 years of age or older on September 1st, and (a) who is living independently, or, who is a party to an agreement under 57.2 of the Child, Youth and Family Enhancement Act.

11. Are you claiming status as an "Independent Student" under the definition of the School Act? ____ Yes ____ No

The following information is very useful in our understanding of your child.

12. Did your child attend:

- | | |
|--|----------|
| Jr Kindergarten | Yes / No |
| Pre-School | Yes / No |
| Daycare | Yes / No |
| Dayhome | Yes / No |
| Taken Care of by Family Member
(parent, grandparent, aunt, uncle) | Yes / No |

DECLARATION BY PARENT/GUARDIAN

I hereby certify the foregoing information to be true, correct, and complete.

Signature of Parent/Guardian : _____

Freedom of Information and Protection of Privacy Act (FOIP)

The personal information collected on this form is part of the district registration process and is authorized under the provisions of the *School Act* and its regulations and also under Section 33(c) of the *FOIP Act*. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions regarding the collection or intended uses of this information please contact the school principal.



Additional Registration Information

Child's Name _____

Select the appropriate custodial arrangement that applies to your situation

Please initial

_____ Biological/adoptive parents residing together (consent can be signed by either biological parent)

_____ Biological/adoptive parents not residing together – sole custody (consent signed by sole custody parent, document must be attached)

_____ Biological/adoptive parents not residing together – joint custody (consent signed by both parents)

_____ Legal guardian - court order (consent signed by court appointed legal guardian; documentation needed)

I/we _____ and _____
(Print parent/guardian name) (Print parent/guardian name)

(Signature)

(Date)

(Signature)

(Date)



MEDICAL TREATMENT RELEASE

The undersigned _____ being the parent/guardians of
(Parent/guardian name)

_____, a student of the Canadian
(Student name)

Rockies Public Schools, do hereby request and authorize personnel employed by the Canadian Rockies Public Schools to provide necessary first aid to the said student and, for so doing, this will serve as a release and indemnification of and from any action or inaction of any personnel of the Canadian Rockies Public Schools associated with rendering of first aid to the said student.

Further, the undersigned parents/guardians recognize and acknowledge that the personnel employed by the Canadian Rockies Public Schools who may, as a result of this request, be rendering first aid to the said student are not medical practitioners.

Parent/Guardian Signature

Date

***Please note: If prescribed medication is required to be administered on a daily basis at the school, please obtain the permission form from the office.
Thank You.



Parent/Guardian Information Sheet Collection and Use of Personal Information

Freedom of Information and Protection of Privacy Act (FOIP Act) Collection of personal information Notice, s.33 FOIP Act

The FOIP Act sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information they have in their custody or under their control.

The FOIP Act requires that when school boards collect personal information directly from individuals the information is about, that these individuals be provided with the legal authority for the collection, be explained the purpose of the collection, how the information will be used and be provided a contact person should they have any questions relating to this activity.

The information collected as part of the school registration process is personal information referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of residency) and pursuant to section 32(c) of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment (e.g., program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in event of problems or emergencies).

Once the information is collected and compiled, Canadian Rockies Public Schools believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are activities where information may be used.

- the use of a student's name, photo and comments in the school calendar, newsletter, yearbook, graduation book, or other school publication
- the taking of individual, class, team or club photos for school purposes and the use of student photos for the issuance of transit/bus transportation, library and student union passes
- the use of student names on artwork or other creative work or material of students displayed at school or school board sites or at a school or school board sponsored display in the community, provided the Copyright Release Form is properly completed
- the use of student names in honour rolls, work ethic, (listings), graduation ceremonies, scholarship or other awards within the school or school board
- the use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the board applies on a student's behalf
- the use of student's names, related contact information and telephone numbers for absenteeism verification
- the taking of photos and/or videos of classroom activities, and their use by the media or other organization where students are not interviewed or identified by name. (Where individual students are identified or interviewed and the material will be used outside the school a separate and specific consent will be required. You will be contacted prior to this event taking place.) Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school
- the taking of photos/videos of classroom and other school activities by the school board where the material will be used within the school. (Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place)

If you have questions or concerns with any of these uses of information, please notify the school principal in writing.



DISPLAY OF STUDENT WORK

As a result of changes in copyright and various other legislations, schools are required to get written permission from parents/guardians before any of the children’s work or photographic images can be displayed outside of school. We request that all parents read, initial subsections and sign this form.

I understand the production(s), work(s) may be shown at educational displays during open house, in-service sessions and other school related activities at school or school board sites or at school or school board sponsored displays in the community, the internet, or included in educational or promotional materials.

I hereby grant permission to Canadian Rockies Public Schools (for nonprofit, educational purposes) on behalf of my child, _____ to:
(Child’s name)

(please initial all three items)

- _____ a) record, photograph and tape (audio, video, still) my child
- _____ b) publicly display any of my child’s works, and
- _____ c) reproduce any of my child’s work.

This permission form remains in effect for as long as my child remains at Canadian Rockies Public Schools or until I/we rescind the permission.

Parent/Guardian Signature

Date



Student and Parent Responsible Use Technology Agreement

Canadian Rockies Public Schools supports the use of information technology for learning. Members of the CRPS community are required to act ethically and responsibly in their use of technology and social media when such use relates to or may impact the school and its members. It is expected that the values of respect, fairness, responsibility and honesty are always demonstrated in communications and actions. A detailed Code of Conduct further articulates the responsibilities of all members and partners within CRPS. Our network and resources are provided for staff and students to promote educational excellence by facilitating resource sharing, innovation, creativity and communication. Community members must use these resources appropriately to enhance teaching and learning in a safe physical and emotional environment, practicing responsible digital citizenship. Electronic devices should be used to promote genuine learning, research and positive communication. Devices should be used at the appropriate time, with the teacher’s permission. They must not be a source of distraction or disruption of the teaching-learning environment. When not required by a teacher, personal electronic devices are to be kept out of sight and turned off. Devices must not be used to cheat, endanger, or violate another person’s reasonable expectation of privacy. The taking and/or sharing of images without the person’s permission is not permitted.

User Agreement

Please initial the expectations below as a demonstration of understanding and commitment to this agreement.

Student Initials	Parent Initials	Agreements
		I understand that the appropriate use of digital and other technology can enhance my learning and will be part of the learning experience at CRPS.
		My use of digital technology will at all times be in line with school community values of respect, fairness, responsibility and honesty.
		I understand that this agreement covers the use of all digital devices on the school campus and at school events, regardless of ownership, including my own devices.
		Devices are permitted for learning. Unless authorized for use, I will keep my devices out of sight and turned off.
		I understand that failure to comply with this agreement may result in the loss of privileges, confiscation of my devices, or disciplinary action.

Consequences of Unacceptable Use

1. Suspension or termination of computer privileges.
2. Additional disciplinary action determined at the school level and consistent with school and district policy on student behavior.
3. Referral to law enforcement agencies if required.

I understand that my digital access provided by CRPS through an email account, a cloud-based Google account and a Windows Server account will be suspended if I do not follow the CRPS Code of Conduct. I have read and understood my responsibilities as a digital citizen and agree to abide by the statements outlined in this responsible use agreement.

Student Name: _____ Signature: _____

Date: _____

As a parent or legal guardian, I have reviewed the above information and provide consent for Canadian Rockies Public Schools to provide digital access for my son/daughter for this school year.

Parent/Guardian Name: _____ Signature: _____

Date: _____

Revised June 2016

The Freedom of Information and Protection of Privacy Act (FOIP Act), which came into effect for School Boards on September 1, 1993, sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody and under their control. Any personal information you do provide is protected under Alberta's Freedom of Information and Protection of Privacy Act and will only be used for purpose for which it was collected.

Permission for Transferring of Student Files (to be completed by parent/guardian ONLY if student(s) transferring in from another school)



- Transferring from **inside** CRPS Division
- Transferring from **outside** CRPS Division

REQUEST FOR STUDENT RECORDS

Office use only:

Date _____

Attention: Student Records

The pupil(s) listed below who was (were) formerly attending your school have registered with CRPS. Please forward any medical, psychological, and school record reports as soon as possible to the school address, which is toggled below:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Alpenglow School
1800 – 8 th Ave.
Canmore, AB T1W 1Y2 | <input type="checkbox"/> Banff Elementary School
Box 748, Squirrel St.
Banff, AB T1L 1K1 | <input type="checkbox"/> Elizabeth Rummel School
1033 Cougar Creek Drive
Canmore, AB T1W 1C8 | <input type="checkbox"/> Lawrence Grassi Middle School
610 – 7 th Ave
Canmore, AB T1W 2H5 |
| <input type="checkbox"/> Banff Community High School
Box 748, 330 Banff Ave
Banff, AB T1L 1K1 | <input type="checkbox"/> Canmore Collegiate High School
1800 – 8 th Ave.
Canmore, AB T1W 1Y2 | <input type="checkbox"/> Exshaw School
P.O. Box 40
Exshaw, AB T0L 2C0 | |

Student Name(s) and Current Grade(s)

Name of School(s) last attended

Address of last School(s)

Alberta Education Identification Number(s)

To be registered in English _____ French immersion _____

Permission is granted to send confidential files and any other information regarding the above noted student(s):

Signature of Parent/Guardian and/or _____
Signature of student where the student is 16 years of age

School Authority _____



Banff Community High School

330 Banff Avenue

P.O. Box 748, Banff, AB T1L 1K1

Tel: (403) 762-4411

Fax: (403) 762-9220



BCHS communicates with parents using email.

This will be your primary source of information
for what is going on in and around school.

Child Name: _____

Grade: _____

Email Address: _____

Please print clearly

Request for Vaccination Information

Alberta Health Services provides vaccination services to children in Calgary area schools. This service is free of charge and provided at school with the consent of the parent or guardian. To determine your child's eligibility for vaccinations, we require information about vaccinations previously given. To assist us in providing this service, please complete the following and return to school nurse.

	Client ID #: _____ <small>for nurse use</small>
School _____	Grade/Room # _____
Child's Last Name _____	
Child's First Name _____	Child's Middle Name _____
List any other first and/or last names your child may be known by _____	
Date of Birth _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth _____ <small>city, country</small>	Date of Entry into Canada: _____
Address of Child _____	Postal Code _____
Alberta Personal Health Number (PHN): _____	Or ULI: _____
Or Interim Federal Health Number: _____	Or Other Provincial PHN: _____
Mother's Name: _____ <small>last</small> <small>first</small>	
Phone #: Home _____	Work _____ Cell _____
Father's Name: _____ <small>last</small> <small>first</small>	
Phone #: Home _____	Work _____ Cell _____
<p>Has your child had Chickenpox disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____</p> <p><input type="checkbox"/> Please check if you do not have a paper copy of your child's vaccination record.</p>	

Please send a copy of your child's vaccination record to the school nurse or sign the consent on the next page so that your child's vaccination records may be requested.

Please turn over →

Where did your child receive his/her infant vaccines? (Birth-3 years of age?)

Public health clinic or Doctor's name(s): _____

City _____ Country _____

Phone # _____ Fax # _____

If different from above, where did your child receive his/her preschool vaccines? (3-6 year of age)

Public health clinic or Doctor's name(s): _____

City _____ Country _____

Phone # _____ Fax # _____

Brothers'/Sisters' Names	Gender (M/F)	Date of Birth (yyyy/mon/dd)	Present School Attending	Last School Attended	Last Clinic/Doctor's Office where immunizations Given (include phone and fax #)

I hereby give permission for Alberta Health Services to contact the Doctor's office or clinic (as listed above) to obtain vaccination records for the above named child/children.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Printed Name _____

Date _____

*Please note that we are unable to request records from other countries.

If you have any questions or concerns, please call the Community Health Centre or Public Health Office listed below.

Calgary Community Health Centres:

- | | |
|--|--|
| <input type="checkbox"/> Acadia 403-944-7200 | <input type="checkbox"/> Sheldon Chumir 403-955-1250 |
| <input type="checkbox"/> East Calgary 403-955-1250 | <input type="checkbox"/> South Calgary 403-943-9500 |
| <input type="checkbox"/> Northwest 403-943-9700 | <input type="checkbox"/> Thornhill 403-944-7500 |
| <input type="checkbox"/> Shaganappi 403-944-7373 | <input type="checkbox"/> Village Square 403-944-7000 |

Rural Public Health Offices:

- | | | |
|---|--|--|
| <input type="checkbox"/> Airdrie 403-912-8400 | <input type="checkbox"/> Claresholm 403-625-4061 | <input type="checkbox"/> Nanton 403-646-2277 |
| <input type="checkbox"/> Banff 403-762-5570 | <input type="checkbox"/> Cochrane 403-851-6130 | <input type="checkbox"/> Okotoks 403-995-2600 |
| <input type="checkbox"/> Black Diamond 403-933-6505 | <input type="checkbox"/> Didsbury 403-335-7292 | <input type="checkbox"/> Strathmore 403-361-7200 |
| <input type="checkbox"/> Canmore 403-678-5656 | <input type="checkbox"/> High River 403-652-5450 | <input type="checkbox"/> Vulcan 403-485-2285 |

To be able to provide health services to you and/or your family, we need to ask you for some personal information. The Health Information Act protects how your personal information is collected and used. If you have any questions about how your personal information is collected and used, please ask your nurse at the Community Health Centre/Public Health Office nearest you. You can also call the Information and privacy Office of Alberta Health Services at 403-943-0424.

Consent for Student Services
Banff Community High School and Town of Banff

Date: _____

School: Banff Community High School

ESL Support Teacher: Barb Schneider

Settlement Support Worker: Jeanie Godfrey

Service/Program Period: _____

I agree and give permission for: _____

Student name

To participate in the English as a Second Language (ESL) Assistance and Settlement Program in order to meet his/her needs.

Signatures:

Parent/Guardian _____

Print Name: _____