



## Student Registration Form

ASN: \_\_\_\_\_

(Completed by School Office Staff)

This registration form is a legal document. Before a student can be admitted by a school, a student registration form must be completed in its entirety. Our staff will be pleased to assist you. The information requested on this form is being collected pursuant to the School Act, Section 23, A.R. 225/2006 and the FOIP Act, Sections 33(c), 39(1)(b) & 40 (1)(c). Information acquired through this form is kept secure and access is restricted.

During the \_\_\_\_\_ - \_\_\_\_\_ school year, my child will attend \_\_\_\_\_ School.

*\*New registrants to Buffalo Trail Public Schools must provide the school with a copy of the student's **birth certificate** for proof of legal name and date of birth. If for some reason this document cannot be provided, please discuss alternate options with the office staff.*

Has your child previously attended a school in Buffalo Trail Public Schools (BTPS)?

\_\_\_\_ Yes    \_\_\_\_ No    If yes, which school? \_\_\_\_\_

### **School History:**

Last School attended:

School Name \_\_\_\_\_

School Address (City, Province) \_\_\_\_\_

Date Last Attended (month/day/year) \_\_\_\_\_

Grade Level at Previous School \_\_\_\_\_

If registering from out of province, has the student ever attended school in Alberta?

\_\_\_\_ Yes    \_\_\_\_ No

Is the student currently under an expulsion order from any school jurisdiction that has not been resolved or concluded?

\_\_\_\_ Yes    \_\_\_\_ No

*If the expulsion is ongoing, please contact Students Online School at 780-847-3639*

*Please refer to BTPS Admin Procedure - 202.9AP*

### **Student Information**

Legal Surname: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_

Does the student wish to be called a name different from the legal name?

Yes  No If yes: AKA Surname: \_\_\_\_\_  
AKA First Name: \_\_\_\_\_

Gender:  Male  Female

Date of Birth (month/day/year): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Grade Level Entering: \_\_\_\_\_

School Enrollment Starting Date (month/day/year): \_\_\_\_\_

Siblings attending the same school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student **Mailing** Address: Box/Street \_\_\_\_\_  
City, Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

Student **Physical** Address: Is this the same as the mailing address?  Yes  No  
If No: Legal Land Location/911 Address \_\_\_\_\_

**OR**

Residential Address \_\_\_\_\_  
\_\_\_\_\_

Phone number to call in regard to this student: \_\_\_\_\_  
(Used for attendance, emergencies, etc.)

This phone is a:  Landline  Cell

Student Medical Information:

Are there any medical conditions you wish the school to be aware of? Please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note: If your child has a severe and/or life threatening allergy or medical condition, please contact the principal to develop a medical plan as per BTPS procedures: 203.1AP Administration of Medication/Medical Assistance to Students.**

**Student Special Needs Information:**

Does your child have any physical, intellectual, behavioral or emotional needs which may require additional educational assistance beyond the regular educational programming?

Yes       No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Citizenship Information (Completed by School Office Staff)**

Code 1-Canadian Citizen (student was born in Canada) – request a copy of the student’s birth certificate

Code 2-Permanent Resident (student has a PR Card) – request a copy of the student’s birth certificate, the student’s passport and the student’s PR Card; take note of the expiry date on the PR Card (submit this documentation to the SIS Department)

Code 5-Temporary Resident-Student (Unfunded Visiting Student-Not on a Reciprocal Exchange) – request a copy of the student’s birth certificate, Citizenship and Immigration Canada document (student visa/study permit/electronic travel authorization), two character reference letters, statement of good health from a physician, recent report card; enter the expiry date of the Citizenship and Immigration document in the SIS software and assess tuition fees

Code 5-Temporary Resident-Student (Unfunded Visiting Student-On a Reciprocal Exchange) – request a copy of the student’s birth certificate, a copy of the exchange information; the document expiry date in the SIS software is one day after the student is leaving the school, do not assess tuition fees (submit this documentation to the SIS Department)

Code 6-Child of a Canadian Citizen (One or both parents are Canadian citizens, but the student was born outside Canada) – request a copy of the student’s birth certificate and a copy of the parent(s) birth certificate or the parent(s) Certificate of Canadian Citizenship

Code 7-Child of a Resident (One or both parents are in Canada on a work permit) – request a copy of the student’s birth certificate, the student’s passport and the parent(s) work permit; take note of the expiry date on the work permit (submit this documentation to the SIS Department)

Code 9-Other/Unknown (Step Child of a Canadian Citizen) - request a copy of the student’s birth certificate, the student and foreign parent passport, the student’s study permit and proof that permanent residence has been applied for and the associated fee has been paid (submit this documentation to the SIS Department)

**Parent/Guardian Information**

**(A) Parent/Guardian**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Mailing Address:** Box/Street \_\_\_\_\_  
City, Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

**Physical Address:** Is this the same as the mailing address? \_\_\_\_Yes \_\_\_\_No  
If No: Legal Land Location/911 Address \_\_\_\_\_  
**OR**  
Residential Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(used to send school and Parent Portal info)*

Does this student live with you? \_\_\_\_Yes \_\_\_\_No

**(B) Parent/Guardian**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Mailing Address:** Box/Street \_\_\_\_\_  
City, Province \_\_\_\_\_  
Postal Code \_\_\_\_\_

**Physical Address:** Is this the same as the mailing address? \_\_\_\_Yes \_\_\_\_No  
If No: Legal Land Location/911 Address \_\_\_\_\_  
**OR**  
Residential Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(used to send school and Parent Portal info)*

Does this student live with you? \_\_\_\_Yes \_\_\_\_No

**(C) Parent/Guardian**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Mailing Address:**    Box/Street \_\_\_\_\_  
                                         City, Province \_\_\_\_\_  
                                         Postal Code \_\_\_\_\_

**Physical Address:**    Is this the same as the mailing address?     Yes     No  
                                         If No:    Legal Land Location/911 Address \_\_\_\_\_

**OR**  
                                         Residential Address \_\_\_\_\_  
                                         \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(used to send school and Parent Portal info)*

Does this student live with you?     Yes     No

**(D) Parent/Guardian**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Mailing Address:**    Box/Street \_\_\_\_\_  
                                         City, Province \_\_\_\_\_  
                                         Postal Code \_\_\_\_\_

**Physical Address:**    Is this the same as the mailing address?     Yes     No  
                                         If No:    Legal Land Location/911 Address \_\_\_\_\_

**OR**  
                                         Residential Address \_\_\_\_\_  
                                         \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(used to send school and Parent Portal info)*

Does this student live with you?     Yes     No

**Alternate Contact Information** (Other than Parent/Guardian)

Every effort is made to contact the parent/guardian first.

**Alternate Contact #1**

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

**Alternate Contact #2**

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

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**Alberta Education Information** (\*Must be completed)

**Section 23 Francophone Education Eligibility Declaration**

Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms:

- 1) Citizens of Canada whose first language learned and still understood is French, or who have received their primary school instruction in Canada in French, have the right to have their children receive primary and secondary school instruction in French.
- 2) Citizens of Canada of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

According to the criteria above as set out in the Canadian Charter of Rights and Freedoms, are you eligible to have your child receive a French first language (Francophone) education?

\_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ Do Not Know

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

\_\_\_\_ Yes    \_\_\_\_ No

\*Note: To exercise your Section 23 rights, you must enroll your child in a French first language (Francophone) program offered by a Francophone Regional Authority.

**Custody Order Information**

Is there a Custody Order in place regarding this student that restricts parent access to the student or to the student's personal information?

\_\_\_\_ No    \_\_\_\_ Yes (If yes, please provide the school with a copy of the most current order)

**Aboriginal Self-identification**

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

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](tel:780-427-8501).

If you have questions regarding the collection of student information by the school board, please contact the School Board Superintendent at 780-842-6144.

**Child/Youth In Provincial Government Care** *(Student has involvement with the Ministry of Human Services)*

Is the student in provincial government care as defined by the Child, Youth and Family Enhancement Act?

Yes    No

\*Note: If yes, please contact the school administrator immediately. The Success in School for Children and Youth in Care Provincial Protocol Framework will be implemented.

**Independent Student Status**

The School Act defines an independent student as someone who is:

- 18 years of age or older; or
- 16 years of age or older and who is living independently; or
- 16 years of age or older and party to an agreement under Section 57.2 of the Child, Youth and Family Enhancement Act

Are you claiming status as an independent student under the definition of the School Act?

Yes    No

\*Note: If yes, please refer to BTPS 201.4AP Independent Students for procedures

**Fee Information**

Please refer to BTPS Administrative Procedure 201.5AP at [www.btps.ca](http://www.btps.ca) for information on fees. Also, please see the Parents page on your school website for fee information specific to your school.

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**Declaration by Parent, Legal Guardian or Independent Student**

I, \_\_\_\_\_, hereby certify the above information to be  
(Please Print Name)

true, correct and complete. I have also identified all guardians for this student.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS**  
**PARENTAL CONSENT FORM**

The information collected on this form as part of the school registration process is personal information as referred to in the *Freedom of Information and Protection of Privacy (FOIPP) Act*, which becomes effective for Alberta School Jurisdictions on September 1, 1998. This personal information is collected pursuant to the provisions of the *School Act* and its regulations, and pursuant to Section 33(c) of the *FOIPP 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. The *FOIPP Act requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act*. This includes many activities that are part of normal school community interaction, such as:

- 1) Individual photos that are taken;
- 2) Photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and busses;
- 3) Class and team photos that are taken and used within the school
- 4) Student name and description of activities that are used in the school newsletter and other school communications;
- 5) Student name, photograph, and write-up that are included in school yearbook (if one is produced);
- 6) Student names that are included in an honor roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
- 7) Media photographs or videos of classrooms and school activities, where individual students cannot be identified, may be taken and used by the media;
- 8) Student names that are used on artwork, written material, or other items to be displayed in the school;
- 9) The use of student names, related contact information and phone numbers for classroom reps;
- 10) 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;
- 11) Photographs or videos taken by the media or any other organization where individual students are identified or instances where students are interviewed;
- 12) Photographs or videos taken by the Jurisdiction where the material will be used outside of the school;
- 13) Copyright for artwork or creative writing which will be reproduced for use outside the classroom;
- 14) The circulation of information on a "need-to-know" basis regarding students who have severe or life-threatening medical conditions, and those who require immunization, communicable disease control speech and dental services. (You may be contacted by the Regional Health Authority for these services.)
- 15) Photos and names of students involved in school-based activities may be posted on school websites.
- 16) To support a safe and caring school environment, video monitoring may be used in all areas of the school and school grounds, as well as on buses.

**\*\*NOTE\*\* 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 school may not restrict such activity at public events.**



**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS**

**PARENT/GUARDIAN CONSENT:**

I have read and understood the uses that will be made of the personal information as listed and I agree to consent to these uses as they relate to my child.

I understand it is my responsibility to inform the school immediately regarding any change to these permissions. A new form will need to be completed at such time.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

<p><b>For Office Use Only:</b></p> <p>Consent Form Received (Date) _____</p> <p>Authorized Signature _____</p> <p>Please Print Name _____</p>
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## Buffalo Trail Public Schools

### Student Responsible Use Protocol and Agreement for Technology Use

#### Introduction

Buffalo Trail Public Schools provides technology resources that support learning for students and staff and supports administrative operations. *Network resources* refer to all resources on the network of Buffalo Trail Public Schools. This includes, but is not limited to, Internet access, e-mail accounts, installed software, personal file storage and all hardware attached to the network. Networked technology is infused in the daily lives of students and its use as responsible citizens is implied.

#### Principles of Use

Please initial each statement below to indicate you have read and understand the principles of use.

Parent's  
Initials\*

	Buffalo Trail Public Schools owns all network resources and has the right to monitor use of the network resources.
	All network resources are for educational use.
	Network resources are valuable resources and should be used responsibly.
	The use of network resources is subject to all policies and practices of both the division and the school related to technology, property or conduct. Divisional policy shall supersede school policy.
	Access to network resources with personal electronic devices is subject to the policies and practices of Buffalo Trail Public Schools.

#### Activation of the Nine Elements of Digital Citizenship (ISTE 2009)

Students as users of division-based network services will have the knowledge, skills and abilities that allow users to:

1. Be able to responsibly participate in a digital society provided to them when they access division network resources.
2. Provide the self-protection required to buy and sell in a digital world.
3. Digitally communicate safely and appropriately through multiple methods.
4. Use digital technology collaboratively and demonstrate critical thinking in its use.
5. Consider others when using digital technologies.
6. Protect the rights of others and be able to defend their own digital rights.
7. Consider the risks (both physical and psychological) when using digital technologies.
8. Abide by the laws, rules, and division policies that govern the use of digital technologies.
9. Be custodians of their own information while creating precautions to protect others' data as well.

### BTPS LOCKER USE AGREEMENT

I, \_\_\_\_\_, agree to use the locker assigned to me by the  
(Name of Student)

Board of Trustees for Buffalo Trail Public Schools, located at \_\_\_\_\_  
(Name of School)

**I HAVE READ AND UNDERSTAND THE BTPS ADMIN PROCEDURE 202.6AP  
SEARCHES: LOCKER/STUDENT**

Student's Signature \_\_\_\_\_

School Year

- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
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- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,
- Locker number \_\_\_\_\_, from September/August 20 \_\_\_\_\_,

**IT IS UNDERSTOOD AND AGREED** that the Board, its employees and agents have the express right to search the locker as per admin procedure 202.6 AP during the currency of this Agreement without notice or permission of \_\_\_\_\_  
(Student)

or his/her parents or guardians.

**IT IS UNDERSTOOD AND AGREED** that use of the locker is at the student's own risk, and the Board, its administration, school administrators, teachers, and other employees and agents, are not in any way responsible for loss or theft of any goods or articles stored in the student's locker.

**IT IS UNDERSTOOD AND AGREED** that locker numbers may change every year.  
Agreement in effect as long as the student is enrolled in the school.

DATED at the \_\_\_\_\_ of \_\_\_\_\_  
(Name of School) (Town/Village)

in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Student

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Consent of Parent/Guardian



## TRANSPORTATION IN PRIVATE VEHICLES

### PARENT PERMISSION FORM (must be completed annually)

School Year: \_\_\_\_\_

School: \_\_\_\_\_

I/We, \_\_\_\_\_, give permission for my child,  
Parent(s) Name(s)

\_\_\_\_\_, to be transported by private vehicle to  
Student's Name

school related activities.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date