



STUDENT REGISTRATION FORM

The information requested on this form is being collected pursuant to the School Act, Section 18, A.R. 213/88 & A.R. 175/93 and the FOIP Act, Sections 32(c) & 37(b) & 38 (c) Information acquired is kept secure and access is restricted
Parents are responsible to ensure the accuracy of this information and to report changes.

Name of School: Three Hills School

| STUDENT INFORMATION | | | Alberta Student Number: | | |
|--|-------|---|--|--|---------|
| Legal Surname: | | Legal Given Name(s): | | Legal Middle Name: | |
| Preferred Surname: | | | Preferred Given Name(s): | | |
| Birth Date: | | Phone (h): | | Cell: | Gender: |
| Year | Month | Day | E-Mail Address: | | Grade: |
| Last School Attended: (Name of School and City) | | | Are you registered at: Virtual <input type="checkbox"/> Outreach <input type="checkbox"/> Home School <input type="checkbox"/> | | |
| | | | If registered at another school, please give name _____ | | |
| Has this student been accessed or recommended for intervention services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check all that apply: | | | | | |
| Speech Language Therapy <input type="checkbox"/> | | Learning Support <input type="checkbox"/> | | Social/Emotional Behavioral Support <input type="checkbox"/> | |
| Other: _____ | | | | | |

Rural Students - Legal Land Description: ¼ Sec Sec Twtnshp Range 911 Address (blue sign) _____

Urban Students –House Address (including street name, house # and apt. if applicable): _____

Has your child attended a Golden Hills School previously Yes No School Name: _____

| | | | |
|---|---|---|--|
| Transportation Services: I am requesting transportation services: Yes <input type="checkbox"/> No <input type="checkbox"/> | Citizenship: Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other <input type="checkbox"/> | Independent Student: Yes <input type="checkbox"/> No <input type="checkbox"/> | International Student: Yes <input type="checkbox"/> No <input type="checkbox"/> Student Visa Expiry Date: / / Month Day Year |
|---|---|---|--|

PARENT/GUARDIAN INFORMATION

| | | | | | |
|--------------------------|------|-------|--------------------------|--------------|--|
| Parent/Guardian #1 Name: | | | Relationship to Student: | | |
| Address: | | City: | | Postal Code: | |
| Phone (h): | (w): | (c): | E-Mail Address: | | |
| Parent/Guardian #2 Name: | | | Relationship to Student: | | |
| Address: | | City: | | Postal Code: | |
| Phone (h): | (w): | (c): | E-Mail Address: | | |

Student's Mailing Address if Different from Above Parent/Guardian:

| | | | | | |
|------------|------|-------|-----------------|--------------|--|
| Address: | | City: | | Postal Code: | |
| Phone (h): | (w): | (c): | E-Mail Address: | | |

EMERGENCY INFORMATION (Contacts other than parents used in emergencies only)

| | | | | | |
|-------------|------|-------|--------------------------|--------------|--|
| 1. Contact: | | | Relationship to Student: | | |
| Address: | | City: | | Postal Code: | |
| Phone (h): | (w): | (c): | E-Mail Address: | | |

2. Doctor:

Medical Conditions if Any:

For other children in the household, please complete the following.

| Name | Gender | Age | Relationship to Student | School Attending |
|---------------|---------------|---------------|-------------------------|------------------|
| _____ / _____ | _____ / _____ | _____ / _____ | _____ / _____ | _____ / _____ |
| _____ / _____ | _____ / _____ | _____ / _____ | _____ / _____ | _____ / _____ |
| _____ / _____ | _____ / _____ | _____ / _____ | _____ / _____ | _____ / _____ |

Student Lives With:

Parent/Guardian #1 Parent/Guardian #2 Both Other please specify if other: _____
 (Please check all that apply)

Custody:

In rare instances a child may be designated as "Protected" if a court has issued an order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, the Young Offenders Act, the Family Act, or is the subject of a custody or access order. If your child is subject to any such order or agreement, please indicate as directed below and contact the school principal.

Does such an order exist? Yes No

If "yes", please discuss this situation with the school administration. Legal documentation will be required.

If other family circumstances are important for the school to know, please advise the principal.

Questions in this part of the registration form are designed to assist in our effort to maintain good school-home communications. If you have difficulty responding to any of these, please speak to your school principal.

Should school correspondence regarding this child be sent to any other adult who has legal access to this student?

Yes

No

If Yes, please fill in the following information:

| | | |
|----------|--------------------------|--------------|
| Name: | Relationship to Student: | |
| Address: | City: | Postal Code: |

Your child is a resident student of the Separate Catholic School Division if his/her parent(s) is/are Catholic.

Is the child's Parent/Guardian #1 Catholic? Yes No Is the child's Parent/Guardian #2 Catholic? Yes No

Child resides with: Parent/Guardian #1 _____ Parent/Guardian #2 _____ Both _____

Pursuant to Section 23 of the *Canadian Charter of Rights and Freedoms*, 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 instruction in French; or
- 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.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional Authority.

A. According to the criteria above are you eligible to have your child receive a Francophone education?

Yes

No

B. If yes, do you wish to exercise your right to have your child receive a Francophone education?

Yes

No

If Student/s resides on a reserve, please provide the following:

Band Number _____ and Treaty Number _____

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

First Nations (status)

First Nations (non-status)

Metis

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 school board, please contact your school.

Legal Document used to verify registration: (Circle One) PLEASE PROVIDE A COPY with registration

Permanent Resident/Landed Immigrant Documents Passport Official Stats Canada Documents Work or Study Permit
 Canadian Citizenship Document Adoption Papers Birth Certificate Temporary Resident Papers

OFFICE USE ONLY: Declared Residency: _____

I hereby certify the foregoing information given is correct, and complete; to the best of my knowledge and belief.

Parent (Guardian) Signature _____ **Date of Signature** _____



Golden Hills School Division No. 75

Freedom of Information and Protection of Privacy (FOIP) Act

Golden Hills School Division No. 75 is collecting personal information about you and your child with this Student Registration Form. This personal information is necessary to provide an educational program for your child and ensure a safe school environment for all students and staff.

Some of the ways the school or district may use personal information are listed below. The Information and Privacy Commissioner's office states that the district does not require written consent from you to:

- Share information with Alberta Education.
- Use a student's name, related contact information, and telephone numbers to check on a student who is absent.
- Use a student's name and/or photos or videos in the school calendar, newsletter, yearbook, or other internal publication.
- Take and use individual, class, team, club, or school videos/photos within the school community for internal school purposes as part of the delivery of educational programs or services (**not for external uses such as websites or brochures**).
- Use a student's name on artwork or material to be displayed at the school or other district sites.
- Use a student's name on lists such as an honour roll, scholarship, or other awards within the school or district.
- Use a student's name and academic information when the school wishes to apply for provincial and federal awards or scholarships on behalf of the student.

This is not a complete list, but it gives some examples of how the personal information may be used. Your son or daughter may attend or participate in school activities that are open to the general public. Some examples of these activities are sporting competitions, concerts, cultural programs, clubs, field trips, graduation, or other ceremonies. Photos and videos may be taken by members of the public including journalists and media reporters. The district cannot control or prevent the further distribution or use of these photos, videos, images, or other personal information.

Written consent is required to use a student's personal information for any purpose other than educational programming or the safety of students and staff. Written consent can be revoked at any time by notifying the school principal in writing. Please refer to the attached *FOIP Public Communication & Media Consent Form*.

Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* (that information relates directly to and is necessary for an operating program or activity of a public body). This information will be used to provide an educational program and ensure a safe and secure school environment for students.

If you have any questions about the collection, contact the FOIP Coordinator, 435A Highway No. 1, Strathmore, Alberta T1P 1J4 or 403-934-5121 ext. 2024.



Golden Hills School Division No. 75

Freedom of Information and Protection of Privacy (FOIP) Act

FOIP Public Communication & Media Consent Form

Our students are working to gather information, connect to other learners on projects and share their work or activities. Written consent is required if the student’s personal information is going to be used for any other purpose outside the school, posted on the school’s public website, or used by the media. **Written consent can be revoked at any time by notifying the school principal in writing.** The following are examples where written consent is required:

- Use of a student’s name, photo, or video in external publications (such as an external website or a promotional brochure).
- Use class, team, club, or school videos/photos that are taken within the school community on the school external website or for marketing purposes.
- Use of a student’s name on artwork/material to be displayed in the community.
- Video or audio recordings posted online (may include technologies such as social media and other emerging technologies).
- Allow a student to participate in media interviews.

Please fill out the following items to indicate your voluntary consent for your child:

Part 1 - School & District Public Website(s), Social Media, External Publications, External Displays, & Presentations

I consent to my child’s information such as photographs, awards, scholarships, prizes, newsletter information, team lists, assignments or projects, art work, video and/or audio recording, interviews, school publications, advertisements, and promotional materials to be used by Golden Hills.

I do not want the information used for any of the above purposes.

Part 2 - Media

I consent to my child being interviewed by the media or appearing in an event being covered by the media.

I do not want the information used for any of the above purposes.

Note: The District cannot control how the information may be distributed, including print, broadcasts, photographs, and the Internet (for example, websites, online video and social media).

I, being the parent/legal guardian of the student named below, have read and understand the information provided.

Student’s Name: _____ Grade: _____

School: Three Hills School

Date: _____

Parent/Legal Guardian Signature(s) #1

Date: _____

Parent/Legal Guardian Signature(s) #2

Note: Only persons having legal guardianship of the student may sign this consent form as parent or legal guardian. If both parents have legal guardianship, both must sign.

Three Hills School Community Field Trips



The following is a field trip form designed to cover all community field trips. These are field trips which are usually within walking distance of the school. The exception might be bussing to the swimming pool during inclement weather or to the golf course. All non-community field trips throughout the year will be covered by a separate field trip form.

Please fill in all information and check the appropriate box below.

RE: (student) _____ **Grade:** _____

I hereby CONSENT to my child participating in any community field trips (walking or which may require bussing) e.g. swimming lessons, golfing or other curriculum related activities for the 2017-2018 year.

Thank you, I DO NOT consent to my child participating in these field trips for the 2017-2018 school year.

Signature of Parent/Guardian

Date

Indicate any health related problems this child has:

-

-

Parent/Guardian Phone Numbers:

home

business

cell

The following person(s) should be contacted in the event parents cannot be reached:

Name: _____ Phone: _____

EMERGENCY PERMIT: In the case of a medical emergency, I hereby give permission to the physician selected by the supervising teacher to hospitalize, treat and to order injection, anesthesia or surgery for my child or ward as named above in the event I cannot be contacted.

Signature of Parent/Guardian

Date



Three Hills School

Learning for Life

Principal Mr. Todd Hoover
Associate Principal Mr. Greg Lendvay

www.threehillsschool.com

Box 696
Three Hills, AB T0M 2A0
Phone 403.443.5335 Fax 403.443-2052
threehills@ghsd75.ca



Consent For Release of Information

Date: _____

To:

(Previous School)

Students Name:

Birthdate:

Grade: _____

The above named student has enrolled in our school. Please send his/her cumulative file, transcripts, Alberta Education ASN #, birth certificate, test results, health records and any other information that would be helpful in planning the educational program for this student.

Signature of parent:

Thank you for your co-operation. If you require any further information, please call 403-443-5335.



Alberta Health Services

STUDENT - REQUEST FOR RECORDS INFORMATION

Please return this form to the school office as soon as possible. The school will forward this information to Public Health OR you can return the information directly to your local Public Health Office.

Child's Last Name: _____ First: _____

Middle Name: _____ Other Names/Surnames: _____

Female: Male: Date of Birth: _____ (Day, Month, Year)

P.H.N. (Personal Health Number- Alberta Health Care Number): _____

Present School: _____ Grade: _____ Teacher: _____

Home Mailing Address: _____

(House Number and Street Address, City, Town, Province, Postal Code)

Home Phone Number: _____

Father/Guardian Name: _____ Work Phone or Cell Phone: _____

Mother/Guardian Name: _____ Work Phone or Cell Phone: _____

| Other Children | Date of Birth | PHN (Personal Health No.) | School |
|----------------|---------------|---------------------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Previous Address: _____

Previous School/Health Units: _____

Other Comments: _____



Three Hills School

Learning for Life

Principal Mr. Todd Hoover
Associate Principal Mr. Greg Lendvay

www.threehillsschool.com

Box 696
Three Hills, AB T0M 2A0
Phone 403.443.5335 Fax 403.443-2052
threehills@ghsd75.ca



STUDENT MEDICAL INFORMATION SHEET

NAME: _____

PARENT(S)/GUARDIAN: _____

Telephone Home: _____

Work: _____

Cell: _____

Family Physician: _____

Telephone: _____

MEDICAL CONDITION(S) AND/OR INFORMATION:

SPECIAL INSTRUCTIONS:

Golden Hills School Division No. 75
2017 – 2018 SCHOOL YEAR

AUGUST 2017

SEPTEMBER 2017

OCTOBER 2017

| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|----|----|-----|-----|-----|----|----|----|----|-----|----|----|-----|----|----|----|----|----|----|-----|----|
| | | 1 | 2 | 3 | 4 | 5 | | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 3 | 4 | 5 → | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 17 | 18 | 19 | 20 | 21 | 22+ | 23 | 22 | 23 | 24 | 25 | 26 | 27♥ | 28 |
| 27 | 28 | 29♣ | 30♥ | 31♣ | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | |

NOVEMBER 2017

DECEMBER 2017

JANUARY 2018

| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|-----------|----|----|----|----|----|----|----|------|------|-----|-----|-----|----|
| | | | 1 | 2 | 3 | 4 | | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11T | 12T | 13 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15T | 16 | 17 | 18 | 19 | 20 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 T | 23 T | 24T | 25T | 26T | 27 |
| 26 | 27 | 28 | 29 | 30 | | | 24/ 31 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 29T | 30T | 31+ | | | |

FEBRUARY 2018

MARCH 2018

APRIL 2018


| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|----|----|----|-----|-----|-----|----|-----------|----|----|----|----|-----|----|----|-----|-----|-----|-----|-----|----|
| | | | | 1 → | 2 | 3 | | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9T | 10T | 11T | 12T | 13T | 14 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 11 | 12 | 13 | 14 | 15 | 16♥ | 17 | 15 | 16T | 17T | 18 | 19 | 20 | 21 |
| 18 | 19 | 20 | 21♥ | 22♦ | 23♦ | 24 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 25 | 26 | 27 | 28 | | | | 25/ 31 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | |

MAY 2018

JUNE 2018

JULY 2018

| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
|----|----|----|----|----|-----|----|-----------|-----|-----|-----|-----|-----|----|----|----|----|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 | | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6 | 7 | 8 | 9 | 10 | 11+ | 12 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | 11 | 12 | 13T | 14T | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 17 | 18T | 19T | 20T | 21 | 22T | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 27 | 28 | 29 | 30 | 31 | | | 24/ 30 | 25T | 26T | 27T | 28T | 29♣ | 30 | 29 | 30 | 31 | | | | |

| Student Instructional Days | |  | | | |
|----------------------------|-------------------|---|---|---|---|
| Semester 1 | Semester 2 | | Organizational Professional – no students | ♣ | 3 |
| 88 days | 89 days | | Teachers' Convention – no students | ♦ | 2 |
| Total = 177 Days | | Professional Development – no students | + | 3 | |
| | | Collaborative P.D – no students | ♥ | 4 | |
| | | School Closures (no staff, no students) | | | |
| | | Diploma Exam Days (draft) | T | | |
| | | First Day of Semester | → | | |

2017-2018 Calendar – Public
Approved by Board March 22, 2016

Note: Diploma Examination Dates are draft dates until a new schedule confirmed in November 2016