

Northern Gateway Public Schools  
2021-22 STUDENT REGISTRATION FORM

Registration Checklist:

- Please download and complete the attached form. The form may be printed, completed and signed manually, or completed and signed digitally in Adobe Reader.
- Once the form has been completed, please sign and initial the form where indicated.
- Proof of residence** is required to register for school. Parents will be required to provide a copy of their legal address to the school. Proof of residence can be verified with any bill or agreement that proves that this location is the student's legal home address (blue or green sign number) or street address. It can be in the form of a tax notice, lease agreement or a power or cable bill.
- Legal proof of a student's name and age** is required to register for school. Proof of name and age can be provided via a copy of a birth certificate, permanent residency document, Canadian citizenship document or passport.
- If you require bus transportation please apply online at [ngps.ca](http://ngps.ca), [Busing and Transportation](#).
- Submit your registration form including: completed, signed application, proof of residence, and proof of student's name and age to the school. Scan and email, mail or fax your signed application and proof documents to the school, or contact the school to make arrangements to drop off your form in person.

Intake Appointments:

Please be advised that an intake appointment may be required for new students.

## STUDENT REGISTRATION 2021-22

### PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. Before a student can be registered by a school, a student registration form must be completed in its entirety and signed by the parent/legal guardian or by the student (if living independently). The student registration form is used to enroll a student who is new to Northern Gateway Public Schools, who is returning to the division, or who is transferring to a school within the division. A student cannot be registered without a copy of a legal document (birth certificate, permanent residency document, Canadian citizenship document, or passport) that provides proof of legal name and age.

#### OFFICE USE ONLY

Student ID #  ASN # (9 digits)

School  Grade  Room  Date of Registration (MM/DD/YYYY)

A copy of the following is attached:  Birth Certificate  Residency Document  Canadian Citizenship Document  Passport

If applicable, a copy of the legal guardianship/custody order is attached:  Yes  No

STUDENT INFORMATION		Print the student's legal surname (last name) and given name(s) below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first name, there is a space at the end of this section for <i>preferred name</i> .						
Student's Legal Last Name				Date of Birth (MM/DD/YYYY)				
Student's Legal First Name				Grade Level				
Student's Legal Middle Name(s)				Language Spoken at Home (if other than English)				
Student's Preferred First Name				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified				
Student Citizenship or Immigrant Status								
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Child of Canadian Citizen		<input type="checkbox"/> Child of individual lawfully permitted to Canada for permanent or temporary residence				
<input type="checkbox"/> Lawfully admitted to Canada for permanent residence				<input type="checkbox"/> International student (parent/guardian residing in another country)				
Phone Numbers (with area code)								
Home Phone				Cell Phone				
Siblings								
Last Name		First Name		School		Age		
Last Name		First Name		School		Age		
Last Name		First Name		School		Age		
Town Residence Address								
Unit Number	House Number	Street Name		Street Type	Town		Province	Postal Code
Rural Legal Land Description								
<input type="checkbox"/> NE	<input type="checkbox"/> NW	Section		Township		Range	W5	
<input type="checkbox"/> SE	<input type="checkbox"/> SW							
Subdivision				Lot		Block	Plan	
Rural Address Sign Number								
Mailing Address (if different than student's residence)								
Address or P.O. Box				Town		Province	Postal Code	
School History								
Has the student ever registered with NGPS? <input type="checkbox"/> Yes <input type="checkbox"/> No				Previous NGPS School				
Previous Non-NGPS School Attended		Previous School Phone Number		Previous School District		Previous School Province or Country		
Medical Information (This information could be crucial to the well-being of the student, although we understand this information is optional)								
Are there any serious medical conditions about which you wish the school to be aware? Please indicate below. <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies (please specify) <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please specify)							AHC Number	
Medical Notes (If more space is required, please attach additional notes)								

## Bus Transportation

Will the student require transportation on a Northern Gateway Public Schools' bus?  Yes  No  
 For information on student transportation and/or to apply for busing please visit [ngps.ca](http://ngps.ca), [Busing and Transportation](#) or contact the Transportation Department at [transportation@ngps.ca](mailto:transportation@ngps.ca) or 1-888-785-3396.  
**Proof of Residence is required i.e. Utility bill.**

## PARENT/GUARDIAN INFORMATION

Please identify each of the legal guardian(s) for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian as defined in the *Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth, and Family Enhancement Act.*

FIRST LEGAL PARENT/GUARDIAN	Relationship to Student					
	Last Name					
	First Name			Mr., Mrs., Ms., Dr., etc.		
	Phone Numbers (with area code)					
	Home Phone		Business Phone			
	Cell Phone		Email Address			
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right; font-size: small;">If address is different than the student's, please complete the section below.</span>					
	Town Residence Address					
	Street Address		Town	Province	Postal Code	
	Rural Legal Land Description					
	<input type="checkbox"/> NE	<input type="checkbox"/> NW	Section	Township	Range	W5
	<input type="checkbox"/> SE	<input type="checkbox"/> SW				
Subdivision		Lot	Block	Plan		
Rural Address Sign Number						
Mailing Address (if different than student's residence)						
Address or P.O. Box		Town	Province	Postal Code		

SECOND LEGAL PARENT/GUARDIAN	Relationship to Student					
	Last Name					
	First Name			Mr., Mrs., Ms., Dr., etc.		
	Phone Numbers (with area code)					
	Home Phone		Business Phone			
	Cell Phone		Email Address			
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right; font-size: small;">If address is different than the student's, please complete the section below.</span>					
	Town Residence Address					
	Street Address		Town	Province	Postal Code	
	Rural Legal Land Description					
	<input type="checkbox"/> NE	<input type="checkbox"/> NW	Section	Township	Range	W5
	<input type="checkbox"/> SE	<input type="checkbox"/> SW				
Subdivision		Lot	Block	Plan		
Rural Address Sign Number						
Mailing Address (if different than student's residence)						
Address or P.O. Box		Town	Province	Postal Code		

## EMERGENCY CONTACTS

An **emergency contact person** is someone who resides in the vicinity of the school, other than the student's parent or guardian, who can be called upon to quickly respond to an emergency situation if the parent or guardian is unavailable.

Emergency Contact #1		Relationship to Student	
Home Phone	Business Phone	Cell Phone	
Emergency Contact #2		Relationship to Student	
Home Phone	Business Phone	Cell Phone	

## Guardianship Rights and Student Protection

Guardians of the student must be identified to ensure each party's rights are respected. If an order does exist affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. The court seal must be evident on the order. In rare instances, a child may be designated as "protected" if a court issues a restraining order under the *Child Welfare Act, Divorce Act, Young Offenders Act* or similar legislation.

Does a legal document exist?  Yes  No      Document Expiry Date (MM/DD/YYYY, if applicable)

Type of Legal Document  Access and/or Custody     Parenting     Guardianship     Protection

Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. Please ensure that the division has copies of all current orders or agreements addressing guardianship rights, responsibilities, and entitlements or otherwise affecting the custody of or access to your child.

## Family Circumstances

Are there family circumstances you wish to share with the school?  Yes  No If yes, please make an appointment with the principal.

## 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 **and** (a) who is living independently, or (b) who is 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

## Francophone Rights

According to Section 10 of 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 or more of their children have received/are receiving instruction in a French First Language Program or school in Canada (this does not include a French Immersion program).

Do you claim entitlement to a **Francophone Education** under the terms of the *School Act*?  Yes  No

If you have answered yes, the Student Record Regulation requires Northern Gateway Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction.

If **yes**, do you wish to exercise your right to have your child educated in French?  Yes  No

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.

## Indigenous Self-Declaration

If you wish to identify that your child has First Nations, Métis or Inuit ancestry, please specify:

Status/First Nations  Non-Status/First Nations  Métis  Inuit

For further information, please refer to Alberta's [First Nations, Métis or Inuit Self-Identification](#) or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by the school board, please contact the Assistant Superintendent at 780-778-2800 or 1-800-262-8674.

## Student Treaty Status and Residency

Does this student have treaty status?  Yes  No Does this student reside on reserve?  Yes  No

Indian Registry Number (IRN – ten digit number)

Name of Reserve

Complete Address on Reserve

## Digital Citizenship and Technology Use

As a condition of using Northern Gateway Public Schools network resources, I understand that access to division information resources, including access to internet and cloud-based resources, is a privilege and agree to abide by [Administrative Procedure 140 - Digital Citizenship](#) and the regulations identified in the [Northern Gateway Digital Citizenship - Technology Use Agreement](#).

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials

## Using and Disclosing Personal Information

Northern Gateway Public Schools recognizes that all procedures for the collection and storing of information by division staff in the course of affairs and procedures regulating the release of information to other parties must follow provisions of the *Freedom of Information and Protection of Privacy (FOIP) Act*. Access to information is guided by [Administrative Procedure 180 - Freedom of Information and Protection of Privacy](#). Further details can be found in our [FOIP and Media Consent](#) document.

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials

## Media Participation

While under the supervision of Northern Gateway Public Schools, I hereby give Northern Gateway Public Schools and outside organizations permission to photograph, video tape, audio tape, and/or interview my child. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced, and broadcast within NGPS and by the outside organization for displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials.

I hereby give Northern Gateway Public Schools permission to use, publish, display, and copyright any work, written material, or creative work created or authored by my child through school activities. I understand that artwork, written material, or creative work may be used by Northern Gateway Public Schools in division or school displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials. I understand that Northern Gateway Public Schools may make minor edits as deemed appropriate.

I understand that consent can be revoked at any time by written notification provided to my child's school. Further details can be found in our [FOIP and Media Consent](#) document.

Please initial to indicate that you have read and understood the guidelines explained above.

Initials

## Consent to Post Personal Information

Northern Gateway Public Schools requests consent to post personal information (including but not limited to first name, last name, grade, photographs, video, audio, award recognition, and school related activities) to external websites, social media, media publications (including yearbooks), and promotional materials. **I understand that my signature below indicates my consent.**

I understand that once provided, consent, in whole or in part (e.g. last name or photo, etc.), can be revoked at any time by **written notification** provided to my child's school, acknowledging that although photos/videos will be removed from websites and social media accounts, it may not be possible to remove all traces of personal information from the Internet.

Further details can be found in our [FOIP and Media Consent](#) document.

Signature

## Policies and Regulations

If the hyperlinked documents are unavailable for any reason, information related to the sections above is available at your school in paper format. Please ask your school secretary or principal.

## Collection and Use of Personal Information Disclaimer

The information requested on this form is being collected pursuant to the *School Act*, Section 23, A.R. 71/99 and the *Freedom of Information and Protection of Privacy (FOIP) Act*, Sections 33(c), 39(1)(b), and 40(1)(c). Information acquired through this form is kept secure and access is restricted. In accordance with the Student Record Regulation, this form will be placed in the student's record file.

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the school or Northern Gateway Public Schools' FOIP Coordinator at 1-800-262-8674.

## DECLARATION

I am the legal guardian or the independent student referred to in this registration form. I have read and understand the information regarding guardianship and I have identified all guardians for this student. I hereby certify the foregoing information to be true, correct, and complete.

First Parent/Guardian Print Name

Signature

Date

Second Parent/Guardian Print Name

Signature

Date

# Welcome to Pat Hardy Primary School 2021/2022 Kindergarten Registration

**You must number your tentative choices in order of preference:**

- Morning Class (Monday-Friday)
- Monday/Wednesday/Alternating Fridays - Full Day
- Tuesday/Thursday/Alternating Fridays - Full Day
- All Day Everyday Class - Full Day (\$325 per month)

## Office Use Only

Date returned: \_\_\_\_\_ Received By: \_\_\_\_\_

Birth Certificate or Passport Provided

ADED Payment Received: Cash  Cheques

Receipt Number \_\_\_\_\_

## COVID-19 INFORMATION

# COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR CHILDREN UNDER 18)

### Overview

This checklist applies for all children, as well as all students who attend kindergarten through Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, child care or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

### Screening Questions

#### 1. Has the child:

*(Choose any/all possible exposures)*

<b>Traveled outside Canada in the last 14 days?</b> When entering or returning to Alberta from outside Canada, individuals are legally required to quarantine for 14 days (see note below)	YES	NO
<b>Had close contact with a case<sup>1</sup> of COVID-19 in the last 14 days?</b> Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging	YES	NO
<b>If the child answered "YES" to any of the above:</b> <ul style="list-style-type: none"><li>The child is required to quarantine for 14 days from the last day of exposure. Note: If the child is participating in the Alberta COVID-19 International Border Pilot Project, they must comply with the program restrictions at all times.</li><li>If the child develops any symptoms, use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li></ul> <b>If the child/youth answered "NO" to both of the above:</b> <ul style="list-style-type: none"><li>Proceed to question 2.</li></ul>		

#### 2. Does the child have any new onset (or worsening) of the following core symptoms:

<b>Fever</b> Temperature of 38 degrees Celsius or higher	YES	NO
<b>Cough</b> Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
<b>Shortness of breath</b> Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
<b>Loss of sense of smell or taste</b> Not related to other known causes or conditions like allergies or neurological disorders	YES	NO
<b>If the child answered "YES" to any symptom in question 2:</b> <ul style="list-style-type: none"><li>The child is to isolate for 10 days from onset of symptoms.</li><li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to arrange for testing and to receive additional information on isolation.</li></ul> <b>If the child answered "NO" to all of the symptoms in question 2:</b> <ul style="list-style-type: none"><li>Proceed to question 3.</li></ul>		

<sup>1</sup>A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#).

**3. Does the child have any new onset (or worsening) of the following other symptoms:**

<b>Chills</b> Without fever, not related to being outside in cold weather	YES	NO
<b>Sore throat/painful swallowing</b> Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
<b>Runny nose/congestion</b> Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
<b>Feeling unwell/fatigued</b> Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury	YES	NO
<b>Nausea, vomiting and/or diarrhea</b> Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
<b>Unexplained loss of appetite</b> Not related to other known causes or conditions, such as anxiety or medication	YES	NO
<b>Muscle/joint aches</b> Not related to other known causes or conditions, such as arthritis or injury	YES	NO
<b>Headache</b> Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
<b>Conjunctivitis</b> (commonly known as pink eye)	YES	NO
<p><b>If the child answered “YES” to ONE symptom in question 3:</b></p> <ul style="list-style-type: none"> <li>• Keep your child home and monitor for 24 hours.</li> <li>• If their symptom is <b>improving</b> after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.</li> <li>• If the symptom <b>does not improve or worsens</b> after 24 hours (or if additional symptoms emerge), use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to check if testing is recommended.</li> </ul> <p><b>If the child answered “YES” to TWO OR MORE symptoms in question 3:</b></p> <ul style="list-style-type: none"> <li>• Keep your child home.</li> <li>• Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> <li>• Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.</li> </ul> <p><b>If the child answered “NO” to all questions:</b></p> <ul style="list-style-type: none"> <li>• Your child may attend school, child care and/or other activities.</li> </ul>		

**Please note:** If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started/until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.