



Calgary Board of Education

CHINOOK LEARNING SERVICES 2010/2011~ OFF-CAMPUS STUDENT REGISTRATION FORM

Student Information Records System (SIRS)

This form must be completed for all new students who are registering in Chinook Learning Services, Calgary Board of Education

CBE ID #: _____
AED #: _____
Program: _____
Date: _____

February 2011

STUDENT INFORMATION		DECLARATION OF RESIDENCY: IS THE STUDENT NAMED BELOW A RESIDENT OF THE CALGARY SCHOOL DISTRICT #19 AS DEFINED BY THE SCHOOL ACT? <input type="checkbox"/> YES <input type="checkbox"/> NO See Student Residency on Page 5 of this form - Important Information for Parents And Students		
NOTE: A photocopy of the student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. The photocopy will be placed in the Student Record.				
Name of Official Document (specify) _____		Document # _____		
Student's Legal Name Surname _____ First Name _____ Middle Name _____		Student's AKA Name (A name by which the student is commonly known in the family and community) AKA Surname _____ AKA Given Name _____		Birth Date MM DD YYYY _____ _____ _____
Address _____		City _____	Postal Code _____	
Home Phone Number _____ () _____ <input type="checkbox"/> Unlisted <input type="checkbox"/> Listed	CBE Email Address: _____ Cell Phone: _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Grade _____

MEDICAL INFORMATION

Alberta Health Care Number (This information will only be used for obtaining emergency medical care. The number may be requested by a Health Services Provider as a pre-condition to providing medical service)		_____
Does the student have any medical or physical conditions that may affect his/her attendance in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give a brief description. _____		

SCHOOL INFORMATION

Name of school at which student is registering		Program Name	Start Date		
Chinook Learning Services Off-Campus Program			MM	DD	YYYY
Is the student currently attending another school: <input type="checkbox"/> Yes--Name of School: _____ <input type="checkbox"/> No--Last School Attended: _____		Reason for leaving last school (if applicable)	Grade Completed	School Withdrawal Date	
				MM	DD YYYY
Was the student suspended or expelled from the last school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was the suspension resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No (If the suspension has not been resolved, refer to Student Services - Suspensions)			If the suspension has been resolved, please provide further information.		
Address of current or last school (if outside CBE)		City	Province		
Postal Code	Country	School Phone Number:			

INDEPENDENT STUDENT STATUS

Students 18 years of age and older, or "independent" under the School Act:

Any student 18 years of age and older **or** 16 years of age and older **and** considered legally "independent" under CBE Administrative Regulation 6000 - Independent Students may complete this form and register at Chinook Learning Services without parental consent.

Are you declaring independent status? Yes No

If Yes, please attach proof of independent status (please see Student Services at Chinook Learning Services for further direction)

PARENT/GUARDIAN INFORMATION (NEEDED IF STUDENT DOES NOT HOLD INDEPENDENT STATUS – PLEASE PRINT)

1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____				2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.				<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
Last Name		First Name		Last Name		First Name	
Address				Address			
City	Province	Postal Code	Country	City	Province	Postal Code	Country
Home Phone Number ()		Business Phone Number ()		Home Phone Number ()		Business Phone Number ()	
Cellular Phone Number ()		Fax Number ()		Cellular Phone Number ()		Fax Number ()	
Email:				Email:			

CUSTODY OR GUARDIANSHIP INFORMATION

Student lives with: Both parents Mother Father Legal Guardian Other (specify) _____

NOTE: If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy of the most recent custody document must be placed in the student record.

Name of Legal Document _____ **Attach copy**

NOTE: Parent can obtain the "Custody Issues" document from Student Services at Chinook Learning Services (Legal Services binder).

EMERGENCY CONTACTS (PLEASE PRINT)

It is essential that you provide the names and phone numbers of individuals who have given their permission to be contacted in the case of emergency if the school cannot reach the parent or guardian listed above, or if the student is independent.

1 Name		2 Name		
Phone Number(s) <input type="checkbox"/> Home () _____ <input type="checkbox"/> Business () _____ <input type="checkbox"/> Cell () _____ <input type="checkbox"/> Other () _____		Phone Number(s) <input type="checkbox"/> Home () _____ <input type="checkbox"/> Business () _____ <input type="checkbox"/> Cell () _____ <input type="checkbox"/> Other () _____		
Relationship to Student		Relationship to Student		

CITIZENSHIP

Is the student a Canadian Citizen? Yes No Birth Country, *if not* Canada: _____

Citizenship, if not Canadian

- Permanent Resident/Landed Immigrant
 Child of a Canadian Citizen
 Child of a lawfully admitted permanent or temporary resident

Student Authorization – Study Permit

Study Permit Expiry Date

MM	DD	YYYY

Has the CBE Admissions Office Assessment Centre assessed the student?

Yes No

ABORIGINAL ELIGIBILITY

If the student wishes to declare that he/she is an Aboriginal person, please specify:

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

Alberta Education is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton, AB T5J 4L5. (780) 427-8501.

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

A student may be eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be Canadian born or foreign born.

Do you think the student qualifies for ESL? Yes No

Do you need assistance with interpretation? Yes No

Language mainly spoken at home: _____

OFF-CAMPUS PROGRAM

Please check the program for which you wish to register:

- Work Experience - General (**Deadline June 3, 2011**)
 Health Initiative - **also complete** 2011 Careers Health Services Application form found at <http://www.nextgen.org/Applications/tabid/221/Default.aspx> (**Deadline April 15, 2011**)
 Registered Apprenticeship Program - **also complete** RAP Application form found at <http://www.nextgen.org/Applications/tabid/221/Default.aspx> (**Priority given to applications received by April 15, 2011. Final deadline June 3, 2011**)

All applications must include: 1) a current resume & cover letter
2) copies of current, relevant certifications if required (ie. WHMIS, First Aid, CSTS, etc.)

CTR 1010 or HCS3000 must be successfully completed prior to any work experience credits being granted. Some programs require successful completion of specific safety courses and/or certifications.

EMPLOYER INFORMATION FOR WORK EXPERIENCE (GENERAL)

Your employer must agree to participate in this program, and you must have a secured position to register for Work Experience.

Company Name: _____ **Company Phone #:** _____

Company Address: _____

Company contact Name: _____

Worksite location (if different): _____

DECLARATION

I/we declare the information that I/we have provided on this form is complete and accurate. I/we will notify the school of any changes to the information on this form. I/we have also read and understand the "School District Use of Personal Information" section on the "Important Information for Parents and Students" form. A **copy** of "Important Information for Parents" may be obtained from the school for future reference.

I/we, certify that the information given in, and with, this registration is true and complete to the best of my/our knowledge, and that it may be viewed by employers for the purpose of determining potential placements. I/we agree to attend any safety courses or prerequisite courses or sessions as required for individual programs. I/we understand that:

1. Applying to any Off-Campus program does not guarantee placement.
2. The Calgary Board of Education will not be responsible for the student's transportation to and from the worksite.
3. The student will be expected to:
 - Be prompt and regular in attendance at work
 - Conform to company rules and regulations
 - Accept direction and assignments from authorized supervising personnel
4. Students may be withdrawn from a worksite at the request of the employer, by notice to their Off-Campus Teacher.
5. A new placement for a student withdrawn from a worksite, will be at the discretion of the Off-Campus Teacher.
6. An authorized member of the Calgary Board of Education teaching staff will be assigned to monitor student progress in the workplace.
7. Some employers require employees to take a drug test as a condition of employment, and employment may be denied based on the result.
8. The number of credits is reflected for the number of hours worked. Students who successfully complete program requirements will be assigned credits.

Signature of Parent / Legal Guardian or Independent Student

Student's Printed Name _____ Student's Signature _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date: _____

***Parent/Guardian consent is required if the student is under 18 years of age.**

How to Submit:

Ensure that you have included:

- Photocopy of proof of citizenship
- Cover letter
- Current resume
- Any other relevant certifications
- Forms for Health Initiative or RAP (if applicable)

Please fax to: Chinook Learning Services, 403-777-7229, or mail to 2519 Richmond Road SW, Calgary, AB, T3E4M2

IMPORTANT INFORMATION FOR PARENTS AND STUDENTS

The personal information requested on this form as part of the school registration process is collected under the authority of *Alberta's Freedom of Information and Protection of Privacy Act (FOIP)*, and the *Canadian Charter of Rights and Freedoms*, Section 23. This information will be used for the establishment of a student record, determination of residency, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under his/her administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

SCHOOL DISTRICT USE OF PERSONAL INFORMATION

On September 1, 1998, the Calgary Board of Education (CBE) became subject to Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*. The *FOIP Act* sets controls and standards on how personal information is collected, used and disclosed. The following are **examples** of how personal information may be used for school related activities and are not intended as an all-inclusive list. These activities form a vital part of a healthy and functioning school and the participation of all students in these activities is viewed as an important part of every student's education.

1. The use of a student's photograph/image taken by a school photographer for school-related purposes including report cards, student records, Rolodex cards, Image CD-ROM or DVD-ROM disks, student identification cards, school library cards, school yearbooks, recognition, composites, display at school or school district sites, school newsletters, emergency, medical, legal, law enforcement and/or matters relating to safety and security.
2. The use of a student's name and grade for the identification of assigned classroom or teacher in a school. The use of a student's name, address, birth date, school, grade, homeroom and/or photo for student identification purposes for school related activities.
3. The use of a student's name, address, telephone number, school, program, grade, parent's name and related contact information for the provision of transportation services.
4. The use of a student's name, telephone number, school, grade, parent's name and related contact information for absenteeism verification, emergency fan-outs, field trips and/or other school sponsored activities.
5. The use of a student's name, school and grade on artwork, written work and/or other creative material for display at school or school district sites.
6. The use of a student's name, school, grade, photo, academic information and/or written material (i.e., biographical, creative writing) for the school newsletter, yearbook and/or other school district publications.
7. The use of a student's name, school, grade and/or photo for athletic events, fine arts productions, presentations, fairs, celebrations and/or other school sponsored activities.
8. The use of a student's name, school, grade and/or academic information for determining eligibility or suitability for an honour, award, scholarship, athletic program and/or other school sponsored events.
9. The use of a student's name, school, grade, photos/videos/images and/or academic information for recognizing the recipient of an honour, award or scholarship granted by or through the school district and/or for other recognition purposes.
10. The use of individual, class, club, team and/or group photos/videos/images taken at school sponsored activities for display in school or school district sites.
11. The use of photos/videos/images taken by school district personnel of classroom or other school sponsored activities held within the school or school district sites for educational purposes at the school.
12. The use of a student's name, photo/image, birth date, parent's name, telephone number, address and any student health and/or relevant personal information to assist authorized individuals in responding to emergency situations relating to safety and security, for law enforcement purposes and other legal requirements, and to assist students who have severe or life-threatening medical or other conditions.

Please note: Photos, videos or images of students attending or participating in school activities (e.g. sporting events, concerts, cultural programs, clubs, field trips, graduation or other ceremonies), that are open to the general public, may be taken by CBE staff, the public-at-large, including journalists, reporters, videographers and other members of the Media and used for purposes within and outside the school or school district. The CBE cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.

Written consent for your child to participate in these activities is **not** being requested. The school will contact parents/guardians on the occasions when consent is appropriate. Information about your child is collected under the authority of the *School Act* and/or Alberta's *Freedom of Information and Protection of Privacy Act*.

If you have any questions about the collection and/or the intended purposes, please contact the school principal or the CBE FOIP Coordinator at (403) 294-8394, Calgary Board of Education, 515 Macleod Trail SE, Calgary AB T2G 2L9.