Calgary Board of Education

**Niitsitapi Ii tass ksii nii mat tsoo kop**
Niitsitapi Learning Centre (NLC)
3743 Dover Ridge Dr. SE Calgary, AB T2B2E1 t | 403-817-3404 f | 403-248-1477

# NLC Introductory Form

| | |
|---|---|
| **Student** | ☐ Name: _____<br>☐ Birthdate (MM/DD/YYYY): _____<br>☐ Grade: _____ |
| **Where is your family from? What nation and place, e.g., Metis, Manitoba or Siksika, Alberta?** | ☐ Siksika ☐ Stoney Nakoda<br>☐ Piikani ☐ Métis from: _____<br>☐ Kainai ☐ Cree from: _____<br>☐ Tsuut'ina ☐ Other from: _____ |
| **Do you prefer a language program for your child? Please check one box.** | ☐ Blackfoot ☐ Cree<br>☐ Stoney ☐ Michif<br>☐ Dene ☐ Other: _____ |
| **What are your child's strengths? What does your child do well/enjoy?** | |
| **Has your child previously attended school? If yes, where?** | ☐ No ☐ Yes at: _____<br>☐ Received funding in Preschool/Kindergarten |
| **Does your child have any special medical, physical or emotional needs? Please check boxes for areas of need.** | ☐ Seeing / Hearing ☐ Separating from parent<br>☐ Behaviour ☐ Toileting<br>☐ Speech and language ☐ Attention<br>☐ Anxiety ☐ Playing with others<br>☐ Other: _____ |
| **Has your child had any specialized assessments (speech and language, psychological, etc.)?** | ☐ Individual Program Plan (IPP)<br>☐ Assessments<br>☐ *If yes, please provide a copy of the assessment(s)* |
| **If yes, what were the results or diagnosis?** | |
| **Please check the boxes for the activities you are comfortable with your child participating in.** | ☐ Traditional dance<br>☐ Hoop dance<br>☐ Traditional drumming and singing |
| **Does your child have regalia and/or moccasins at home? If yes, which type? Does your child have a ribbon skirt or shirt?** | ☐ Yes, regalia (fancy, jingle etc.): _____<br>☐ Yes, moccasins<br>☐ Yes, ribbon shirt or skirt<br>☐ No, not at this time |
| **Is there anything else you would like to share with us about your child?** | |

Calgary Board of Education

# Student Registration Form

Dependent Student

This form is a legal document. It must be completed in its entirety by a legal guardian or parent for each Kindergarten to grade 12 student registering in a school in The Calgary Board of Education. The information for each legal guardian, including custodial parents, must be included on this form. The Declaration must be signed in front of school personnel. Please bring (government issued) photo identification. You may be asked to provide documentation confirming guardianship. Please print.

## Dependent Student

Legal Last Name: _____ Grade Entering: _____

Legal First Name: _____ CBE Student ID Number (if known): _____

Legal Middle Name: _____ Alberta Education ID Number (if known): _____

## Resident / Non-Resident of The Calgary Board of Education (CBE)

Under the *Education Act*, a student is considered a resident of CBE if at least one of the legal guardians / parents with day-to-day care of the student resides in the boundaries of CBE and at least one of them is NOT of the Roman Catholic faith. For more information, refer to **Boundaries of CBE** at the end of this document. For non-resident children under the age of 6, refer to **Early Childhood Services** at the end of this document.

By signing below, I declare that (check one):

☐ all legal guardians / parents with day-to-day care of the student identified on this form, do **not** reside within CBE boundaries

☐ at least one legal guardian / parent with day-to-day care of the student identified on this form, resides within CBE boundaries

and (check one):

☐ all legal guardians / parents with day-to-day care of the student identified on this form, are of the Roman Catholic faith

☐ at least one of the legal guardians / parents with day-to-day care of the student identified on this form, is **not** of the Roman Catholic faith

| **Print** Legal Guardian / Parent Name | **Signature** Legal Guardian / Parent | **Date** (MM/DD/YYYY) |
|---|---|---|
| | | |

## Student Name and Address

For acceptable identification, refer to **Proof of Age, Legal Name and Citizenship** at the end of this document.

Preferred Last Name: _____ Preferred First Name: _____

Birth Date: ____ / ____ / ____ (MM / DD / YYYY) Gender: ☐ Female ☐ Male ☐ Another: _____ *(Optional)*

Student Mobile Phone (only high school students): ____ – ____ – ____

Student Personal Email Address for Alberta myPass (students 13 or older): _____

Provide the address of the legal guardian / parent where the student lives full time. If the student lives with legal guardians that do not live together, the legal guardians must choose one address to use as the primary student residence.

Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Home Community (in Calgary): _____

## Office Use Only

Name of School: _____ Program: _____ Lottery/Draw: ☐ Yes ☐ No

Expected Start Date (MM/DD/YYYY): _____ Kindergarten: ☐ Full Day (FD) ☐ FD Alternating ☐ Half Day

Proof of Address Document: _____ Proof of Age & Legal Name Verified: ☐ Yes ☐ No

Entered by: _____ Date Entered (MM/DD/YYYY): _____ Resident of CBE: ☐ Yes ☐ No

## Student Citizenship

Birth Country: _____ Primary Language Spoken at Home: _____

All Languages Spoken in the Home: _____

Student is a Canadian Citizen: ☐ Yes ☐ No

If Canadian Citizen, name of Canadian document (e.g., birth certificate, passport, Canadian Citizenship Certificate):

_____

If **not** Canadian Citizen, name of document (e.g., Permanent Resident, Refugee Claimant, Temporary Resident, Child of Canadian Citizen, Child of a lawfully admitted permanent or temporary resident):

_____

Effective Date of Document: ____ / ____ / ____ (MM / DD / YYYY) Expiry Date of Document: ____ / ____ / ____ (MM / DD / YYYY)

## Student Medical Information

If the student's attendance at school may be affected by an existing medical or physical condition, it is your responsibility to complete and submit the *Student Health Plan* form to the school.

Does the student have any medical or physical conditions that may affect their attendance at school? ☐ Yes ☐ No

Does the student have any life-threatening allergies? ☐ Yes ☐ No

If **yes** to either of the above questions, give a brief description:

Has the *Student Health Plan* form been completed and submitted to the school? ☐ Yes ☐ No

## Francophone Eligibility

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the *Education Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exists:

- either parent's first language learned and still understood is French;
- either parent has received their primary school instruction in Canada in French; or
- one or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada.

Does your child have Francophone eligibility? ☐ Yes ☐ No

If **yes**, and you wish to exercise your right, please contact the Conseil Scolaire FrancoSud at 403-686-6998.

The Alberta *Student Records Regulations* requires that, if requested, The Calgary Board of Education provide the name, address, date of birth and gender of Section 23 eligible students to the Francophone School District as well as the name, address and telephone number of the student's parent.

## Aboriginal Self-Identification (optional)

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

☐ First Nation (status) ☐ First Nation (non-status) ☐ Métis ☐ Inuit

For further information, refer to https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx or contact Alberta Education at 780-427-8501 (dial 310-0000 first to be connected toll-free from anywhere in Alberta).

If you have questions regarding the collection of student information by the school board, please contact The Calgary Board of Education's Education Director in care of the Indigenous Education Team at IndigenousEducation@cbe.ab.ca.

## Previous School Information

Has the student *ever* registered in a school in The Calgary Board of Education (CBE)? ☐ Yes ☐ No

If **yes**, provide:

Name of CBE School: _____

Grade Completed: _____ Withdrawal Date (MM/DD/YYYY): _____

Has the student attended school elsewhere (including with an Early Childhood provider)? ☐ Yes ☐ No

If **yes**, provide:

Name of the Last School Attended: _____

Name of School Contact: _____

Grade Completed: _____ Withdrawal Date (MM/DD/YYYY): _____

Reason for Leaving: _____

Was the student suspended or expelled? ☐ Yes ☐ No

Address of School: _____

School Phone: _____ School Fax: _____

## Student Learning Needs

Has the student *ever* had an Individual Program Plan (IPP), Individual Education Plan (IEP) or a learning, medical or mental health assessment that has provided recommendations to support the student's learning? ☐ Yes ☐ No

If **yes**, provide the school with the learning, medical or mental health assessment document (e.g., psycho-educational assessment, physician letter).

If **yes** and from **inside Alberta**, provide a description and if known, the Alberta Education special education code(s).

If **yes** and from **outside Alberta**, provide a description and if known, the special education code(s).

Has the student *ever* been in a special education program/class or unique setting in CBE or elsewhere? ☐ Yes ☐ No

If **yes**, provide the name of the program/class or setting, and if not from CBE, provide a description.

Are there any language needs or other unique learning needs we should know in order to support the student's learning?

_____

### Legal Guardians / Parents / Others

If there is more than one Legal Guardian, include the information for *each* guardian on this form whether the guardians live together or not.

A legal guardian may be a parent or other person who is legally responsible for the well-being of the child and makes important decisions for the child. Legal guardian is defined in section 1(1)(2) of the *Education Act*.

For more information, refer to the **Relationship** and **Custody and Guardianship Documents** at the end of this document.

Set the phone preferences using the 'Call Order'. Select 1 for the preferred phone number.

**Please provide a minimum of TWO emergency contacts.** They may be legal guardians, non-legal guardians or a combination of both.

A description of the **Release of Information Form** referred to in the NOT Legal Guardian / Others section is at the end of this document.

## Legal Guardian

First Name: _____ Last Name: _____

Relationship to Student: _____ Language interpretation requested: ☐ Yes ☐ No

Lives with Student: ☐ Yes ☐ No Same Address as Student: ☐ Yes ☐ No

**Emergency Contact:** ☐ Yes ☐ No Contact Order (assign a priority level): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

Legal Guardians / Parents Live Together: ☐ Yes ☐ No If **yes**, skip to Home Phone.

Custody: ☐ Sole Custody / Parenting ☐ Joint / Shared Custody / Parenting ☐ Delegation of Authority ☐ Decision Making

Court Order: ☐ Yes ☐ No If **yes**, a copy must be provided for the student record.

Emergency Protection Order: ☐ Yes ☐ No If **yes**, a copy must be provided for the student record.

If there are **no** court documents, a brief written summary of the current family status is required:

Home Phone: ___ – ___ – _____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Work Phone: ___ – ___ – _____ Ext. _____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Mobile Phone: ___ – ___ – _____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Email Address: _____

**Home Address:** Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

**Mailing Address:** Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Home Community (in Calgary): _____

## Legal Guardian

First Name: _____ Last Name: _____

Relationship to Student: _____ Language interpretation requested: ☐ Yes ☐ No

Lives with Student: ☐ Yes ☐ No Same Address as Student: ☐ Yes ☐ No

**Emergency Contact:** ☐ Yes ☐ No Contact Order (assign a priority level): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

Legal Guardians / Parents Live Together: ☐ Yes ☐ No If **yes**, skip to Home Phone.

Custody: ☐ Sole Custody / Parenting ☐ Joint / Shared Custody / Parenting ☐ Delegation of Authority ☐ Decision Making

Court Order: ☐ Yes ☐ No If **yes**, a copy must be provided for the student record.

Emergency Protection Order: ☐ Yes ☐ No If **yes**, a copy must be provided for the student record.

If there are **no** court documents, a brief written summary of the current family status is required:

Home Phone: ___ – ___ – _____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Work Phone: ___ – ___ – _____ Ext. _____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Mobile Phone: ___ – ___ – _____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Email Address: _____

**Home Address:** Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

**Mailing Address:** Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Home Community (in Calgary): _____

## Legal Guardian

First Name: _____ Last Name: _____

Relationship to Student: _____ Language interpretation requested: ☐ Yes ☐ No

Lives with Student: ☐ Yes ☐ No Same Address as Student: ☐ Yes ☐ No

**Emergency Contact:** ☐ Yes ☐ No Contact Order (assign a priority level): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

Legal Guardians / Parents Live Together: ☐ Yes ☐ No If **yes**, skip to Home Phone.

Custody: ☐ Sole Custody / Parenting ☐ Joint / Shared Custody / Parenting ☐ Delegation of Authority ☐ Decision Making

Court Order: ☐ Yes ☐ No If **yes**, a copy must be provided for the student record.

Emergency Protection Order: ☐ Yes ☐ No If **yes**, a copy must be provided for the student record.

If there are **no** court documents, a brief written summary of the current family status is required:

Home Phone: ___ – ___ – ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Work Phone: ___ – ___ – ____ Ext. ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Mobile Phone: ___ – ___ – ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Email Address: _____

**Home Address:** Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

**Mailing Address:** Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Home Community (in Calgary): _____

## NOT Legal Guardian / Others (e.g., stepparent, babysitter, interpreter, probation officer)

First Name: _____ Last Name: _____

Relationship to Student: _____ Lives with Student: ☐ Yes ☐ No

**Emergency Contact:** ☐ Yes ☐ No Contact Order (assign a priority level): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

Permission to Pick Up Student from School (if emergency contact, "Yes" must be checked): ☐ Yes ☐ No

Release of Information Form (only needed if giving this person access to your child's information): ☐ Yes ☐ No

If **yes**, has the form been discussed and signed by both certificated school staff and legal guardian / parent? ☐ Yes ☐ No

Home Phone: ___ – ___ – ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Work Phone: ___ – ___ – ____ Ext. ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Mobile Phone: ___ – ___ – ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

## NOT Legal Guardian / Others (e.g., stepparent, babysitter, interpreter, probation officer)

First Name: _____ Last Name: _____

Relationship to Student: _____ Lives with Student: ☐ Yes ☐ No

**Emergency Contact:** ☐ Yes ☐ No Contact Order (assign a priority level): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

Permission to Pick Up Student from School (if emergency contact, "Yes" must be checked): ☐ Yes ☐ No

Release of Information Form (only needed if giving this person access to your child's information): ☐ Yes ☐ No

If **yes**, has the form been discussed and signed by both certificated school staff and legal guardian / parent? ☐ Yes ☐ No

Home Phone: ___ – ___ – ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Work Phone: ___ – ___ – ____ Ext. ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Mobile Phone: ___ – ___ – ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

## NOT Legal Guardian / Others (e.g., stepparent, babysitter, interpreter, probation officer)

First Name: _____ Last Name: _____

Relationship to Student: _____ Lives with Student: ☐ Yes ☐ No

**Emergency Contact:** ☐ Yes ☐ No Contact Order (assign a priority level): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

Permission to Pick Up Student from School (if emergency contact, "Yes" must be checked): ☐ Yes ☐ No

Release of Information Form (only needed if giving this person access to your child's information): ☐ Yes ☐ No

If **yes**, has the form been discussed and signed by both certificated school staff and legal guardian / parent? ☐ Yes ☐ No

Home Phone: ___ – ___ – ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Work Phone: ___ – ___ – ____ Ext. _____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

Mobile Phone: ___ – ___ – ____ Call Order (preference): ☐ 1 ☐ 2 ☐ 3

## Sibling Information (optional)

Siblings can be connected in the student information system. If you wish to, please provide the other children's CBE school information.

Name: _____ CBE School: _____ Grade: _____

Name: _____ CBE School: _____ Grade: _____

Name: _____ CBE School: _____ Grade: _____

Name: _____ CBE School: _____ Grade: _____

## Declaration

This Declaration must be signed in front of school personnel. Please bring (government issued) photo identification. You may be asked to provide documentation confirming guardianship.

I, the undersigned, hereby represent that I have the legal authority to register the student identified on this form. I have identified **all** legal guardians / parents for the student. I declare the information that I have provided on this form is complete and accurate**.**

**I will immediately notify the school of any changes to the information on this form.**

| | |
|---|---|
| **Print** Legal Guardian / Parent Name | **Print** Staff Witness Name |
| **Signature** Legal Guardian / Parent | **Signature** Staff Witness |
| **Date** of Signature (MM/DD/YYYY) | **Date** of Signature (MM/DD/YYYY) |

### Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act,* the *Education Act* and its regulations, and the *Canadian Charter of Rights and Freedoms*, Section 23. This information will be used for the maintenance of the student's record, 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 their administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

If you have any questions about this form, please contact the school.

## Boundaries of CBE

- **North |** 144 Avenue N.W. east to Carringvue Manor N.W. alignment (to the south), north to northern boundary of Livingston community (north limit of Section 4, Township 26, Range 1, Meridian 5), east to 6 Street N.E., south to 144 Avenue N.E., east on 144 Avenue N.E. to 84 Street N.E.
- **East |** 84 Street N.E., east on Memorial Drive alignment, 100 Street S.E., east on northern boundary of Mountain View Cemetery alignment, Range Road 284, 17 Avenue S.E., 84 Street S.E., south to 146 Avenue S.E., east to 88 Street S.E., 88 Street S.E.
- **South |** Bow River west to Deerfoot Trail S.E., follow Deerfoot Trail S.E. south to city limits, west to Macleod Trail S.E., Macleod Trail S.E., north to alignment with 210 Avenue S.E. (to the west), west (following creek) along to 210 Avenue S.E., becoming 210 Avenue S.W., to alignment with Silverado Plains Circle S.W. (to the north), north to 194 Avenue S.W., west on 194 Avenue S.W. to Spruce Meadows Way S.W., north on Spruce Meadows Way S.W. to alignment with Silverado Skies Drive S.W. (to the east), west to alignment with Bridleridge Road S.W. (to the north), south to alignment with 186 Avenue S.W. (to the west), 186 Avenue S.W. to city limits, city limits west to 85 Street S.W.
- **West |** 85 Street S.W. north to 146 Avenue S.W., east to 37 Street S.W., 37 Street S.W. north through Glenmore Park back to 37 Street S.W., north to the Glenmore Trail S.W., Glenmore Trail S. W. west and follow city limits to 101 Street S.W., north to 2 Avenue S.W. alignment, west along the south boundary of Crestmont community and north along the west boundary of Crestmont community, Trans Canada Highway, west boundary of Valley Ridge community, N.W. along Bow River, Bearspaw Village Lane alignment, city limit, north boundary of Haskayne community, north on Twelve Mile Coulee Road N.W. (excludes Lynx Ridge) to Country Hills Blvd N.W., Country Hills Blvd N.W. east to Rocky Ridge Road N.W., follow Rocky Ridge Road N.W. north to 144 Avenue N.W.

Supplied by: Planning, February 2021

## Early Childhood Services

Children may be enrolled in any Early Development Centre (EDC) preschool or Kindergarten program in CBE. Schools follow the priorities listed in Administrative Regulation 6090 | Child and Student Registration and Admission, section 6(9), to determine who may be enrolled. However, enrolment in an early childhood services program **does not** guarantee enrolment for grade one in the school or CBE. Priority will be given to CBE resident students living in the designated attendance area for the school.

## Proof of Age, Legal Name and Citizenship

The original document must be provided to the school. The school will make the copy.

The legal guardian / parent must produce the student's Canadian birth certificate at the time of registration. If a Canadian birth certificate is not available, the school may accept a:

- Canadian passport;
- Canadian Citizenship Certificate or Card;
- Canadian Certificate of Indian Status Card; or
- Canadian court order that states the legal name and age or date of birth of the child (e.g. Alberta adoption order). However, this document will not be accepted as proof of citizenship and further documentation will be needed.

The school can **not** accept a:

- document from another country;
- Canadian federal government Record of Landing; or
- Canadian federal government Permanent Resident Card, Permanent Resident Record or Confirmation of Permanent Residence.

A legal guardian / parent who cannot show proof of the student's Canadian citizenship must register the student through CBE Welcome Centre. For more information visit www.cbe.ab.ca/welcome or call 403-817-7789.

*Exception – Students in Shelters*
If the legal guardian / parent does not have one of the documents listed above, they will provide a written summary of current family status until documentation can be provided. The legal guardian / parent is to apply to the government to acquire the required document. Shelter staff can help with this. If applicable, the legal guardian / parent will provide the Restraining Order (RO) or Emergency Protection Order (EPO).

Anything outside of the approved listed documents would need to be discussed with the principal at the school where you are registering.

**Proof of Address**

The proof of address must have the parent / legal guardian / independent student name and current address. Examples of accepted proof of address documents are:

- Bank statement
- GST rebate
- Home or renter insurance
- Income tax statement
- Mortgage statement
- Property tax assessment
- Utility bill

Anything outside of the approved listed documents would need to be discussed with the principal at the school where you are registering.

## Relationship

The following are the options for relationships:

- Agency Representative
- Babysitter
- Cousin
- Custodian
- DLSA - CBE Diversity & Learning Support Advisor
- Family Friend
- Father
- Foster Parent
- Grandparent
- Group Home Case Worker
- Home Stay Parent
- Interpreter
- Legal Guardian
- Mother
- Other
- Outside School Care
- Parent
- Partner
- Physician
- Probation Officer
- Psychologist
- Relative
- Sibling
- Social Worker
- Sponsor
- Spouse
- Stepfather
- Stepmother
- Stepparent
- Stepsibling
- System AP, Global Learning
- Unspecified

## Custody and Guardianship Documents

The original court document must be provided to the school. The school will make a copy of the document, which will be placed in the Official Student Record (OSR).

- **Decision Making** – legal authority for making day-to-day decisions affecting the child. Similar to joint custody, can be court ordered. If not addressed in an Order, the guardians usually both have rights and responsibilities for this.
- **Delegation of Powers and Duties to a Child Caregiver** – implicit sub-allocation of powers and duties by the Director of Child and Family Services, or their delegate (i.e., the social worker), under the *Child, Youth and Family Enhancement Act*. Done by the social worker for a child in protective custody – either Temporary Guardianship Order (TGO) or Permanent Guardianship Order (PGO).
- **Joint / Shared Custody / Parenting** – more than one guardian may exercise the powers, responsibilities and entitlements of guardianship, unless the court orders otherwise; shall use best efforts to co-operate with one another in exercising their powers, responsibilities and entitlements of guardianship. Can be court ordered, or presumed if the parents were married and are now separated but have not been to court.
- **Sole Custody / Parenting** – allocation, generally or specifically, of the powers, responsibilities and entitlements of guardianship exclusive to one individual. Usually court ordered.

## Release of Information Form

Releasing educational information to people outside of the education system such as doctors, lawyers, nurses, private psychologists, hospitals or other individuals as identified by the parent / legal guardian, **is not a requirement of registration or enrollment**. It is only done when this information is needed to provide an effective educational program for the child and/or to assist parents / legal guardians. Student personal information can only be released with the parent's / legal guardian's informed consent (agreement). If a parent / legal guardian has a need to release their child's educational information (e.g., student record, assessments, programs), certificated school personnel must explain the form and what giving consent entails *before* the legal guardian / parent can be given the form to complete.

Please contact the school if you wish to complete the form to give permission to The Calgary Board of Education to release your child's educational information to people outside of the education system. A time will be arranged for you to meet virtually with a certificated school staff member.

Calgary Board of Education

# Student Health Plan

School Year (YYYY-YYYY)

**The Student Health Plan is supported by Administrative Regulation 6002 – Student Health Services.**

**This form must be:**

- completed if a physical or medical condition may affect the student's attendance at school;
- completed if medication is to be taken at school; and
- reviewed and updated annually or sooner if there is a change in the student's health concern or school registration.

NOTE: This form will identify chronic health symptoms that can be confused with COVID-19. Once a child or student with similar symptoms has had a negative COVID-19 test, that student will be able to attend school.

NOTE: This form will be used for requests for mask exemptions due to physical, medical or developmental factors.

**Student Name:** _____ **Birth Date:** _____ (dd-mmm-yy)

**Home Room:** _____ **Grade:** _____

## Section 1 – Health Concern or Medical Condition

Describe the health concern or medical condition:

## Section 2 – Medication Management

a) Medical Information – identify name, dosage, frequency and timing of administration, storage requirements.

b) Potential side effects of medication

c) Response to side effects

d) Responsibilities – outline who does what and when

## Section 3 – Communication

How and when will parents be contacted and under what conditions?

## Section 4 – Parent Contact Information

| Parent(s) /Legal Guardian(s) Name | Phone(s) |
|---|---|
| | |
| Address (with Postal Code) | Email |
| | |

## Section 5 – COVID-19 Mask Exemption

Some health symptoms are similar to those of COVID-19. Please identify any of your child's health symptoms that could be similar to symptoms of COVID-19.

| Most Common/Serious: | Less Common: |
|---|---|
| ☐ Fever | ☐ Aches and pains |
| ☐ Dry cough | ☐ Sore throat |
| ☐ Tiredness | ☐ Diarrhoea |
| ☐ Difficulty breathing/shortness of breath | ☐ Conjunctivitis |
| ☐ Chest pain or pressure | ☐ Headache |
| ☐ Loss of speech or movement | ☐ Loss of taste or smell |
| | ☐ Rash on skin or discoloration of fingers or toes |
| | ☐ Other _____ |

Criteria for Mask Exemption

| | |
|---|---|
| ☐ exceptional needs | ☐ anxiety or anxiety disorders |
| ☐ inability to remove or place mask without assistance | ☐ mental health needs |
| ☐ moderate to severe respiratory issues | ☐ protected grounds under the Alberta Human Rights Act |

☐ Request for Mask Exemption. Provide the reasons for the request.

☐ Medical Documentation – Attach medical documentation (not mandatory)

☐ Exemption approved.

☐ Partial exemption approved.

- ☐ Student will wear the mask in the hallways, gym or auditorium
- ☐ Student will take more frequent mask breaks

☐ Exemption not needed.

Please provide rationale.

## Section 6 - Signatures

**Acknowledgement and Waiver by Parent or Independent student**

1. Primary responsibility for the administration of medication rests with the student and the student's parents.
2. If granted, approval of this request is valid only for the school and school year in which it is submitted.
3. Any change in the student's medical condition or medication is to be brought to the attention of the principal promptly.
4. Action taken by staff will be limited to what is possible in a school setting and to what can be done by persons untrained in medical procedures.
5. Administration of medication through an epinephrine auto-injector will be provided in emergencies related to anaphylactic shock.
6. Parents are responsible for keeping contact information, including emergency contacts, current and up to date.
7. Principals make the final decision for mask exemptions.
8. In requesting the mask exemption, I declare that my child has a condition that meets the criteria for exemption and warrants an exemption.
9. Children or students not wearing masks are responsible for following **all** other COVID response health measures in the school.

| | | | |
|---|---|---|---|
| **Name:** | | **Date:** | |
| | (Last Name, First Name) | | (dd-mmm-yy) |
| **Signature:** | | | |

**Principal Approval**

| | | | |
|---|---|---|---|
| **Name:** | | **Date:** | |
| | (Last Name, First Name) | | (dd-mmm-yy) |
| **Signature:** | | | |

**Authorization for Collection of Personal Information**

Personal information is collected under the authority of the *Education Act* and *the Freedom of Information and Protection of Privacy Act*. This information will be used to respond to the identified medical or physical needs of the student named above. If you have any questions regarding the collection of this information, contact the school principal.

**Print**

Calgary Board of Education

# Consent for Use of Student Information by News Media and Outside Groups (Third Party)

School Year (YYYY-YYYY)

cbe.ab.ca

## Please complete and return to the school.

News media outlets (TV, radio, print publications) and other organizations (third parties) may visit schools throughout the year to report on school programs, activities, and achievements. This is done with permission from school administration and is supervised by CBE staff. Parents will be notified whenever third parties will be attending or have attended events or activities. Information gathered at these events becomes public and may be published, broadcast, sold to other media outlets, or posted on websites and social media by the third party. The CBE cannot control or prevent the distribution or use of student personal information once it is made public.

When you sign this form, you are agreeing that some of your child's personal information (image, first name, initial of surname, grade, and/or school name) may be shared with third parties at school events, activities or non-public events when third parties have been invited, including media.

Parents or independent students are under no obligation to provide consent; it is their voluntary decision to do so. If you do not return this form, this indicates that consent was NOT given.

Decisions on consent can change any time throughout the year. You may withdraw your consent or decide to provide consent by notifying the school principal in writing. The change to consent will be effective going forward from the time the notification is received.

The CBE is unable to control who is taking recordings at public events. Public events include such activities as school assemblies, performances, field trips and sporting events.

**Note | If you have any concerns about this form, please contact the principal at your school.**

## Consent for Release

☐ I give the CBE consent to include my child in the media/third party coverage as described above.

☐ I DO NOT give consent for my child or me to participate in media/third party coverage as described above.

Name of Student (please print) _____ School _____

Name of Parent/Independent Student _____ Signature of Parent/Independent Student _____

## CONSENT IS VALID FOR THE CURRENT SCHOOL YEAR ONLY

Authorization for Collection of Personal Information Personal information is collected under the authority of the *Education Act* and the *Freedom of Information and Protection of Privacy Act*. This information will be used to manage student personal information. If you have any questions regarding the collection of this information, contact the school principal.

# Frequently Asked Questions

## Why is consent required?

The sharing of student personal information in ways that identify the student is governed by the Freedom of Information and Protection of Privacy Act (FOIP) and requires CBE to obtain permission under certain circumstances. CBE requires parental or independent student consent for CBE staff to share student information for educational purposes, outside of CBE. Examples of this include posting student work or images on CBE websites, Facebook or other social media. This consent is provided on the “Consent for CBE Use of Student Information” form

CBE also requires parental or independent student consent to allow third parties (such as media or business partners) to photograph, video or interview students at CBE non-public events. This consent is provided on this form.

## How long is my consent valid for?

Parental or independent student consent is gathered annually and is valid for the current school year only.

## What happens if I change my mind regarding consent?

Parent or independent student consent can be withdrawn at any time during the school year. This must be done in writing to the school principal. Please keep in mind that once personal information, images or student work are released in any public forum, the CBE cannot control or prevent further distribution or use of the material.

Parents or independent students can also change their mind to provide consent during the school year. If you change your mind and wish to provide consent during the school year, it must be done in writing to the school principal.

## What happens when the media comes to school?

If your child has consent, they may be recorded by the media. If you have not provided consent, your child will not be allowed to be recorded or approached by the media on CBE property.

Calgary Board of Education

# Consent for CBE Use of Student Information

cbe.ab.ca

**Please complete and return to the school**

When student information is shared in a way that makes the child or student publicly identifiable, the *Freedom of Information and Protection of Privacy Act* (FOIP) requires the Calgary Board of Education (CBE) to obtain parent consent. Sharing this information, for non-profit educational purposes, celebrates the successes of children and students with parents, the community, and general public.

- When you sign this form, you are agreeing that some of your child's personal information (image, first name, first initial of surname, grade, school, and/or samples of work) may be shared publicly by the school and/or CBE. Student personal information is shared for the purposes of ongoing communication, learning, and celebration. Examples of such sharing include:
  - public displays and presentations
  - CBE approved, including teacher managed, websites and social media sites.
  - print and electronic publications such as school newsletters, brochures, and invitations

Lessons and student work may be digitally recorded as evidence for student assessment, staff development or to demonstrate good professional practices. These recordings may be shared with other educational organizations or colleagues as a professional learning resource.

Parents or independent students are under no obligation to consent; it is their voluntary decision to do so. If you do not return this form, this indicates that consent was NOT given.

Decisions on consent can be changed at any time throughout the school year. You may withdraw your consent or decide to provide consent at any time by notifying the school principal in writing. The change to consent will be effective going forward from the time the notification is received.

**Note | If you have any concerns about this form, please contact the principal at your school.**

## Consent for Release

☐ I give the Calgary Board of Education consent to use my child's information as described above for non-profit educational purposes.

☐ I DO NOT give consent to use my child's information as described above.

Name of Student (please print) _____ School _____

Name of Parent/Independent Student _____ Signature of Parent/Independent Student _____

Authorization for Collection of Personal Information Personal information is collected under the authority of the *Education Act* and the *Freedom of Information and Protection of Privacy Act*. This information will be used to manage student personal information. If you have any questions regarding the collection of this information, contact the school principal.

**CONSENT IS VALID FOR ONE SCHOOL YEAR ONLY**

Print