



École  
**NICHOLAS SHERAN**  
School

380 Laval Blvd West  
Lethbridge, AB T1K 3Y2  
(403) 381-1244  
[sheran@lethsd.ab.ca](mailto:sheran@lethsd.ab.ca)  
<http://ns.lethsd.ab.ca>

This registration package contains forms for all students enrolling in the 2020-2021 school year.

**Please ensure you have all the registration requirements...**

- ✓ Original birth certificate. If a birth certificate is not available, the birth certificate letter of intent form must be completed.
- ✓ Proof of Address (i.e.: phone bill, driver's license, utility bill, lease agreement etc.)
- ✓ Completed registration package with all required information and consents fully completed. Please print as clearly as possible to avoid data entry errors.

These forms **MUST** be completed:

- **Medical Information Form** – please provide as much detail as possible if your child has a serious health condition i.e. nut allergy, asthma, diabetes, epilepsy etc. If your child requires medication to be administered at school, the Medication/Personal Care Request and Authorization form **must** be completed and signed by both the parent and the physician. These forms can be found in the office or online at: <https://www.lethsd.ab.ca/download/196708>.
- **2020-2021 Student Registration Form** (both sides must be completed, signed and dated) – please ensure ALL necessary sections are filled out, signed and dated. Emergency contacts are very important, as are up-to-date addresses, emails, work and cell phone numbers.  
**Please Note:** Students in grade 2-5 wanting to enroll in the French Immersion program must have previously taken French Immersion in order to register. Students can start the French Immersion program in Kindergarten and Grade 1 only.
- **CEM Consent Form** – CEMs (Commercial Electronic Messages) are sent to parents via email periodically. These may include school messages regarding upcoming events, newsletters or reminders. Please complete, sign and date so that you do not miss important information from the school via email.
- **Freedom of Information and Protection of Privacy (FOIP)** – Please complete, sign and date both sections on the Consents for Information Disclosure page: Copyright Release, and Media/Internet Consent.
- **General In Town Field Trip Consent Form** – Please complete, sign and date.

These are **optional** consent forms that can be found in the office or on our website: <https://ns.lethsd.ab.ca/parents/registration/grade-1-to-5>

1. Volunteer Form (if you will be volunteering in the classroom or on a field trip)
2. School Council Permission Form can now be found online at <https://ns.lethsd.ab.ca/parents/school-council>

If you have any questions about the registration process, please contact us at 403-381-1244 or [sheran@lethsd.ab.ca](mailto:sheran@lethsd.ab.ca).

**\*\*Please take the time to ensure that all sections have been reviewed, completed and signed before handing in. Missing signatures and/or incomplete forms can cause unnecessary registration delays. Thank You!!\*\***

## Students NEW to the School

If you are registering as a new student, you must have the following accompany your registration package:

- a photocopy of your birth certificate (if you were born in Canada)
  - a photocopy of your Canadian citizenship status if you were not born in Canada
  - a copy of your most recent report card from last school attended
  - a copy of a document verifying your address
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### Important Freedom of Information for Parents

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), the *School Act* and its regulations, 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*.

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### Normal School Information Disclosure

#### ***Parents/Guardians Please Read Carefully***

The Freedom of Information and Protection of Privacy Act requires that consent be obtained for the collection and use of personal information that is not authorized under the *School Act*. The Lethbridge School Division believes that the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged.

- the use of a student's name, photo, comments in the school calendar, newsletter, yearbook, graduation book, or other school publication.
- the taking of individual, class, team or club photos for school purposes and the use of student photos for the issuance of identification passes (i.e., library, activity, transit/bus).
- the use of student names on artwork or other creative work or material of students displayed at school or School Board sites, provided the Copyright Release section of this form is signed.
- the use of student names in honour rolls, birthday recognition, and other such acknowledgements within the school or School Board.
- the publication of student names as part of graduation and award ceremonies.
- the use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the Board applies on a student's behalf.
- the use of students' names, related contact information and telephone numbers for absenteeism verification.
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not identifiable (the accompanying *Media Consent Form* may provide consent for situations where individual students are identifiable or interviewed and the material will be used outside the school). Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. The school may not be able to restrict such activity at public events.
- the circulation of personal information on a "need to know" basis for students who have severe, life threatening medical conditions or for students in emergency situations.
- the taking of photos/videos of classroom or other school activities by the School Board where the material will be used within the school. (Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place.)

**If you have concerns with any of these uses of information, please notify the school principal in writing.**

***Please retain this document at home for future reference.***

# Welcome to École Nicholas Sheran School!

*Please complete and return this booklet in its entirety to the office in order to register your child.*

*The school office can be reached at (403) 381-1244 should you have any questions or need assistance in completing the package.*



Student's Name: \_\_\_\_\_

2020-21 Grade (please circle): 1 2 3 4 5

English

French Immersion

## STUDENT INFORMATION

Any information that you feel is important to the placement of your child in classes, outside of requesting a specific teacher, or would assist us in preparing for your child's educational programming, please share with us below:

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Any medical conditions that the school should be aware of: \_\_\_\_\_

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Procedures in the event of trouble with condition and/or allergic reaction: \_\_\_\_\_

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Please list any medications that your child may carry with them or need to have stored at the school: **(\*\*If your child requires any medication to be administered at school, the Medication/Personal Care Request and Authorization Form must be completed and signed by both the parent and the physician. This includes Tylenol, cough syrups, inhalers, Epi-pens, etc. Please do not send any medications to school without having this form filled out and on file in the office).**

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\_\_\_\_\_  
Signature of Parent/Guardian/ Independent Student

\_\_\_\_\_  
Date

School: École Nicholas Sheran	Grade:	<input type="checkbox"/> English	<input type="checkbox"/> French
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<b>Student's Legal Last Name:</b>				
<b>Student's Legal First and Middle Name:</b>				
<b>Preferred Last Name:</b>			<b>Preferred First Name:</b>	
<b>Student's Date of Birth:</b>	<b>Month:</b>	<b>Day:</b>	<b>Year:</b>	
<b>Gender:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unknown <input type="checkbox"/>	Unspecified <input type="checkbox"/>
<b>Student's Physical Address:</b>				
Address:		City:	Province:	Postal Code:
<b>Student's Mailing Address (if different than student's residence):</b>				
Address:		City:	Province:	Postal Code:
<b>Home Phone (with area code):</b>			<b>Other Phone (with area code):</b>	
<b>Siblings currently enrolled with Lethbridge School District No. 51:</b>				
<b>Medical Information (i.e. medical conditions, allergies, etc.):</b>				
<b>School History:</b>				
Name and location of previous school attended: _____				
Date last attended previous school: _____				
Last Grade Completed: _____				

Parent/Guardian Contact 1	Parent/Guardian Contact 2	Parent/Guardian Contact 3
Name:	Name:	Name:
Address:	Address:	Address:
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:	E-Mail Address:

Emergency Contact 1 (not parent or guardian)	Emergency Contact 2 (not parent or guardian)	Emergency Contact 3 (not parent or guardian)
Name:	Name:	Name:
Address:	Address:	Address:
Relationship to student:	Relationship to student:	Relationship to student:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:

**Custody or Guardianship Information:**

Student PRIMARILY lives with \_\_\_\_\_  
 e.g., Mother, Father, Legal Guardian, Stepmother, Stepfather, other (specify)

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

Name and date of most current legal document \_\_\_\_\_ Attach copy

NAME

YYYY/MM/DD

**\*\*Please complete and sign both sides of the registration form.\*\***

**Citizenship:** 1 Canadian Citizen  5 Study Permit  7 Temporary Resident   
 2 Permanent/Landed immigrant  6 Child of Canadian Citizen  9 Child of individual lawfully admitted to Canada / Unknown

**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 born in Canada or in another country.*

Languages spoken at home: \_\_\_\_\_

Students first language spoken: \_\_\_\_\_

Do you need assistance with interpretation? \_\_\_\_\_

Yes

No

**Is Your Child of First Nation, Metis or Inuit (FNMI) Heritage?**

Dear Parents:

In 2004, after consulting with Aboriginal representatives, Alberta Education introduced the Aboriginal Learner Data Collection Initiative. It was introduced to identify First Nation, Metis and Inuit (FNMI) students for the purpose of helping to improve education programs and achievement for FNMI learners. The information helps Alberta Education and our school district determine effectiveness of initiatives for FNMI students, target programs to address student needs, identify promising practices, and determine professional learning needs for teachers. It is important information needed to provide the best possible learning environment for our FNMI students.

You will notice a section on your child's registration form that invites you to indicate if your child is of Aboriginal heritage. This question appears on all student registration forms in school jurisdictions across the province. The choice for an Aboriginal learner to provide this information is voluntary. As part of our on-going commitment to develop programming that reaches all students and to better serve the needs of our FNMI students, we ask that if your child is of Aboriginal heritage you check the appropriate box.

We also encourage all parents to visit our website or call our schools to find out more about the excellent programs and services we offer to our FNMI students.

Sincerely,

John Chief Calf,

Coordinator of FNMI Education



**Aboriginal Self Identification:**

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

First Nation of Residence: \_\_\_\_\_

First Nation (status)

Metis

First Nation (non-status)

Inuit

Student's Indian Registry Number: \_\_\_\_\_

*For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://www.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 call 403.380.5299.*

**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 (this means instruction in a French only school, **not a French Immersion program**) 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 instruction in French (this means instruction in a French only school, **not a French Immersion program**) in Canada, have the right to have all their children receive primary and secondary instruction in the same language.

According to this criteria, are you eligible to have your child educated in French?

Yes  No

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.**

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

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

Parent/Guardian

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

YYYY/MM/DD

**Did you complete both pages of the registration form? Please double check! It is very important that all relevant fields have been filled out, the second page signed and dated, even if the information has not changed from last year.**



# Lethbridge School Division

## 2020 / 2021 Student Registration Package

Student's Name: \_\_\_\_\_ School: École Nicholas Sheran School Grade: \_\_\_\_\_

### INSTRUCTIONS

1. Read the Freedom of Information and Protection of Privacy Act information and Normal School Information notifications sheet enclosed in this package and retain this document at home for your reference.
2. Complete or verify the Student Registration Form.
3. Read and complete the enclosed Consent Forms.
4. Return the completed registration package to the school.

### Consent to receive Commercial Electronic Messages (CEM's)

On July 1, 2014 Canada's Anti-Spam Legislation (CASL) came into effect. As of this date, Lethbridge School Division cannot send any messages by any means of telecommunication including e-mail messages, text messages, instant messages and direct messages to social networking accounts, where one or more of the purposes of this message is to encourage participation in commercial activity, whether or not there is an expectation of profit, unless we have received express consent to send these messages.

Lethbridge School Division values the many learning opportunities, activities and mementos that enhance the educational experience that we provide to our students. Some of these opportunities include performances, field trips, travel, school clothing, student photos, yearbooks, hot lunches or similar school related activities. In order for Lethbridge School Division, our schools and school councils to communicate our programs, activities and special offers through electronic means, we require your consent.

By signing this document, I/we consent to receiving a commercial electronic message (CEM) from Lethbridge School Division, its schools, and school councils. Examples of these would include, but would not be limited to:

- Newsletters
- Offers to purchase goods and services such as
  - Apparel
  - Yearbooks
  - School Photos
  - Travel offers
  - Hot lunches
- Advertisements for school activities, events and programs for which there is a fee

*Note that consent to receive CEM information may be withdrawn at any time by contacting the School or Lethbridge School Division.*

I, \_\_\_\_\_ the parent/guardian/Independent Student give my consent to receive Commercial Electronic Messages (CEM's) from Lethbridge School Division, its schools and school councils. This consent will remain in effect until I expressly withdraw my consent by notifying the School or Lethbridge School Division.

\_\_\_\_\_  
Signature of Parent/Guardian/Independent Student

\_\_\_\_\_  
Date

Email address: \_\_\_\_\_

(Please print clearly)

## CONSENTS FOR INFORMATION DISCLOSURE

### Copyright Release

As part of a student's educational program, they may be recorded and taped; have their work displayed; have their work reproduced for non-profit, educational purposes. Their production(s)/work(s) may be shown at educational displays during open house, in-service sessions and other school-related activities at school or School Board sites, or at school or School Board sponsored displays in the community or used in a school publication.

\_\_\_\_\_ I give my consent to the information disclosures as described above.

\_\_\_\_\_ I do not give my consent to the information disclosures as described above.

I understand that this consent is valid for this current school year only.

_____	_____	_____
Print Name	Signature of Parent/Guardian/ Independent Student	Date

### Media/Internet Consent

Lethbridge School Division enjoys and encourages an open and positive relationship with print (i.e. newspapers, magazines, etc.) and broadcast media (i.e. television, radio, etc.) as a means of promoting and reporting on school activities. In addition, schools are using the Internet (websites, web-based programs) to increase positive learning, sharing and recognition opportunities for staff and students.

By signing this section I/we consent to the disclosure of information for use by Media and/or School Division use for learning and/or celebration of learning purposes. Examples of these would include, but would not be limited to:

- Interviews for media or school publications (i.e. - school newsletters, etc.)
- Photograph of the student and posting of student's name
- Group and class photographs that include student and their name
- Class work (i.e. - art, stories, projects) done by student
- Awards, scholarships, prizes received by student
- Participation of Student in Extracurricular Activity (Athletics, clubs, fundraising efforts, music)
- Collaboration with other schools and classrooms using web-based programs such as Skype, YouTube, Twitter, etc.

Please mark one of the following to indicate your consent:

\_\_\_\_\_ I give consent to disclosures as described above.

\_\_\_\_\_ I do not give consent to the above disclosures.

\_\_\_\_\_ I give consent, with the following exceptions.

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

_____	_____	_____
Print Name	Signature of Parent/Guardian/ Independent Student	Date

### General In Town Field Trip Consent

Throughout the school year students have the opportunity to participate in a variety of field trips within the city (separate consent forms will be issued for any field trips outside the city and field trips that have a greater risk of injury). Teachers will notify parents when all field trips are going to occur.

I give permission for my child to participate in any school organized field trip within the City of Lethbridge.

_____	_____	_____
Print Name	Signature of Parent/Guardian/ Independent Student	Date

### Public Health

Alberta Education will share student demographic information with Alberta Health Services in the case of health emergencies, such as a disease outbreak.