



STUDENT REGISTRATION
Therese Tuccaro Secondary School [S.2283]
Mikisew Cree First Nation Education Authority [A.0352]

Date of Registration: _____

Grade: _____

Student's Name: _____

Gender: Male: _____ Female: _____ Prefer Not to Say: _____

For registration, a copy of a legal document that provides proof of legal name and age is required.

Student Information:

Write the student's legal name and date of birth below.

Student's Legal Surname: _____

Student's Legal First Name: _____

Student's Legal Middle Name (s): _____

Date of Birth: Year (YYYY) _____ Month (MM) _____ Day (DD) _____

Student's Residence:

Mailing Address: _____

City: _____ Postal Code: _____

Student's Phone Number (if applicable): _____

Student's Email Address: _____

Does student require shuttle services to school? Yes _____ No _____

Indigenous Self-Identification:

Please circle one:

MCFN ACFN Fort Chipewyan Metis Other (please specify) _____

Treaty Number (**necessary**): _____



Student Education History:

Has student attended a school **outside** of Alberta: Yes _____ No _____

If yes, where: _____

Has student attended a post-secondary institution: Yes _____ No _____

If yes, where: _____

Medical Information:

Does your child require educational accommodations? Yes _____ No _____

If yes, please describe: _____

If no, would you like your child assessed for an educational disorder? Yes _____ No _____

Are there any serious medical conditions that you wish the school to be aware of? Yes _____ No _____

Medical Notification: _____

Parent (or Legal Guardian) Information:

Custody: In rare instances a child may be designated as “Protected” if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. Please indicate if the school administration should be aware of any Court Order for the protection of your child. Yes _____ No _____

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

Residence: Please indicate who student lives with

Both Parents _____ 1st Parent _____ 2nd Parent _____ Independent _____

Other (please specify) _____



Parent/Legal Guardian (under 18 years of age only)

Mr. Mrs. Ms. Surname: _____ First Name: _____

Relationship to student: Mother ___ Father ___ Legal Guardian ___ Other (specify) _____

Address: _____ City: _____

Postal Code: _____ Email address: _____

Primary Phone: _____ Secondary: _____

Emergency Contact

An “emergency contact person” is someone OTHER THAN the student’s parent or guardian.

Mr. Mrs. Ms. Surname: _____ First Name: _____

Relationship to student: Mother ___ Father ___ Legal Guardian ___ Other (specify) _____

Address: _____ City: _____

Postal Code: _____ Email address: _____

Primary Phone: _____ Secondary: _____

In accordance with the *FOIP Act* and the *Copyright Act*, the District requests consent for various purposes, as out-lines below. Consent is voluntary and can be revoked at any time by notifying the Principal in writing. You will be provided with an opportunity to verify your consent annually. If you have concerns regarding these matters, please contact the Principal of the school your child attends.

Appearing on Websites and Social Media:

The District on occasion posts student’s personal information, including full name, photographs, recordings and/or interviews on district and school websites. Your consent is requested to use your child’s personal information for this purpose. Please note that in the context of ordinary internet use, student’s personal information may be copied, altered or removed by anyone who visits these websites and if your consent is withdrawn, the District will remove the image and/or personal information from its website, however, it may be available on the internet indefinitely. I

consent to the above use of personal information: Yes _____ No _____



Appearing in the Media:

The district on occasion authorizes media and outside organizations to photograph, record and/interview students while under its supervision. This means that a photograph, digital recording, or interview of a student with identification by full name and grade may be collected, used, reproduced and broadcast by media or outside organizations. Your consent is requested to use your child's personal information for this purpose. This does not include public events in which the media may attend.

I consent to the above use of personal information: Yes _____ No _____

Displaying Creative Work:

The District on occasion displays the creative work of students produced through school activities (eg: art, dance, drama, compositions, wood or metal work, robotics, scientific experiments). This means that a photograph, digital recording, or actual presentation of the item with identification of the student by full name and grade may be collected, used and displayed at external exhibits at community sites, competitions, and reproduced in District promotional publications outside of the District, including websites. Your consent is requested to use your child's personal information for this purpose. In addition, the Copyright Act, your release is requested to grant permission to the District to record your child, display and/or reproduce his/her creative work.

I consent to the above use of personal information: Yes _____ No _____

Other permissions:

I consent to my child's participation in the human sexuality sections of the Health program:
Yes ___ No ___

I consent to my child's participation in the abuse prevention component of the Health program:
Yes ___ No ___



Therese Tuccaro Secondary School collects personal information that relates directly to and is necessary for various operating programs and activities of the District and to fulfill its mandate of providing students with an education program in accordance with its obligations under the School Act and its regulations. In addition to personal information provided on registration forms, the District may take recordings of students or student work at school or school related activities that form part of the educational program of the District. Such recordings include digital, photos, film, video, audio and emerging technologies.

The following are examples of ways in which personal information may be used by the District.

Establish a student record and determine residency; determine program placement; determine eligibility and/or suitability for provincial/federal funding; provide information to the Minister of Education for research and statistical analysis, feature a student in the school calendar, newsletter, yearbook, or school publications; recognize students and their creative works through display or performance; acknowledge students in class lists, honor rolls, graduation ceremonies; determine student eligibility or suitability for awards or scholarships, in the event that the District applies on the student's behalf; contact students or parents or emergency contacts; verify absences; provide transportation services; provide identification card; offer assistance to students encountering medical and/or emergency situations; provide video surveillance on school premises, as governed by District policy; provide District authorized surveys; take individual, class, team or club photos for school purpose; take recordings of students engaged in classroom or other school activities; allow media or other organizations into schools, under supervision of school personnel, to film classrooms and students, where students are not interviewed or identified by name or face.

Events that are open to the general public are considered public events, and the District cannot prevent the further distribution or use of photos, videos, images or other personal information obtained by those who attend, including the media.

This notice is provided to you for information only and is not an all-inclusive list. These activities contribute to a healthy and functional school, and students' participation in these activities is viewed as an important component of their education. Written consent for your child to participate in these activities is not being requested. However, if you have concerns regarding the collection or use of such information, please contact the Principal of your child's school.

I HEREBY CERTIFY THE FOREGOING INFORMATION TO BE TRUE, CORRECT AND COMPLETE:

PARENT/GUARDIAN SIGNATURE: _____
(Required if student is under the age of 18)

STUDENT SIGNATURE: _____
(Required)

DATE: _____