

KINDERGARTEN... here I come!

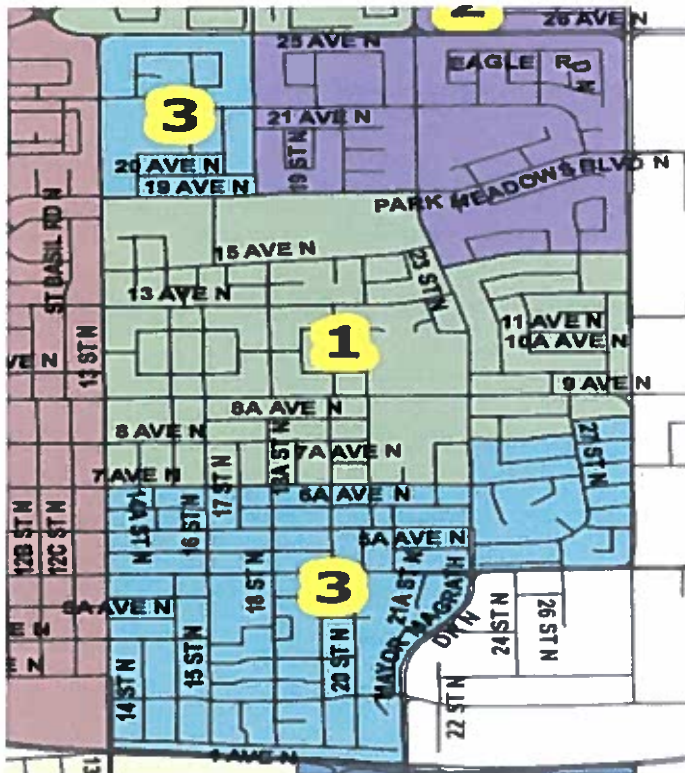


Hello Parents,

Please be advised that some changes to the Westminster Kindergarten Program are happening. We will not be able to offer full-day kindergarten in the 2020/21 school year. Students who will be 5 years old before December 31st 2020 are invited to register.

Kindergarten will be offered from September to June of the 2020/21 School Year as follows:

- **Tuesday and Thursdays from 8:25am – 3:25am**
- **Every other Friday from 8:25 – 11:45am**



Kindergarten students will be able to ride the bus that services the Westminster School.

Westminster School boundaries are blue.

Number 3

Please come to the school office at 402 18th street North to register for Kindergarten!

KINDERGARTEN: French English Spanish

Preference: Tuesday & Thursday All Day & Alternating Friday Mornings

Alberta Student Number (if known): _____

School: _____

* Required Fields

*Legal Last Name: _____ *Legal First and Middle Names: _____

*Preferred Last Name (if different): _____ *Preferred First Name (if different): _____

*Birthdate (D/M/Y): _____ *Gender: Female Male Unknown Unspecified

*Home / Cell Phone Number: _____

*Birth Certificate: Yes No *Other Proof of Residency: Yes No

*Home Address: _____

*Mailing Address: _____

(House and Street) (City) (Province) (Postal Code)

Siblings currently enrolled with Lethbridge School Division: _____

**Medical information (i.e. medical conditions, allergies, etc): _____

**This must be completed every year

Name and location of previous school attended: _____

Date last attended previous school: _____ Last Grade Completed: _____

Priority 1 Contact Information (i.e. parent or guardian)

Priority 2 Contact Information (i.e. parent or guardian)

First & Last Name: _____

First & Last Name: _____

Address: _____

Address: _____

City, Postal Code: _____

City, Postal Code: _____

Relationship to Student: _____

Relationship to Student: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cellular Phone: _____

Cellular Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Student is living with (check ALL applicable boxes): Priority 1 Priority 2 Other

Emergency Contact Information (In the event the above contacts are unavailable)

First & Last Name: _____

Address, City, PC: _____

Relationship to Student: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Please ensure this emergency contact is advised that their name has been used for this purpose.

Aboriginal Self Identification - If you wish to declare that the student is Aboriginal, please select one:

First Nation (status) First Nation (non-status) Metis Inuit

For further information, please refer to: 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.

First Nation of Residence: _____ Student's Indian Registry number (10 digit): _____ (IF APPLICABLE)

Citizenship: 1 - Canadian Citizen 2 - Permanent/Landed Immigrant 5 - Study Permit

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: _____

Student's first language spoken: _____ Do you need assistance with interpretation? Yes No

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: _____

Date: _____

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
-

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*.

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.



Lethbridge School Division

20 / Student Registration Package

Student's Name: _____ 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

Public Health

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



402 18th Street North
Lethbridge, Alberta T1H 3G4

Phone: 403.327.4169
Fax: 403.327.9604

**Parent Consent for Field Trips in City Limits
Additions to the Registration Form
2020 – 2021**

Student Name:

MEDICAL CONCERNS

For the safety of your child, please indicate any medical concerns you have for your child and the medication that he or she is presently taking.

Medical Concerns (allergies, etc.)

Medication: _____

SPECIAL NEEDS

Please identify any special needs (ie., speech/language delay, physical or sensory impairment, fragile medical conditions, behaviour concerns, social/emotional concerns):

FIELD TRIP

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

Signature of Parent/Guardian

Date
