



# MEDICINE HAT CATHOLIC BOARD OF EDUCATION

1251 -1st Avenue SW  
Medicine Hat, Alberta T1A 8B4  
[www.mhcbe.ab.ca](http://www.mhcbe.ab.ca)

Grade: \_\_\_\_\_



## STUDENT REGISTRATION MONSIGNOR MCCOY HIGH SCHOOL 2012-2013 SCHOOL YEAR

"Showing the Face of Christ to All"

### STUDENT DATA - Please print

**Legal Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**Goes by (A.K.A.) Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Year / Month / Day)

**Street Address Mailing Address:** \_\_\_\_\_ **Birth Certificate presented** o Yes o No  
(If address is Post Office Box #, please also print physical address or Legal Land Description) (Birth Certificate must be presented & copied by the school)

**City** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

If you reside outside of the city limits, please provide: Legal Land Description ¼ \_\_\_\_\_ Sec \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_

**Child's Age as of Sept 1/** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Language(s) Spoken at Home:** \_\_\_\_\_ **Are you a Bus Student?** oYes o No

Is your child a former student of this school? o Yes o No If No, Name of School Attended Last Year, City & Province: \_\_\_\_\_

\*ALL DIVISION PROGRAMS including *Pre-School & Kindergarten* are offered contingent on PROGRAM AVAILABILITY, ENROLMENT, SPACE and BUDGET.

\*DIVISION programs can be added, removed or changed without notice; however, the best possible efforts will be made to offer the programs registered for including: *High School Grade 10, 11 & 12 in Bow Island; French Immersion Grade 10 at Monsignor McCoy and French Immersion Grade 9 St. Mary's.*

#### Part A - RELIGIOUS DATA (CATHOLIC)

**MOTHER**  CATHOLIC  NON-CATHOLIC  
**FATHER**  CATHOLIC  NON-CATHOLIC  
**STUDENT**  CATHOLIC  NON-CATHOLIC → COMPLETE \*PART B)

**Student Baptized Catholic:**  Yes  No  
**Student 1<sup>st</sup> Communion:**  Yes  No  
**Student 1<sup>st</sup> Reconciliation:**  Yes  No  
**Student Confirmation:**  Yes  No

**Current Parish:**  Holy Family  St. Patrick's  St. Michael's Bl

#### \*Part B - RELIGIOUS DATA (NON-CATHOLIC)

**STUDENT DENOMINATION**  
 (Optional) \_\_\_\_\_

**Student Baptized:** o Yes o No

#### CITIZENSHIP OF STUDENT

Canadian Citizen  
 Child of Canadian Citizen  
 Child of Legal Immigrant  
 Permanent Resident/Landed Immigrant  
 Temporary Student Visa  
 Date of Expiry: \_\_\_\_\_  
 Other \_\_\_\_\_

**Father / (Guardian)**  
 Does child reside with you? oYes o No **Is school mail directed to you?** oYes o No  
 Relationship to child \_\_\_\_\_ **Are you the o1st or o 2nd contact?**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Postal Code: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E:mail address: \_\_\_\_\_

**Mother / (Guardian) Mrs. / Ms. / Miss (circle)**  
 Does child reside with you? oYes o No **Is school mail directed to you?** oYes o No  
 Relationship to child \_\_\_\_\_ **Are you the o1st or o 2nd contact?**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Postal Code: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E:mail address: \_\_\_\_\_

### EMERGENCY INFORMATION

If parent(s)/guardians are not available, person(s) authorized to care for child in case of emergency are noted below: Please ensure that the Person(s) are aware their name has been used for this purpose.

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work/Cell:) \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ (Work/Cell:) \_\_\_\_\_

### SIBLINGS Brothers/Sisters:

_____ Name/Age	_____ School Attending	_____ Name/Age	_____ School Attending
_____ Name/Age	_____ School Attending	_____ Name/Age	_____ School Attending

**RELEVANT DATA**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any physical difficulties / learning difficulties or other general health or mental health needs?  Yes  No

If yes, please describe: \_\_\_\_\_

Is your child currently receiving Special Services ie: Speech Language, Physical Therapy, Occupational Therapy/ other services?  Yes  No

If yes, please describe services you currently access: \_\_\_\_\_

If you are concerned that your child may require Special Education Services, but you require additional information, please contact your School Principal. At any time during the school year, please advise the School Principal of any Physical Health/Mental Health issues that arise.

**(FNMI) FIRST NATIONS, MÉTIS, INUIT**

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

Once parents "self identify" in one of the above categories, the Catholic School Division has the opportunity to access funding to provide additional support services. For further information or if you have questions, please contact the Medicine Hat Catholic Board of Education through the Office of the Superintendent @ (403) 502-8347. Alberta Education collects 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. Questions about the collection of information can be directed to the Office of the Director, Aboriginal Policy, Policy Sector, Information & Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5 (780) 427-8501.

**CUSTODY**

The Family Law Act replaces the Domestic Relations Act, the Maintenance Order Act, the Parentage and Maintenance Act, and parts of the Provincial Court Act and Child, Youth and Family Enhancement Act. Parenting Orders replace Custody and Access Orders. Please indicate if any such Parenting Order or Contact Order exists.  Yes  No

If yes, please make arrangements to discuss this with the School Principal immediately. Legal documentation will be required.

**SECTION 23 FRANCOPHONE EDUCATION ELIGIBILITY DECLARATION**

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 have the right to have their children receive primary and second instruction in French; or
- of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

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.

According to the criteria above, are you eligible to have your child receive a French first language (Francophone) education?  Yes  No

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?  Yes  No

To exercise your right to have your child educated in a Catholic Francophone school, please contact: Conseil scolaire catholique et francophone du Sud de l'Alberta (403) 685-9881.

Under Section 2 (1) of the Student Record Regulation a Board shall: disclose the name, address, date of birth, gender and school of the student whose parent has been noted under Section 2(1) as being eligible to have the student taught in the French language pursuant to Section 23 of the Canadian Charter of Rights and Freedoms, and the name, address and telephone number of the student's parent. If you choose yes, your information will be forwarded as outlined above for the purpose of advocating for minority language education rights.

**ENGLISH AS A SECOND LANGUAGE (ESL)**

ESL students are identified as Canadian-born or Foreign-born students. A Canadian student is eligible for ESL support when the primary language spoken at home is a language other than English.

Does this apply to your child?  Yes  No Date Arrived in Canada: \_\_\_\_\_

A foreign-born student is eligible for ESL support when the student has recently immigrated to Canada.

Does this apply to your child?  Yes  No Date Arrived in Canada: \_\_\_\_\_

**GENERAL FIELD TRIP CONSENT**

Your child will be participating in field trips during the course of the school year. An appropriate **Field Trip Information Notice** will be provided to the parent/guardian stating the details of each field trip well in advance of the particular field trip. In order for your child to participate in field trips we need a signed General Field Trip Consent. **Your signature on this Student Registration Form denotes your General Field Trip Consent** in allowing your child to participate in field trips and/or school projects during the school year, with the understanding that if your child is unable to participate in a particular field trip and/or school project, you will notify your child's teacher and the Principal of the School.

**TECHNOLOGY AND THE USE OF TECHNOLOGY-Administrative Procedure 140**

The use of technology in schools is intended to enhance the learning of students. It is intended that the use of computers and the Internet will provide connections to world-wide resources. The purpose of our Division's Internet access and other technical resources is to support and enhance learning and teaching by providing students and staff with the tools necessary to participate in educational activities. The use of Technology is a privilege. Inappropriate use of technology will result in a suspension of those privileges. Where appropriate, students will be asked to sign a Technology / Internet Use Agreement at the school. For additional information contact the School Principal.

**CATHOLIC TAXES ... DID YOU KNOW?**

To ensure your property taxes are supporting your Catholic Separate School Division, you must declare your school support as "**Separate**" on your Annual Property Assessment Notice and Tax Bill. If a declaration of school support is not filed by a property owner, the property assessment and tax bills show the school support as defaulting to the public school system.

**DECLARE YOUR SUPPORT FOR CATHOLIC SCHOOLS** by completing a **School Support Declaration Form** available from your *local city, town or municipality office*. For more information contact your School Division Office at (403) 527-2292. Thank you.

**Please read the following carefully before signing the Student Registration Form.**

**Freedom of Information and Protection of Privacy Act (FOIP ACT)  
NOTIFICATION OF USE**

The Freedom of Information and Protection of Privacy (FOIP) ACT aims to strike a balance between the public's right to know and the individual's right to privacy, as those rights relate to information held by public bodies in Alberta.

The ACT came into effect for School Boards and charter schools on September 01, 1998, health care bodies, October 01, 1998, post-secondary educational institutions on September 01, 1999 and local governments on October 01, 1999. The information collected on this registration form contains personal information covered by the ACT. This information is collected pursuant to the provisions of the SCHOOL ACT, its regulations and the Charter of Rights and Freedoms. This information is required in order to properly register your child with the Medicine Hat Catholic Board of Education and is necessary and related directly to the Board's obligation to provide each student with an educational program that meets the needs of the child, to provide a safe and secure school environment, to protect the child's rights and to determine eligibility for programming and funding.

In a school setting, the privacy of students and parents is protected by the rules that schools must follow in the collection, use, protection and disclosure of personal information. We collect and use personal information for authorized programs and activities that are a normal part of school life. These uses are a vital part of a healthy and functioning school environment, and participation of all students is very important. The FOIP ACT does not dramatically change normal school activities; it does not prevent parents from participating in their children's education. It does allow parents and students broader rights to access to information and it does obligate schools to protect privacy. The ACT should be applied in a common sense manner and should not negatively affect school life. The following are an example of many activities that are part of a normal school community life that encourages a healthy participatory environment, which is important and encouraged:

- The use of a students' name, photograph or comments about the student in a school newsletter, calendar, yearbook/ graduation notices or other school publications;
- The taking of individual, class or school group photos for school purposes and the use of student photos for student identification cards;
- The use of students' names on art work or other works or materials displayed in school or school boards locations, or other community events sponsored and supported by the school board;
- The use of students' name for recognition on honour rolls, graduation ceremonies, awards and scholarship application and recognition; birthday recognition (typically practiced in elementary schools announced over the PA);
- The use of students' name, related contact information and telephone numbers for absenteeism verification and provision of transportation services;
- The taking of photos and/or videos of classroom activities or school sponsored activities and their use by the media or other organizations where students are not identified by name or face or interviewed. Where individual students are identified or interviewed and the material used outside the school, a separate and specific consent will be required. Please note that photos and/or videos of school activities that are open to the public may be taken and used for purposes outside of the school ie: newspaper articles.
- The taking of photos or videos of classroom or other school activities by school board personnel or agents for non-profit and educational purposes, where the material will be used within the school, Division or Division web-site. Where individual students are identified or interviewed and the material is to be used outside the school, separate and specific consents will be required.
- The use of student's contact information made available to Alberta Health Services to facilitate services relative to student health.
- The disclosure of personal information on a "need to know" basis for students who have severe, life threatening medical conditions or for students in emergency situations.

If you have any questions about the use or disclosure of the information collected please contact your School Administrator or the Superintendent of Schools, 1251 – 1st Avenue SW., Medicine Hat, Alberta T1A 8B4 (403) 502-8347 phone - (403) 529-0917 fax.

**NOTIFICATION TO PARENT/GUARDIAN  
RELIGIOUS PERMEATION (Alberta Human Rights Act) (Bill 44)**

The *Alberta Human Rights Act* requires a School Board to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction, or exercises include subject matter that deals primarily and explicitly with religion.

All of the schools in this Division are Catholic Separate Schools; the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises.

Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

**P A R E N T / G U A R D I A N D E C L A R A T I O N**

I / We the undersigned hereby certify the foregoing information given is true, correct and complete and that I / We understand that signing below indicates that I / We have read and understand the information contained in this Student Registration Form.

I / We have read and are aware of the Freedom of Information and Protection of Privacy Act (FOIP) information and The Alberta Human Rights Act on page 4 of this registration form. I / We may request a copy of this four page registration form for my / our records.

Date

\_\_\_\_\_  
(Parent/Guardian SIGNATURE)

\_\_\_\_\_  
(Parent/Guardian SIGNATURE)

**Please return completed  
registration form to school  
immediately**

\_\_\_\_\_  
(PLEASE PRINT NAME) (Parent/Guardian)

\_\_\_\_\_  
(PLEASE PRINT NAME) (Parent/Guardian)