





## Boyle Street Education Centre Residency / Citizenship Form

The following information is required for official school files. To receive financial aid, Alberta Education requires that students be Canadian citizens and residents of Alberta. To verify your status, please check the box below that corresponds your citizenship status, sign the certification statement and attach clear photocopies of the indicated documentation. Please provide accurate information. Confirmation of some information may be requested.

**Please place an 'X' in the appropriate box to indicate your citizenship.**

- Canadian Citizen
- Landed Immigrant/Permanent Resident
- Child of Temporary Foreign Worker
- Other \_\_\_\_\_ (specify).

**Attach proof of citizenship or identity that you have available such as copy of:**

Birth Certificate (Canadian), Passport (Canadian), Immigration Papers (Including Refugee), Indian Status Card (Number), Driver's License, Permanent Resident Card, Adoption Papers, Temporary/Permanent Resident Papers, Legal Guardianship (Court Order), Parent's Work or Study Permit, Parent's Citizenship.

I declare that the documents provided are authentic and have not been altered in any way to the best of my knowledge.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

(Person declaring authenticity)

Relationship with Student: \_\_\_\_\_

Photocopy attached:            YES            NO            (Please Circle One)

I do not have any proof of citizenship or identity due to the following:

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## Boyle Street Education Centre

### STUDENT EXEMPTION UNDER SECTION 11.1 OF THE ALBERTA HUMAN RIGHTS ACT

To: The Principal of **Boyle Street Education Centre**

In response to the notice provided to me by the **Board of Trustees of Boyle Street Education Centre** dated **16 September 2010** indicating that a course or program of studies in which my child may be/is enrolled, or an instructional material or exercise used in a course or program of studies in which my child may be/is enrolled, includes subject matter that deals primarily and explicitly with human sexuality or sexual orientation, I, \_\_\_\_\_ [Print name of parent/legal guardian], in accordance with section 11.1(2) of the *Human Rights Act*, hereby request that my child, \_\_\_\_\_ [Print name of child] be excluded from the instruction, exercise or the use of instructional material identified in the notice.

I request that my child: (*check relevant box*)

A) Leave the classroom or place where the instruction is taking place or where the instructional material is being used for the duration of that part of the instruction.

OR

B) Remain in the classroom or place where the instruction is taking place without taking part in the instruction or use of instructional material.

I confirm that I am the legal guardian of \_\_\_\_\_ [Print name of child] and have chosen to exercise my option to have my child excluded from the instruction described in the notice from **Boyle Street Education Centre** on the dates indicated in the notice. I also confirm that it is my obligation to ensure that this form is returned to the school principal on or before the date of the instruction indicated in the notice.

The child to whom this exemption notice applies is:

\_\_\_\_\_ [Print name of child]

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Independent Student

\_\_\_\_\_  
Date



**Boyle Street Education Centre  
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS ACT**

Students and staff with the **Boyle Street Education Centre** are bound by any and all provisions of the **Freedom of Information and Protection of Privacy (FOIP) Act**. A copy of the FOIP Act is available for viewing on-site through the school's main office or via the Internet at [www.foip.gov.ab.ca](http://www.foip.gov.ab.ca).

**Specialized Assessments**

Specialized assessments of all students registered with the **Boyle Street Education Centre** will be conducted by our assessment staff within the **2011/12 school year** in an effort to assist teachers to better understand the student's individual learning needs more thoroughly. **We are requesting your permission to schedule a specialized assessment** for you/your child for educational purposes if deemed applicable by **Boyle Street Education Centre** staff.

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

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**STUDENT/PARENTAL/GUARDIAN CONSENT  
FOIP Act & Specialized Assessments**

I understand that the personal information I am providing for myself/my child's registration with **Boyle Street Education Centre** will be protected through any and all provisions of the FOIP Act, and hereby consent to the collection and use of such information accordingly.

As it relates to myself (independent student)/my child \_\_\_\_\_  
Name of Student (Print)

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

\_\_\_\_\_  
Date



## Boyle Street Education Centre

### COPYRIGHT RELEASE FORM

I hereby grant to **Boyle Street Education Centre** on behalf of myself/my child (ren), \_\_\_\_\_, to (please check appropriate boxes)  
(Print Name)

- Record and tape me/ my child(ren)
- Display any of my/ my child(ren)'s works, and
- Reproduce any of my/ my child(ren)'s work

which are produced during the **2011/12 school year**, for non-profit, educational purposes. I understand the production(s)/work(s) may be shown at education displays during board sponsored open houses, in-service sessions and other school related activities at school board sites or at school board sponsored displays in the community, or used in school publications such as school handbooks and school websites.

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

\_\_\_\_\_  
Date

### 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 secondary 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.

A. According to the criteria above as set out in the Canadian Charter of Rights and Freedoms, are you eligible to have your child receive a French first language (Francophone) education? (Please place an X in the appropriate box)

- Yes       No       Do not know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

- Yes       No



**Boyle Street Education Centre**

**ACTIVITY CONSENT FORM**

Permission is requested for: \_\_\_\_\_  
**Name of Student (Print)**

to participate in the following with the **Boyle Street Education Centre**.

**Activities:**

Golfing  
Bowling 5 & 10 Pin  
Skiing (X-Country & Down Hill)  
Tobogganing  
Rock Climbing  
Mountain Biking  
Movies  
Sweat Lodge Ceremonies

Voyageur/Tandem Canoeing  
Snowshoeing  
Skating  
Laser Tag  
Rollerblading  
Swimming  
Sports Day

**Field trips:**

Telus World of Science  
Muttart Conservatory  
Royal Alberta Museum  
Art Gallery  
Alberta Legislature  
Ukrainian Village  
John Janzen Nature Centre  
Jubilee Auditorium  
Norquest College

University of Alberta  
Citadel Theatre  
NAIT  
Grant MacEwan  
Fort Edmonton Park  
Tyrell Museum  
Valley Zoo/Calgary Zoo  
Winspear Centre

**After School Activities:**

Boxing  
Yoga  
Aikido  
Shinny Hockey

Snowboarding  
Drama Impov Class  
Basketball  
Geocaching

I (Parent/Guardian/Independent Student), \_\_\_\_\_, release, remise,  
**Name of Student (Print)**

and forever discharge the **Boyle Street Education Centre**, its employees and/or volunteers from any and all manner of action and/or damages, injuries or claims of any nature arising from the attendance of me/my child on any **Boyle Street Education Centre** function listed above.

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

\_\_\_\_\_  
**Date**