

The following information is required for official school files. Please provide accurate information. Confirmation of some information may be requested. The information collected on this registration form is required in order to allow the board, through its administrator to make such decisions as are necessary in order for it to fulfill its obligation to provide a safe and secure environment, to protect the student's rights and to determine eligibility for particular programs and the funding available both under the School Act and its regulations and through the Charter of Rights and Freedoms. The information will be made available to employees of the Boyle Street Education Centre, its authorized agents, and the School Board, within the scope of their roles and responsibilities, and to individuals working with the children or students in schools and to Alberta Education on a need to know basis. The information will be used for authorized programs and activities that are a part of normal school life. Information on this form is protected under the Freedom of Information and Protection of Privacy Act ([www.foip.gov.ab.ca](http://www.foiip.gov.ab.ca)).

| ASN#: | NAME: | FNMI DECLARATION: |
|---|--------------------|--|
| LAST NAME: _____ | FIRST NAME: _____ | MIDDLE NAME: _____ |
| BIRTHDATE DAY: _____ | MONTH: _____ | YEAR: _____ |
| GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | |
| STUDENT MOBILE: _____ | HOME PHONE: _____ | ALBERTA HEALTH CARE: _____ (OPTIONAL) |
| HOME ADDRESS: _____ | EDMONTON, AB _____ | BUZZER NO: _____ |
| POSTAL CODE | | |

PARENT/LEGAL GUARDIAN INFORMATION

LEGAL PARENT/GUARDIAN NAME: (First, Last) _____ Relationship: _____ Phone: _____

LEGAL PARENT/GUARDIAN NAME: (First, Last) _____ Relationship: _____ Phone: _____

SOCIAL WORKER: (First, Last) _____ Mobile Phone: _____ Office Phone: _____

PROB. OFFICER: (First, Last) _____ Mobile Phone: _____ Office Phone: _____

IF YOU WISH TO DECLARE THE STUDENT IS ABORIGINAL, PLEASE SELECT ONE:

First Nation (status) 331 First Nation (non-status) 332 Métis 333 Inuit 334

First Nation: _____ Treaty Number: _____

For further information, please refer to <https://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 contact the School Superintendent at 780-428-1420.

CITIZENSHIP STATUS: CANADIAN CITIZEN PERMANENT/LANDED IMMIGRANT OTHER (Specify) _____

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.

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?
 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

EMERGENCY CONTACT(S):

| | | | |
|-----------|------------|---------------------|--------------|
| _____ | _____ | Relationship: _____ | _____ |
| Last Name | First Name | | Mobile Phone |
| _____ | _____ | Relationship: _____ | _____ |
| Last Name | First Name | | Mobile Phone |

Are you currently registered in another school? YES/NO School: _____ (if YES).

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

| | | |
|-----------------------------------|------------------------------|-------|
| _____ | _____ | _____ |
| *Signature of Independent Student | Signature of Parent/Guardian | Date |

(In signing this form, the person doing so attests that he/she is the legal parent/guardian of the student)

*Check if Independent Student (121)

ACTIVITY CONSENT FORM

Permission is requested for _____ to participate in various school-related and after-school activities with the Boyle Street Education Centre.
Print Name of Student

I, (Parent/Guardian/Independent Student), _____ release, remise and forever discharge
(Print Name)
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 activities.

*Signature of Independent Student

Signature of Parent/Guardian

Date

CONSENT FOR ASSESSMENT

In order to create the best educational plan possible for our students, Boyle Street Education Centre has specialized assessment services available. **ALL STUDENTS PARTICIPATE IN A BRIEF ACADEMIC ASSESSMENT ON THE DAY OF INTAKE.** This helps determine a student's ability in reading, math, and spelling and helps determine course placement and level. Academic assessments may be administered by school staff who have received training in administering academic tests but all results are interpreted by a registered psychologist. All other types of assessments are administered by a registered psychologist.

After having an academic assessment, students may be referred for additional assessment. This may include cognitive assessment, which helps determine how people reason and process information. Students may also be asked to participate in emotional/behavioral assessment, which may include screening for depression, anxiety, or other emotional and behavioral difficulties.

The purpose of assessment is to help staff to determine how best to teach, interact with, and support students. By doing this type of assessment, we can develop new strategies, accommodations, and adaptations that may help improve students' learning and optimize students' well-being.

In general, the law protects the confidentiality of all communications between a client and a psychologist, and information about a student can only be released to others with a student's written permission. If a student is a minor, however, they must be aware of the possible limits to confidentiality. That is, if a student is under 18, their parents or legal guardians have the right of access to all information revealed during the provision of psychological services. If this is a problem for a student, the psychologist can agree that certain issues will not be disclosed to parents, but this agreement must be made in advance with permission of parents/guardians. The psychologist attempts contact with parents and legal guardians of students being assessed.

Once an assessment is completed, a report containing the assessment results is provided and reviewed with the student. If the student is a minor, their parent or legal guardian may also view the report. Sharing the report with anyone else requires the independent student's OR parent's/guardian's written consent. There are limits on this confidentiality and it may be revoked if:

- A student presents an imminent danger to themselves or others and the law requires that steps be taken to prevent such harm;
- A student or vulnerable adult is in need of protection and a report must be made to the appropriate agency;
- A court orders the disclosure of records.

The assessment report is kept in a student's cumulative school file. The results are shared with teachers and school staff members who are involved in a student's learning plan. Participation in assessment is voluntary, and consent can be withdrawn at any time. If you decide to withdraw your consent for this assessment, please notify the school immediately. You must then document your withdrawal in writing of any portion of, or all of this written consent. If you agree to give permission to **Dr. Amber Gear, Registered Psychologist** to complete a psychoeducational assessment, please sign the form below. If you have questions, please feel free to contact the school psychologist at 780-428-1420 ext. 218.

SIGNATURE OF CONSENT

I, the Independent Student OR Parent/Guardian of the student named below, give consent for assessment.

Signature of Independent Student

Signature of Parent/Guardian

Date

This consent is valid for one year from the date it is signed.