

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 to allow the board, through its administrator to make such decisions as are necessary 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.faip.gov.ab.ca](http://www.faip.gov.ab.ca)).

ASN: \_\_\_\_\_ NAME: \_\_\_\_\_ FNMI: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

BIRTHDATE DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ GENDER:  MALE  FEMALE  X AB HEALTH CARE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ EDMONTON, AB \_\_\_\_\_ UNIT/BUZZER NO: \_\_\_\_\_  
 POSTAL CODE \_\_\_\_\_

STUDENT CELL: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT/LEGAL GUARDIAN EMAIL: \_\_\_\_\_

SOCIAL WORKER: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

PROB. OFFICER: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

OTHER WORKER: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**IF YOU WISH TO DECLARE THE STUDENT IS INDIGENOUS, 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 superintendent at 780-428-1420.

**CITIZENSHIP STATUS**

CANADIAN CITIZEN  PERMANENT/LANDED IMMIGRANT  OTHER (Specify) \_\_\_\_\_

**FRANCOPHONE EDUCATION ELIGIBILITY DECLARATION**

Under 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

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)**

NAME: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Cell: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you currently registered in another school? YES/NO If yes, what school: \_\_\_\_\_

I hereby certify that the information provided in this registration form is true, correct and complete to the best of my knowledge and belief.

Are you an **independent student**?  Yes  No If yes, you can sign this form yourself. If not, have your parent/legal guardian sign this form.

\_\_\_\_\_  
 \*Signature of independent student OR Signature of parent/legal guardian Date

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

## ACTIVITY & RISK 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 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 at any Boyle Street Education Centre activities.

Print Name

We/I also understand there is always a risk of contracting illnesses including COVID-19. We/I know the school is taking all the necessary precautions as per the guidelines issued by the Chief Medical Officer of Alberta. The school is not responsible for any unforeseen events and We/I accept that all students and visitors are responsible for helping prevent the spread of COVID-19.

\_\_\_\_\_  
 \*Signature of independent student OR Signature of parent/legal guardian Date

## DISCLOSURE RESTRICTIONS

A parent/legal guardian may have their right to access information about a student removed by a legal process.

Please indicate if a legal document exists which restricts access to information about this student:  Yes  No

If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

If you have answered no, the information collected on this registration form and documents collected under the Student Record Regulation may be disclosed as permitted under the regulation.

## CONSENT FOR ASSESSMENT

To create the best educational plan possible for our students, Boyle Street Education Centre provides psychological testing. This testing helps provide insight into a student's learning, behavior, and social-emotional functioning. It helps identify strengths and needs that tell us how to improve a student's learning, functioning, and well-being and informs us about appropriate programming, supports, and strategies.

There are different types of assessments. *All students participate in a brief academic assessment of their reading, comprehension, spelling, and math skills.* This helps determine course placement and level. Academic assessments may be administered by staff trained in administering academic tests, but results are interpreted by a registered psychologist. All other assessments are done by a registered psychologist.

Most students are then referred for emotional/behavioral assessment, which includes screening for symptoms of depression, anxiety, and behavioral issues. These assessments help the staff determine how best to support student well-being. Some students may also be referred for cognitive assessment. This type of assessment helps determine how students reason and process information and can help to determine underlying reasons for learning difficulties. Assessment may result in a diagnosis or identification of supports needed at school.

Gathering background information and parental/guardian input is an important part of the assessment process. The psychologist contacts parents/legal guardians of minor students being assessed. Following the assessment, the psychologist will contact parents/guardians for more information and then write a report. All information that you provide, all test results, any observations of a student's behavior during testing, information from school staff, and information from the student's cumulative school file will be included in the report.

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 your written permission. If a student is under 18, parents/legal guardians have the right to access 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 discussed with parents/guardians, but this agreement must be made in advance with the permission of parents/guardians.

Once an assessment is completed, the assessment results are reviewed with the student, their parents/guardians, and school staff. Information will not be shared outside of the school except in the following circumstances:

- Appropriate authorities must be informed if there is a possibility of abuse or neglect in the case of a minor
- Appropriate authorities must be alerted about the possibility of danger to the student or others
- If a court subpoenas the file, the school is obligated by law to provide it

Although there are many benefits of assessment, there are also risks. Risks of assessments include receiving a diagnosis or other information that may be upsetting or receiving results that lead to re-evaluation of school or life plans. The testing process itself may be stressful for the student, and it is the psychologist's responsibility to identify and ease any potential stress. The results of testing can never be guaranteed, and you should discuss with the psychologist the potential risks of sharing reports with schools and other professionals.

All information gathered for the purpose of testing and assessments, which may be gathered on paper or electronically, is stored securely. If you would like more details about our guidelines for securing confidential information please discuss this with the psychologist.

Participation in assessment is voluntary, and consent can be withdrawn at any time. If you decide to withdraw your consent for assessment, please notify the school immediately. If you agree to permit a registered psychologist to complete an assessment, please sign the form below. If you have questions, please feel free to contact the school at 780-428-1420.

I, the independent student OR parent/guardian of the student named in this registration form, do hereby give consent for academic and emotional/behavioral and cognitive assessment.

\_\_\_\_\_  
 Signature of independent student OR Signature of parent/legal guardian Date

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