

# Kipohtakâw Education Centre



## "Determining Our Own

Student Registration Form  
for the 20\_\_ - 20\_\_ school year

Student Name: \_\_\_\_\_ Gr. \_\_\_\_\_

Kipohtakâw Education Centre School email:

[kecadmin@kipohtakaw.com](mailto:kecadmin@kipohtakaw.com)

Phone: 780-939-3868

Fax: 780-939-3991

The information requested on this form is being collected pursuant to the **FOIPP Act**. Information acquired through this form is kept secure and access is restricted.

**Student Information:**

Legal Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_ (YY/MM/DD)

Legal First Name: \_\_\_\_\_ Gender: Male Female

If student does not normally go by their legal name,

Indicate: \_\_\_\_\_ Preferred Surname: \_\_\_\_\_

Mailing Address: Box No. \_\_\_\_\_ Town/City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

House No. or Location: \_\_\_\_\_

**Preferred** Daytime No.: ( ) \_\_\_\_\_ Work No. ( ) \_\_\_\_\_

Home No.: ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_

Parent / Guardian e-mail address: \_\_\_\_\_

- Monthly Newsletters, important school information are emailed to parents / Guardians.

**New Students:**

**Last school attended:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Special Needs / Programming:**

Has your child received specialized services or programming? Yes No

Type of Program: \_\_\_\_\_

**Student Identification**

Please check status from one of the following: The 10-digit Treaty number is very important to fill in.

☐ **Treaty Status**

**Treaty Number:** \_\_\_\_\_ **First Nation:** \_\_\_\_\_

☐ **Non-Treaty Status.**

☐ **Metis**

☐ **Other**

During school hours, KEC will be providing devices for their learning at the school. Materials/assignments should be added often by the teachers. Please keep in mind this device is to be used for school purposes only. Any damage to the device will be at your cost to replace. This also includes the chance the laptops may get a virus. It will be your responsibility to ensure the device remains in working order for school work.

\*\*\*\*\*

I understand and I accept that AFNE will apply for funding and programs for the benefit of all KEC students.

\_\_\_\_\_  
Parent signature

**Custody / Court Order Information:**

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, The Domestic Relation Act, The Divorce Act or the Young Offenders Act. Sometimes as a result of a court order, even a parent of a child may not have a lawful right of access to the child. Without such proof of such a court order, we would provide any parent with access to their child. If there is any Court Order impacting custody, access or Guardianship. **You must provide a copy.**

**Custody Arrangements, by mutual agreement:** Is your child staying with custodial family?

If yes, who \_\_\_\_\_ relationship to the child is \_\_\_\_\_.

**It is the responsibility of the legal guardian to contact the school if this arrangement changes at any time during the school year.**

**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

## **Parent/Guardian Legal Information**

It is important that you fill out the information on both parents, even if one does not have access or custody rights. All registrants should also read and complete the section on Custody / court order information

**Child lives with:** \_\_\_\_\_

### **Legal Mother's Information:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address (if different than student)

Box No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Province/postal code: \_\_\_\_\_

Phone No: (work) \_\_\_\_\_

(cell) \_\_\_\_\_

email: \_\_\_\_\_

### **Legal Father's Information:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address (if different than student)

Box No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Province/postal code: \_\_\_\_\_

Phone No: (work) \_\_\_\_\_

(cell) \_\_\_\_\_

email: \_\_\_\_\_

### **Legal Guardian's Information:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address (if different than student)

Box No.: \_\_\_\_\_

Town/City: \_\_\_\_\_


Province/postal code: \_\_\_\_\_

Phone No: (work) \_\_\_\_\_

(cell) \_\_\_\_\_

email: \_\_\_\_\_

### **Document Verification**

Please check  the documents submitted:

\_\_\_ ***Birth Certificate***

\_\_\_ ***Adoption Certificate***

\_\_\_ ***Indian Status Card***

\_\_\_ ***Court Documents - custody (if applicable)***

\_\_\_ ***Important Medical Doc. (if applicable)***

\_\_\_ ***Other***

**Note:** Documents must be presented to the school to verify the student's legal name. Please attach a copy to this registration form or have a copy left at the school office.

## Medical/Emergency Contact Information

<b>Emergency Contact Information</b> <i>(parent/guardian are called first, if you cannot be reached contacts below will be called):</i>  In case of illness, inclement weather or emergency school closure and student's parent/legal guardian is not available, please indicate alternate emergency contacts:  Name: _____ Relationship to student _____ Phone: _____ Daytime/work _____ Cell _____ Name: _____ Relationship to student _____ Phone: _____ Daytime/work _____ Cell _____  <b><i>Please make sure the emergency contacts (other than parent/guardian) are advised that their names have been used for this purpose.</i></b>	<b>Student's Medical Information:</b>  Does this student have any medical concerns/special needs/family circumstances of which the school should be aware? Yes No If so, please describe: _____  Is your child allergic to any drugs? If so, please indicate which drug: _____  Reaction: _____  Care Required: _____  Is your child on regular medication? ___Yes ___No If yes, please note if any notification is required on a daily basis, a form must be signed and arrangements made at the office, all medication are kept locked away and the supply is the parent's responsibility.
<b>Medical Consent:</b> Yes No  In an emergency, I hereby authorize and give consent to the Principal or designate to obtain medical help for my child if necessary.  <b>Parent/Guardian Signature:</b> _____  <b>Alberta Health Care Number:</b> _____	
<b>Immunization:</b> As per the AFNE Policy, children attending the school are required to be up to date with their immunizations.  My child's immunization is up to date: Yes No	
<b><u>Food or other Allergies</u></b>  This information is important for the safety of the child and very helpful for our Hot Lunch cook and staff in preparing lunch, snack and occasional treats for the students. <b>Does your child have any severe food</b>  <b>Allergies? If so, please list?</b> _____  <b>Other allergies:</b> _____	

**Parent Program Consent**

Please select the following consents below (✓) that you are approving: Do not use an X. Leave it blank for no permission.

\_\_\_\_\_ **Field Trip Consent:** I give permission for my child to attend school sponsored or supported program trips such as: field trips, sporting events, cultural trips, career, educational programs, music performances, visitation to other schools and activities both in and out of school.

\_\_\_\_\_ **Special Program Consent:** I give permission for my child to receive alternative learning experiences if required, to allow him / her to better achieve school related goals.

\_\_\_\_\_ **Individualized Program Plan Consent (IPP):** I give permission for my child’s teacher / Student Support Services to prepare an IPP for my child’s unique learning style.

**Student Sign Out Policy**

Due to concerns regarding the pick-up of children at school, we have implemented the following policy to prevent future problems. Please read this information and fill out. All parents and visitors must report to the office.

- a. When a child is being signed out by a parent or guardian, the child/children will be paged to the office by staff. Teachers are not to release students to parents/guardians or others at the classroom.
- b. Students may Not be signed out unless by those on emergency contact list and by those listed below.
- c. **No students regardless of age** are allowed to leave the school property from 8:30 a.m. – 3:20 p.m. on school days. This includes all break times, recesses and lunch hour. This is necessary to ensure the safety of your child while they are at school.

I/We, \_\_\_\_\_parent(s)/guardian(s) for the following child\_\_\_\_\_ permission for the undersigned to remove my child from the school. I/We understand that no other individuals will be allowed to pick up my/our child. In the event of an emergency I/we may make arrangements with the school staff to have someone other than the people listed below and on the emergency contact list to pick up my/our child.

<u>Names of people authorized to pick up/sign out.</u>	<u>Relationship to the child</u>
_____	_____
_____	_____
_____	_____
_____	_____

## **Student Transportation**

### **Transportation (Please check lines that apply)**

\_\_\_\_-Bus #1 (north on Rg.Rd. 272, east and west on Town Ship Rd. 562, north on Rg.Rd. 274, west on Township Rd. 563, south on Rg.Rd 275 to Town ship Rd 562)

\_\_\_\_-Bus #2 (west on highway 642, east on highway 642, south on Rg.Rd 271 and Kipco)

\_\_\_\_-Bus #3 (south on Rg.Rd. 272, south on Rg.Rd. 275)

\_\_\_\_-Handi-Bus

Place of Residence: \_\_\_\_\_

\_\_\_\_-Parent Pick up (p.m.)

\_\_\_\_-Parents drop off (a.m.)


\_\_\_\_-Daycare drop off (p.m.)

\_\_\_\_-Head-Start drop off (p.m.)

\_\_\_\_-Walk to village (p.m.)

**Note:** Students must have one designated pick up and drop off stop for the duration of the school year. Your child will not be allowed to change busses.

## **Copyright Release Form**

I hereby grant permission to **KIPOHTAKAW EDUCATION CENTRE and ALEXANDER FIRST NATION EDUCATION** on behalf of my child \_\_\_\_\_ to (please check  the appropriate boxes), leave blank if you are not giving permission.

Record(audio/video) my child

Display any of my child's work

Reproduce any of my child's work

Student release of photographs/take photographs

For non-profit, educational purposes; I understand the production(s) work(s) may be shown at education displays during open house, in-service sessions and other school related activities at school, or AFNE sites or at AFNE sponsored displays in the community, or used in a school publication.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of student if 18 years or  
Older or Independent Student

\_\_\_\_\_  
Parent/Legal Guardian

## CONFIDENTIALITY

Service providers working with your child may need to receive and share relevant information with other professionals and service members to provide the best possible service. All information collected about your child and family will be confidential except where there are reasonable or probable grounds to believe that a child's survival, security or development is endangered, as per the Child Youth and Family Enhancement Act or where there are concerns for a person's physical safety.

## INFORMATION COLLECTION

As part of the services provided, we will be collecting information about your child and family. You have the right to request changes to this information if it is inaccurate. All records will be kept secure and held for at least 10 years past the age your child reaches adulthood in keeping with the law and professional standards.

### Services Available:

\_\_\_\_\_ I give permission for the 2025/2026 school year **OR**

\_\_\_\_\_ I give permission for these services to be provided for the duration of my child or family's enrollment at KEC/ AFNE

### Consent for the following services KEC/ AFNE Wellness Team provides (check all that apply):

\_\_\_\_\_ Student Support Services

\_\_\_\_\_ School Guidance Counsellor

\_\_\_\_\_ CASA Success Coach

\_\_\_\_\_ Behaviour Coach/ Consultant

\_\_\_\_\_ Mental Health Coach/ Consultant

**I have read and understand the information provided in this consent form and understand that I**

### Declaration and consent

I hereby affirm that I have read this registration form and understand how this information will be used. I affirm that the information given on this registration form is completed and correct. As indicated by my signature below, I hereby freely and voluntarily consent to have the information provided by me accessible as indicated.

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

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