



Greater St. Albert Catholic Schools

Serving St. Albert, Morinville and Legal

School Year: 2018-19

Classroom: _____

STUDENT REGISTRATION FORM (K-12)

Please Print

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 Greater St. Albert Catholic Schools, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the children or the students in school 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*. We realize that there may be occasions where you have concerns relating to the safety of your child with respect to any of the uses of this information. In this case, please contact the school where your child attends.

Please complete all Sections of this Form

Students Personal Information:

School: _____

Religion of Parent: ☐ Catholic ☐ Protestant ☐ Other

Religion of Child: ☐ Catholic ☐ Protestant ☐ Other

If Catholic, enter name of parish _____ and indicate Sacraments student has celebrated by checking all that apply:

☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Alberta Student Number: (ASN) _____

Legal Last Name: _____ Legal Given Names: _____

Preferred Name: (if different from above) _____

Birthdate: _____

Grade: _____ (MM/DD/YYYY) Gender: _____

Student Also Known As: (if different from above)

Last name: _____

Student Contact Information:

Box/Apt. Number: _____ Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____ (Optional)

Student Physical Address: (if different from above)

Street Address/Box/ Apt. Number: _____

Province: _____ Postal Code: _____ Rural Legal Land Description: _____

Parent/Guardian Contact Information:

First Contact Mandatory

First Contact Name: _____ Relationship to Student: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Address:(if different from student)

City: _____ Province: _____ Postal Code: _____

Email: _____

Resides With Student: ☐ Yes ☐ No

Would Like To Receive Correspondence: ☐ Yes ☐ No

Second Contact Optional

Second Contact Name: _____ Relationship to Student: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Address:(if different from student)

City: _____ Province: _____ Postal Code: _____

Email: _____

Resides With Student: ☐ Yes ☐ No

Would Like To Receive Correspondence: ☐ Yes ☐ No

Third Contact Optional

Third Contact Name: _____ Relationship to Student: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Address:(if different from student)

City: _____ Province: _____ Postal Code: _____

Email: _____

Resides With Student: ☐ Yes ☐ No

Would Like To Receive Correspondence: ☐ Yes ☐ No

Fourth Contact Optional

Fourth Contact Name: _____ Relationship to Student: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Address:(if different from student)

City: _____ Province: _____ Postal Code: _____

Email: _____

Resides With Student: ☐ Yes ☐ No

Would Like To Receive Correspondence: ☐ Yes ☐ No

Emergency Contact Information:

Emergency Contact Name: _____ Relationship to Student: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Alternate Contact Name: _____ Relationship to Student: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Babysitter/Daycare Name: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Medical/Emergency Information:

Please identify any serious medical concerns: _____

Is this student on any medication which the school personnel should be made aware of?

☐ Yes

☐ No

*If **yes**, please complete the Medical Information form at this school.

In the event of an emergency the school will contact the appropriate medical personnel.

First Nations, Metis, Inuit:

If you wish to declare the student is Aboriginal, please select one:

First Nation (status)	First Nation (non-status)	Metis	Inuit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For further information, please refer to : www.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 Board Superintendent, David Keohane at 780-459-7711.

PARENTAL COURT ORDERS:

Note: If a parenting order or any other legal document governing the access, custody, contact, protection or guardianship of your child exists, a copy must be provided for the student record.

Legal Name Of Document: _____

Provided and on File: ☐ Yes

☐ No

Francophone Education Eligibility:

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the *School Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exist:

- Either parent's first language learned and still understood is French, **or**
- Either parent has received their primary school instruction in Canada, in French, **or**
- One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada

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

Citizenship or Immigrant Status:

Is this student a Canadian citizen?

☐ Yes

☐ No

If no, please check one of the following:

☐ Permanent Resident/Landed Immigrant

☐ Child of a Canadian Citizen

☐ Child or step-child of an individual lawfully admitted to Canada for permanent or temporary residence.

☐ Student Authorization - Study permit

Visa Number: _____ Expiry Date: _____

Note: Student Authorization - subject to foreign fees.

Options of Acceptable Documentation: Birth Certificate (Canadian), Valid Canadian Passport, Alberta Government Identification Card, Immigration Papers (including Refugee, Treaty Card (Number), Permanent Resident Card, Temporary Resident Papers, Legal Guardianship (Court Order), Valid Parent's Work or Study Permit, Parent's Citizenship.

Student registration cannot be completed without a copy of a legal document from one of the above ten options that provide proof of legal name, age and citizenship or immigration status.

English as a Second Language (ESL) Eligibility:

My Child was born in Canada:

☐ Yes

☐ No

If your child was born outside of Canada, please indicate country of birth: _____

Date Child Arrived in Canada: (MM/DD/YYYY) _____

What was your child's first language spoken: English ☐ Yes

☐ No

If No please specify: _____

What languages are spoken in your home: _____

Previous School Information:

Last School Attended: _____ Last Grade: _____

If previous school is outside of the district, please complete the remaining information:

Address: _____ Phone Number: _____

Town/City: _____ Province: _____ Postal Code: _____

Program Selection: ☐ Regular English Program ☐ French Immersion Program**Kindergarten Program:***Kindergarten program options vary by school. Please contact school for availability and clarification on programs.*Has the child previously attended Pre-Kindergarten: ☐ Yes ☐ No

If yes, where: _____

Has the child previously attended Kindergarten? ☐ Yes ☐ No

If yes, where: _____

☐ Within Alberta ☐ Outside of Alberta**Program Selections:** Please check one of the followingHalf Day: ☐ AM ☐ PM (475 hours, no additional fees apply) ☐ Full Day/Alternate Days (475 hours)☐ *All Day Everyday (950 hours, additional fees apply)☐ *Progressive: Select Schools Only (617.5 hours, additional fees apply)

*Fee Commitment form must be completed and submitted to the school.

Canadian Anti-Spam Legislation (CASL) came into effect July 1, 2014. This legislation **DOES NOT IMPACT** regular messages sent from the Schools or the District for informational purposes (e.g. notice of a community meeting or a student's progress, etc.). These emails will continue to be sent to Greater St. Albert Catholic School families.

The legislation does require schools to obtain consent for "commercial electronic messages" (CEM) that involves any activity associated with the sale or purchase of goods or services (whether for profit or not), including events like fundraising alerts and volunteer recruitment for same, yearbook sales, sales of student photos, and school newsletters that contain commercial information. By your indication below, you are providing express consent to receive these types of messages from Greater St. Albert Catholic Schools. Options to unsubscribe are available in each communication of this nature and can be expressed at any time.

As per the checked confirmation below, please provide your consent (or not) for the purpose of receiving commercial electronic messages (outlined above)

Parent/Guardian 1: ____YES, I consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools

____NO, I do not consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools

Parent/Guardian 2: ____YES, I consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools

____NO, I do not consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools

Parent/Guardian 3: ____YES, I consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools

____NO, I do not consent to receiving such emails (CEMs) from greater St. Albert Catholic Schools

Parent/Guardian 4: ____YES, I consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools

____NO, I do not consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools

" NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION"

" The Alberta Human Rights Act requires a school board to give notice to a parent or guardian when courses of study, educational programs, instructional material, instruction or exercises include subject matter that deals primarily with religion."

All of the schools in the St. Albert Ward are Catholic Separate Schools, for which the essential purpose is to fully permeate Catholic theology philosophy, practices and beliefs, the principles of the Gospel, and the 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 instructional materials, instruction and exercise, will at all times include subject matter that deals primarily with faith and/or Catholic religion.

Greater St. Albert Catholic Schools accepts students of all faiths as per the following acknowledgment:

*I hereby acknowledge and accept the values and philosophies exemplified in a Catholic school. I agree that my child will participate in the prayer life, religious education programs, and other instructional opportunities in which ethical and moral standards are taught. Additionally, if my religion is other than Catholic, I am aware that my child is being admitted to this school as a **non-resident** student and that the District accepts the shared responsibility for my child's education until such time as he/she is no longer enrolled.*

I/We declare that the information provided on this registration form, which is a legal document, is accurate and complete to the best of my/our knowledge and belief(s). I/We have read and am aware of the religious permeation in District Schools, and agree to notify the school of any changes to the information on this form.

Signature: _____ 2nd Signature: _____
(Parent/**Legal** Guardian or Independent Student) (Parent/**Legal** Guardian)

Date: _____ Date: _____

As this is a legal document, only ONE Registration per child is accepted by the District. If more than one Parent/ Legal Guardian prefer to sign the Registration Form, all details must be agreed upon by both parties, as declared.



Greater St. Albert Catholic Schools

Serving St. Albert, Morinville and Legal

School Year: **2018-19**

Classroom: _____

LEARNING WITH TECHNOLOGY: RESPONSIBLE USE AGREEMENT (K-12)

Please complete all Sections of this Form

Please Print

Christian Citizenship in a Digital World_____ Please Initial - Parent/Legal Guardian/Independent Student

In today's connected world, technology is essential for learning. Greater St. Albert Catholic Schools supports effective and innovative uses of technology for each and every student. This support includes a commitment to providing anytime/anywhere learning opportunities and to teach students to be Christian citizens in a digital world.

Using technology to enhance learning comes with the responsibility to use it in a manner that fosters Christ-centered citizenship. As a Catholic school district it is our goal to ensure that the use of technology contributes positively to the learning environment and to the community. Students must become aware of the benefits and the risks associated with digital interactions and the risks associated with digital interactions and ultimately make decisions about using technology responsibly, keeping themselves safe online and respecting others in all interactions, whether using district-owned or personal devices.

Student Responsibilities _____ Please Initial - Parent/Legal Guardian/Independent Student

It is expected that students comply with District standards for the responsible use of technology and honour the expectations set by their school and their teachers. This means that students, whether using district-owned or personal devices, accessing district or non-district networks, must:

- Use public interactive websites in a safe manner and pay particular attention to guarding privacy, protecting identity (by not posting personal information), demonstrating etiquette, and communicating in a respectful, kind and compassionate manner.
- NOT submit, post, publish, send or display obscene, profane, threatening, illegal and/or other inappropriate material on their devices, school-owned devices or on the internet.
- NOT photograph or videotape others (students or staff) without their consent.
- NOT attempt to access data or programs contained on systems without authorization or consent.
- NOT read another user's e-mail unless authorized to do so by the owner of the e-mail account.
- Agree to keeping personal passwords private and confidential.
- Agree to take precautionary measures to protect personally-owned device(s) from unauthorized access.
- Adhere to copyright laws regarding the duplication or replication of other people's work.
- REPORT instances of inappropriate, objectionable and/or offensive material to a teacher or supervisor.

Security and Supervision_____ Please Initial - Parent/Legal Guardian/Independent Student

Digital storage areas are treated like school lockers. District network administrators may review files and communications to maintain system integrity and to ensure responsible use. Users should not expect that files and communications stored on District servers are private. Technology resources, including bandwidth, file space, and printers are for education purposes.

Students will be held accountable for any deliberate attempt to circumvent District technology security and supervision. A security problem on the network must be reported. Students who bring their own devices to school do so at their own risk. The school and District do not accept responsibility for their safekeeping, maintenance, loss or any damage that may result.



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LEARNING WITH TECHNOLOGY: RESPONSIBLE USE AGREEMENT (K-12)

MINOR STUDENT - 17 YEARS OR YOUNGER

Student Name: (please print) _____

School: _____ Grade: _____ Teacher: _____

As the parent or legal guardian of the minor student named above, I have read and reviewed with my child the Greater St. Albert Catholic Schools Responsible Use of Technology Agreement. I understand that the use of the technology is for educational purposes and the district, along with my role as a parent, will strive to teach students to be Christian citizens in a digital world. I understand that it is impossible to restrict access to all controversial materials or sites or for the school to control the information my child may post on a public site. I further recognize that if my child does not demonstrate responsible and appropriate use of technology, he/she may be disciplined. I will not hold the Greater St. Albert Catholic Schools responsible for material my child may acquire or information my child may disseminate using technology.

Signature: _____ Date: _____

(Parent/Legal Guardian)

INDEPENDENT STUDENT - OVER THE AGE OF 18 OR AS DEFINED IN THE *SCHOOL ACT*

I have read and understand the Greater St. Albert Catholic Schools Responsible Use of Technology Agreement. I understand that the use of technology is for educational purposes. I agree to use technology in a manner that demonstrates Christian-citizenship in a digital world. I understand that it is impossible to restrict access to all controversial materials or sites or for the school to control the information I may post on a public site. I further recognize that if I do not demonstrate responsible and appropriate use of technology, I may be disciplined. I will not hold the Greater St. Albert Catholic Schools responsible for materials I may acquire or information I may disseminate using technology.

Student Name: (please print) _____

School: _____ Grade: _____

Signature: _____ Date: _____

(Independent Student)



Greater St. Albert Catholic Schools

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PARTICIPANT CONSENT FORM: SCHOOL DISTRICT USE OF PERSONAL INFORMATION

Student Name: _____

Opportunities sometimes arise for Greater St. Albert Catholic Schools to spotlight and promote schools in the district in displays/publications (newspapers, brochures, videos, television, school/district calendars, billboards, slide shows, workshops, presentations, or other publication venues). With your permission your child may be photographed, videotaped, audio taped, or interviewed during the school year at various school sponsored events.

The school district and/or individual schools are sometimes contacted by the media to do feature stories about a specific school, program, student activity, award, or educational topic. The media may wish to collect, use and reproduce your child's personal information in the form of an interview, photograph, digital image, video tape, audio tape or a likeness. By signing these consents below, I am stating that I understand the purpose for which my/my child's information will be used.

A. Consent for: Collection Use and Disclosure of Personal Information by Greater St. Albert Catholic Schools

I hereby give Greater St. Albert Catholic Schools permission to photograph, video tape, audio tape and/or interview my child for use in school publications/communications, school or district recognition, or other school purposes. Greater St. Albert Catholic Schools also has my permission to use, publish, display and copyright any artwork, written material or creative work created or authorized by my child through school activities. I understand that this material or creative work may be used by Greater St. Albert Catholic Schools in district or school displays, publications, advertising or promotional materials. I understand that my child may be identified as the author by first and last name and by grade.

Signature _____ Parent/Legal Guardian/Independent Student

B. Consent to: Post Personal Information to a School Website

*I hereby give Greater St. Albert Catholic Schools permission to publish the following information regarding my child to the school's public website **(Please check all that you agree to):***

☐ Last Name

☐ First Name

☐ Grade

☐ Photograph

☐ Award Recognition

☐ School-Related Work

Signature _____ Parent/Legal Guardian/Independent Student

C. Consent for: Media Participant

Please check all that you agree to:

☐ *I hereby give Greater St. Albert Catholic Schools permission to use my child's artwork, written material or creative work, on websites and other electronic media. I understand my child may be identified as the author by first and last name and by grade.*

☐ *I hereby give Greater St. Albert Catholic Schools permission to photograph, video tape, audio tape and/or interview my child and post said personal information to district, school and/or classroom websites. Please be advised in the context of ordinary internet use, your child's posted personal information and work can be copied, altered, or moved to another site by anyone who visits these websites.*

☐ *I hereby give Greater St. Albert Catholic Schools permission to permit media and outside organizations (such as school and district social media accounts) to display creative work(s), to film, photograph, videotape, video conferencing, or make an audio digital recording and/or interview my child for non-public and/or public events for use outside the school community, while he/she is under the supervision of Greater St. Albert Catholic Schools. I understand this means a creative work(s), photograph(s), videotape(s), video conference(s), audio or digital recording(s) and/or interview(s), or likeness of my child may be collected, used, reproduced and broadcast by media or outside organizations.*

Signature _____ Parent/Legal Guardian/Independent Student

D. Consent for: Disclosure of Personal Information to the School Council

I hereby give Greater St. Albert Catholic Schools permission to make available parent/guardian name, address, telephone and email address to the School Council for contact purposes. School Councils represent the parents and engage in activities of the school.

Signature _____ Parent/Legal Guardian/Independent Student

E. Consent for: Disclosure of Personal Information to the Local Parishes

I hereby give Greater St. Albert Catholic Schools permission to make available the student name and faith information to the local parishes for the purpose of supporting the student's spiritual development.

Signature _____ Parent/Legal Guardian/Independent Student



Greater St. Albert
Catholic Schools

Greater St. Albert Roman Catholic Separate School District No. 734

6 St. Vital Avenue, St. Albert, AB T8N 1K2

Telephone (780) 459-7711

Fax (780) 458-3213

www.gsacrd.ab.ca

School District Use of Personal Information Notice

On September 1, 1998, the Greater St. Albert Roman Catholic Separate School District No.734 is required to act in accordance with the Freedom of Information and Protection of Privacy Act (FOIP) which sets out standards as to the collection, use and disclosure of personal information.

The following are examples of how personal information may be used for school related activities and are not intended as an all-inclusive list. These activities form a vital part of a healthy and functioning school and the participation of all students in these activities is viewed as an important part of every student's education.

- 1. The use of a student's photograph/image taken by a school photographer for school-related purposes including report cards, student records, Rolodex cards, Image CD-Rom disks, student identification cards, school library cards, school yearbooks, recognition, composites, display at school sites, school newsletters, emergency, medical, legal, law enforcement and/or matters relating to safety and security.*
- 2. The release of a student's name, school, grade, academic information for the identification of assigned classroom or teacher in a school, use for class photos, collection of resources, recognition of birthdays, achievement in academics, athletics, or community involvement, honour roll, graduation ceremonies, scholarships, or other awards within the school or school board.*
- 3. The use of a student's name, address, telephone number, school, program, grade, parent's name and related contact information for the provision of transportation services.*
- 4. The use of a student's name telephone number, school, grade, parent's name and related contact information for the purpose of taking attendance, emergencies, fieldtrips, planning and/or other school sponsored activities.*
- 5. The use of a student's name, school, grade, photo, academic information and/or written material for the school newsletter, yearbook and/or other school publications.*
- 6. The use of a student's name, school, grade and/or photo for athletic events, fine arts productions, presentations, fairs celebrations and/or other school sponsored activities.*
- 7. The use of a student's photograph, video tape, audio tape and/or interview by the school District personnel or activities held outside of the school.*
- 8. The use of a student's name, address, telephone number, school, program, grade, parent's name and related contact information for the purpose of satisfaction surveys.*
- 9. The use of a student's name for individual class, club, team and/or group photos/videos/images taken at school sponsored activities for display in the school.*
- 10. The use of a student's photo/video/images taken by school District personnel of classroom or other school sponsored activities held within the school for educational purposes.*
- 11. The use of a student's name, photo/image, birth date, parent's name, telephone number, address and any student health and/or relevant personal information to assist authorized individuals in responding to emergency situations relating to safety and security, for law enforcement purposes and other legal requirements, and to assist who have severe or life-treating medical or other conditions.*

Note: *When the use of a student's name, photos and/or videos by the school board, media or to other outside organizations, where individual students are identified or interviewed and the material will be used outside of the school District, a separate and specific consent is required. Events that are open to the general public, are considered public events, Greater St. Albert Catholic Schools cannot control or prevent the further distribution or use of photos, videos, images or other personal information by those who attend.*

*Written consent for your child to participate in these activities is **not** being requested. On occasions there maybe concerns with uses of this information, if this is the case, please contact the school principal where your child attends to discuss your concerns. This notice remains valid for the current school year if you have any questions regarding the Freedom of Information and Protection of Privacy Act, please contact the Coordinator, 6 St. Vital Ave, St. Albert, 459-7711.*

Faith in Our Students

PASSION • RELATIONSHIPS • COMMITMENT • HOPE • INNOVATION • EXCELLENCE



2018-2019

Greater St. Albert

Sports Academy

Grades 10-12



Program Registration Form

(Supplemental to Student Registration Form)

Please complete this program registration form in full. **Registration payment of \$180 (cash or cheque ONLY) must be included AND installment payments indicated on page 2 for registration to be considered complete.**

Please return completed form to:

Geoff Giacobbo, Sports Academy Coordinator
Albert Lacombe Catholic School
50 Gainsborough Avenue
St. Albert AB T8N 0W5

All registrations will be processed through the Sports Academy Coordinator and forwarded to the appropriate school.

Last Name:		First Name:	
Address:		Postal Code:	
Birth Date:		Alberta Health Care Number:	
Full Name of Parent/Guardian(completing form):			
Phone: (Daytime)		Phone: (Evening)	
E-Mail:			
Grade entering 2018-2019:			
Sport Program: <input type="checkbox"/> Hockey		School: <input type="checkbox"/> SACHS	
Current school:			
Academic Concerns:			
Current Academic Standing:			
Math:	Science:	LA:	Social Studies:

Please include the following with this program registration form.

- A character reference letter from a teacher and/or a coach. (for new students only)
- **A non-refundable deposit of \$180 must accompany this program registration form.** Deposits will be processed subject to program acceptance, and must be dated no later than the date the program registration form is signed. (Payable to Greater St. Albert Catholic Schools - Deposits will be applied to the September 2018 and January 2019 fees)

* REFUNDS will be processed according to full months of non-enrollment only, subject to withholding of the non-refundable deposit of \$180.

Payment Due Upon Registration

A \$180 non-refundable deposit (cash or cheque only please) MUST accompany this registration form.

Please also select one of the following for the October 1, 2018 – January 1, 2019 payments:

- ☐ Online Payments - **Online payment options (Visa, MC and eCheck) will be available at <https://gsacrd.schoolcashonline.com/> AFTER September 1, 2018.**
 - ❖ Full payment of the balance (\$720) OR
 - ❖ Installments – once you choose this option there will be a drop down box available for you to choose the number of installments that best suit your family (maximum of 4 in September, number of installments decreases AFTER September 30, 2018).
- ☐ Cheque (s) attached – dated the 1st of the month as per the payment schedule below. **(Please make cheques payable to Greater St. Albert Catholic Schools) A \$25 service charge will be levied for any returned cheques and this method of payment will no longer be accepted.**
- ☐ Debit Card Transactions - Greater St. Albert Catholic Schools finance department will accept debit card transactions, however, because this method of payment requires a personal identification number (PIN) persons interested in this method of payment would be required to come to the District office each month for processing. **(Payment is due the 1st of every month)**
- ☐ Cash Transactions - Cash transactions may be processed in person at Albert Lacombe Catholic Elementary School or the District Office. (Please do not send cash with your child) **(Payment is due the 1st of every month)**

Payment Schedule:

- ☐ 4 Payments of \$180 – October 1, 2018 to January 1, 2019
- ☐ 3 payments of \$240 - October 1, 2018 to December 1, 2018
- ☐ 2 payments of \$360 - October 1, 2018 and November 1, 2018
- ☐ 1 payment of \$720 dated October 1, 2018.

**** Payments MUST be registered online or received as Postdated Cheques by September 30, 2017, at the LATEST****

PLEASE NOTE:

Greater St. Albert Sports Academy student registrations will be accepted on a first come first served basis. You are encouraged to get your registration in as soon as possible, as space may be limited by school capacity.

I understand:

- The guidelines set out on this registration form.
- The transportation implications.
- That I am responsible to provide CSA approved equipment.

Legal Parent/Guardian Signature: _____ Date: _____

"Athletics are a dress rehearsal for life!"

Faith in Our Students

Passion • Relationships • Commitment • Hope • Innovation • Excellence

Information on this form is collected under *Section 33 in the Freedom of Information and Protection of Privacy Act.*



2018-2019

Greater St. Albert

Sports Academy

Grades 4-9



Program Registration Form

(Supplemental to Student Registration Form)

Please complete this program registration form in full. **Registration payment of \$460 (cash or cheque ONLY) must be included AND installment payments indicated on page 2 for registration to be considered complete.**

Please return completed form to:

Geoff Giacobbo, Sports Academy Coordinator
Albert Lacombe Catholic School
50 Gainsborough Avenue
St. Albert AB T8N 0W5

All registrations will be processed through the Sports Academy Coordinator and forwarded to the appropriate school.

Last Name:		First Name:	
Address:			Postal Code:
Birth Date:		Alberta Health Care Number:	
Full Name of Parent/Guardian(completing form):			
Phone: (Daytime)		Phone: (Evening)	
E-Mail:			
Primary Sport Interest (<i>Please check one</i>)			
<input type="checkbox"/> Hockey	<input type="checkbox"/> Soccer	<input type="checkbox"/> Performing Arts	
Grade entering 2017-2018:			
<input type="checkbox"/> AL	<input type="checkbox"/> VJM	<input type="checkbox"/> RSF	<input type="checkbox"/> EFJ
<input type="checkbox"/> ESSMY			
Current school:			
Academic Concerns:			
Current Academic Standing:			
Math:	Science:	LA:	Social Studies:

Please include the following with this program registration form:

- A character reference letter from a teacher and/or a coach. (for new students only)
- **A non-refundable deposit of \$460 must accompany this program registration form.** Deposits will be processed subject to program acceptance, and must be dated no later than the date the program registration form is signed. (Payable to Greater St. Albert Catholic Schools - Deposits will be applied to the September 2018 & June 2019 fees)
- * REFUNDS will be processed according to full months of non-enrollment only, subject to withholding of the non-refundable deposit of \$460.

Payment Due Upon Registration

A \$460 non-refundable deposit (cash or cheque only please) MUST accompany this registration form.

Please also select one of the following for the October 1, 2018 - May 1, 2019 payments:

- ☐ Online Payments - **Online payment options (Visa, MC and eCheck) will be available at <https://gsacrd.schoolcashonline.com/> AFTER September 1, 2018.**
 - ❖ Full payment of the balance (\$1,840) OR
 - ❖ Installments – once you choose this option there will be a drop down box available for you to choose the number of installments that best suit your family (maximum of 8 in September, number of installments decreases AFTER September 30, 2018).
- ☐ Cheque (s) attached – dated the 1st of the month as per the payment schedule below. **(Please make cheques payable to Greater St. Albert Catholic Schools) A \$25 service charge will be levied for any returned cheques and this method of payment will no longer be accepted.**
- ☐ Debit Card Transactions - Greater St. Albert Catholic Schools finance department will accept debit card transactions, however, because this method of payment requires a personal identification number (PIN) persons interested in this method of payment would be required to come to the District office each month for processing. **(Payment is due the 1st of every month)**
- ☐ Cash Transactions - Cash transactions may be processed in person at Albert Lacombe Catholic Elementary School or the District Office. (Please do not send cash with your child) **(Payment is due the 1st of every month)**

Payment Schedule:

- ☐ 8 payments of \$230 - October 1, 2018 to May 1, 2019
- ☐ 7 payments of \$262.86 - October 1, 2018 to April 1, 2019 (final payment is \$262.84)
- ☐ 6 payments of \$306.67 - October 1, 2018 to March 1, 2019 (final payment is \$306.65)
- ☐ 5 payments of \$368 - October 1, 2018 to February 1, 2019
- ☐ 4 Payments of \$460 – October 1, 2018 to January 1, 2019
- ☐ 3 payments of \$613.33 - October 1, 2018 to December 1, 2018 (final payment is \$613.34)
- ☐ 2 payments of \$920 - October 1, 2018 and November 1, 2018
- ☐ 1 payment of \$1,840 dated October 1, 2018.

**** Payments MUST be registered online or received as Postdated Cheques by September 30, 2018, at the LATEST****

PLEASE NOTE:

Greater St. Albert Sports Academy student registrations will be accepted on a first come first served basis. You are encouraged to get your registration in as soon as possible, as space may be limited by school capacity.

I understand:

- The guidelines set out on this registration form.
- The transportation implications.
- That I am responsible to provide CSA approved equipment.

Legal Parent/Guardian Signature: _____ Date: _____

"Athletics are a dress rehearsal for life!"

Faith in Our Students

Passion • Relationships • Commitment • Hope • Innovation • Excellence

Information on this form is collected under Section 33 in the Freedom of Information and Protection of Privacy Act.



Greater St. Albert Catholic Schools

Serving St. Albert, Morinville and Legal

RELEASE OF INDEPENDENT STUDENT INFORMATION 2018-2019

Please complete all Sections of this Form.

This form must only be used to release information concerning an Independent Student		
STUDENT LEGAL LAST NAME	STUDENT FIRST NAME	ASN
SCHOOL	DATE OF BIRTH (mm/dd/yy) / /	CURRENT SCHOOL YEAR 20 ____/20 ____
<p>We will only release your personal information with your informed consent. Informed consent means consent signed by you, as an Independent Student, which we obtain after a discussion with you about why the information will be released.</p> <p>Section 1(1)(m) of the <i>School Act</i> says an "Independent Student" means a student who is (i) 18 years of age or older, or (i) 16 years of age or older and (A) who is living independently, or (B) who is a party to an agreement under section 7(2) of the <i>Child Welfare Act</i>.</p>		

INSTRUCTIONS TO SCHOOL EMPLOYEES	
School employees who discuss the consent to release student information with an Independent Student, must sign below. Such signatures indicate (as outlined on the back of this form) that the school employee has discussed with the Independent Student the nature of the information to be released.	
INFORMED CONSENT CONSULTATION/INTERVIEW CONDUCTED BY	
NAME OF SCHOOL EMPLOYEE (<i>please print</i>)	SIGNATURE
ROLE	DATE (mm/dd/yy)

AUTHORIZATION		
<p>I, as an Independent Student, hereby authorize Greater St. Albert Roman Catholic Separate School District No. 734 (GSACRD), and any duly authorized employee or agent thereof, to release student records, reports, assessments, and/or educational assessments or programs related to me as a GSACRD student to the below noted individual(s). Printed below are the names of those Individual(s) to whom such information may be released, the relationship of the recipients to me and any restrictions regarding the information that can be released.</p>		
<p>Note: This informed Consent to Release Personal Information will be in effect for the current school year (or remainder thereof).</p> <p>Consent may be withdrawn by a request in writing to the school Principal at anytime.</p>		
NAME OF INDEPENDENT STUDENT (PRINT)	DATE (mm/dd/yy)	SIGNATURE OF INDEPENDENT STUDENT