



Welcome to Montessori at Fleetwood-Bawden Elementary School! At our school, we will do everything we can to ensure that your child's school experience is a positive one. We are looking forward to your child being part of our school community for the 2020/2021 school year.

Items in this package include:

1. Registration Form - complete the information on the registration form.
2. FOIP Forms (Freedom of Information) to be filled out completely and returned with the registration form. (Please fill out both sides).
3. A missing birth certificate letter is attached (**A copy of the birth certificate must be provided with your registration form. If the birth certificate is not available, this letter must be completed.**)
4. Montessori Intake form.

Please return this package to the office. If you have any questions regarding the registration process, please contact the school at 403-327-5818.

Sincerely,

Mr. Craig DeJong,
Principal



Fleetwood-Bawden School

Fleetwood-Bawden School houses approximately 406 students in two parallel programs: 1) a mainstream educational program for early education through grade five; and 2) a program based on the Montessori philosophy for children in grades one through five. Our mainstream program serves mainly students within walking distance of Fleetwood-Bawden, whereas our Montessori students come from all areas of the city.



Fleetwood-Bawden is situated on a generous playing field where students have access to many sports activities. A full-sized playground further enhances outdoor activities for students and community alike. There are currently nine mainstream classrooms from early education to grade five and seven multi-graded Montessori classrooms, as well as a gymnasium, a music room, a computer lab, and a well-stocked Learning Commons.

More important than the physical structure of the building are the people and the programs, which create a positive learning environment at Fleetwood-Bawden. There are dedicated teaching staff who believe in giving students the best possible academic program as well as the social skills they need to become contributing, responsible citizens within the classroom and in our community. At present, Fleetwood-Bawden boasts a professional staff of 18 teachers, seven of whom are fully-qualified to deliver classes using the Montessori philosophy.

Registering your Child for the Montessori Program:

Registration for the fall of 2020 has begun! With this information sheet you will receive a package of registration forms. Please fill them out as best you can and bring them, along with your **child's birth certificate**, to the Fleetwood-Bawden School Office during school hours (8:00 am – 4:00 pm). Our school address is 1222 – 9th Avenue South. It is our hope that registrations for students joining us from the Lethbridge Montessori School will be in by February 14th, as class placement meetings will begin shortly thereafter.

Class Placements:

Teachers' assignments depend largely upon enrollment, so we encourage parents to register their children by February 15th so that decisions can be made. At Fleetwood-Bawden, we believe that all children are unique and full of potential. You know your child very well. If you wish to share information about your child's personality and learning style, we are open to receiving that information in writing before we make class placement decisions. Please pick up a Classroom Placement form at the office beginning Friday, May 1, 2020 and return it **no later than Friday, May 29, 2020**. Earlier drop off of the Classroom Placement form is encouraged as forms are dated as they are returned. Requests for specific teachers is discouraged.

Busing:

For the 2020/2021 school year, we are able to provide busing for students registered in the Montessori Program, provided that they live outside our school boundary. These are congregated bus stops for the Montessori Program which are based on specialized settings at École Agnes Davidson, Gilbert Paterson Middle School and Lethbridge Collegiate Institute. This means the bus stops may not be close to Montessori students' housing as provincially funded French Immersion students will take priority. There are rules and regulations of bus procedures as outlined by Lethbridge Transit and consequences for poor choices while riding the bus will be enforced. During the morning drop off, all buses stop at Fleetwood-Bawden prior to continuing on to their specified Immersion school. During afternoon pick-up, one bus picks up all Fleetwood-Bawden students and students are responsible to transfer to their home bus at their specified French Immersion School. Busing for the upcoming school year is finalized in August.

Should you have any further questions about Fleetwood-Bawden School, please feel free to contact Craig DeJong (principal) or Carlie Ramotowski (vice principal) at 403-327-5818. We look forward to working with you and your child in the 2019/2020 school year!



FLEETWOOD-BAWDEN SCHOOL



Dear Future Montessori Parents,

For the 2020/2021 school year, we are able to provide bussing for students registered in the Montessori Program, provided that they live outside our school boundary. These are congregated bus stops for the Montessori Program which are based on specialized settings at École Agnes Davidson, Gilbert Paterson Middle School and Lethbridge Collegiate Institute. This means the bus stops may not be close to Montessori students' housing as provincially funded French Immersion students will take priority. There are rules and regulations of bus procedures as outlined by Lethbridge Transit and consequences for poor choices while riding the bus will be enforced.

This school year, we have 8 busses that transport students from all parts of the city to attend our school. Please note that the bus routes will change over the summer.

If you are interested in seeing the **current 2019/ 2020 school year bus routes**, please visit:

www.lethsd.ab.ca/Transportation.php

The routes for the 2020/2021 school year will be posted in the district website in late August. We recommend that you prepare your child by showing them their bus stop in advance. If you have any questions regarding transportation for the upcoming year, please call Mrs. Ramotowski at 403-327-5818 after May 1, 2020.

We look forward to exploring the possibility of the Montessori program with your child soon!

School	Fleetwood Bawden	Montessori	Grade:
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Student's Legal Last Name			
Student's Legal First and Middle Name			
Preferred Last Name		Preferred First Name	
Student's Date of Birth	Month	Day	Year
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unknown <input type="checkbox"/> Unspecified <input type="checkbox"/>
Student's Physical Address			
Address _____ City _____ Province _____ Postal Code _____			
Student's Mailing Address (if different than student's residence)			
Address _____ City _____ Province _____ Postal Code _____			
Home Phone (with area code)		Other Phone (with area code)	
Siblings currently enrolled with Lethbridge School District No. 51			
Medical Information (i.e. medical conditions, allergies, etc.)			
School History			
Name and location of previous school attended: _____			
Date last attended previous school: _____			
Last Grade Completed: _____			

Parent/Guardian Contact 1	Parent/Guardian Contact 2	Parent/Guardian Contact 3
Name:	Name:	Name:
Address:	Address:	Address:
Relationship to Student:	Relationship to Student:	Relationship to student:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:	E-Mail Address:

Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name:	Name:	Name:
Relationship to student:	Relationship to student:	Relationship to student:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:

Aboriginal Self Identification:

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

First Nation of Residence: _____

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 call 403.380.5299.

First Nation (status)

Metis

First Nation (non-status)

Inuit

Student's Indian Registry Number: _____

Citizenship:	1 Canadian Citizen <input type="checkbox"/>	2 Permanent/Landed Immigrant <input type="checkbox"/>	5 Study Permit <input type="checkbox"/>	6 Child of Canadian Citizen <input type="checkbox"/>	7 Temporary Resident <input type="checkbox"/>	9 Child of individually lawfully admitted to Canada / Unknown <input type="checkbox"/>
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English as a Second Language (ESL) Eligibility A student may be eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be born in Canada or in another country.

Languages spoken at home: _____ Students first language spoken: _____

Do you need assistance with interpretation: Yes No

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 (this means instruction in a French only school, **not a French Immersion program**) 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 instruction in French (this means instruction in a French only school, **not a French Immersion program**) in Canada, have the right to have all their children receive primary and secondary instruction in the same language.

According to this criteria, are you eligible to have your child educated in French?

Yes No

If yes, do you wish to exercise your right to have your child educated in French?

Yes No

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.

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

Signature: _____ Date: _____



FLEETWOOD-BAWDEN SCHOOL



Fleetwood-Bawden School is very proud to house the only public Montessori Program in the City of Lethbridge. As a program of choice, we feel it is very important for parents/ guardians and students to understand Montessori philosophy and expectations.

Please read the highlights of the Montessori Program to ensure that this program of choice is a fit for your child. We have left space for you to comment or ask questions as part of the registration process.

1. The Montessori Program is based on building independent learners.

Comments: _____

2. The Montessori Program works to support self-directed learners.

Comments: _____

3. The Montessori philosophy encourages students to make responsible choices (with respect to completing tasks associated with lessons and social interactions with others) is also part of this program.

Comments: _____

4. Students who have these characteristics (independent, responsible, self-directed) are generally very successful in this program.

Comments: _____

5. The Montessori Program has a multi-aging component from Grades 1-5, where students and their teachers will likely spend more than one year together and older students are mentors and models to younger students.

Comments: _____

6. Montessori materials are used in the classroom only and as a result will not be sent home for use when a student is absent. In addition, homework will be focused upon daily reading and extensions of content area curriculum as required. There will not be other daily homework sent home unless a child needs to catch up on work they did not complete.

Comments: _____

7. The Montessori Program must follow the Alberta Program of Studies. The Program will embed the Montessori philosophy, methods of teaching and use materials within this framework. This is not a private Montessori based experience.

Comments: _____

8. Parent involvement is part of Montessori philosophy.

Comments: _____

9. For the 2020/2021 school year, there are congregated bus stops for the Montessori Program which are based on specialized settings in another school we are paired with. This means the bus stops may not be close to my home and provincially funded students will take priority. There are rules and regulations of bus procedures as outlined by Lethbridge Transit and consequences for poor choices while riding the bus will be enforced.

To help us plan for our future students, please describe:

10. Health Concerns/ Allergies _____

Learning Needs:

11. Has your child had an individualized program for learning?

(If yes, please provide us with a copy of this document)

12. Has your child ever been assessed by:

- Educational Psychologist? _____
- Speech Therapist? _____
- Occupational Therapist? _____
- Behavioural Therapist? _____
- Physiotherapist? _____

(If yes, please provide us with a copy of the assessments)

13. Has your child received support for:

- Speech? _____
- Physiotherapy? _____
- Occupational Therapy? _____
- Behaviour? _____
- PUF Funding? _____

If yes, please explain the supports:

14. Is there any other information you feel is important that we are aware of to assist in planning for the educational needs of your child?



Lethbridge School District No. 51

20 / Student Registration Package

Student's Name: _____ School: _____ Grade: _____

INSTRUCTIONS

1. Read the Freedom of Information and Protection of Privacy Act information and Normal School Information notifications sheet enclosed in this package and retain this document at home for your reference.
2. Complete or verify the Student Registration Form.
3. Read and complete the enclosed Consent Forms.
4. Return the completed registration package to the school.

Consent to receive Commercial Electronic Messages (CEM's)

On July 1, 2014 Canada's Anti-Spam Legislation (CASL) came into effect. As of this date, [Lethbridge School District No. 51](#) cannot send any messages by any means of telecommunication (including e-mail messages, text messages, instant messages and direct messages to social networking accounts, where one or more of the purposes of this message is to encourage participation in commercial activity, whether or not there is an expectation of profit, unless we have received express consent to send these messages.

[Lethbridge School District No. 51](#) values the many learning opportunities, activities and mementos that enhance the educational experience that we provide to our students. Some of these opportunities include performances, field trips, travel, school clothing, student photos, yearbooks, hot lunches or similar school related activities. In order for [Lethbridge School District No. 51](#), our schools and school councils to communicate our programs, activities and special offers through electronic means, we require your consent.

By signing this document, I/we consent to receiving a commercial electronic message (CEM) from [Lethbridge School District No. 51](#), its schools, and school councils. Examples of these would include, but would not be limited to:

- Newsletters
- Offers to purchase goods and services such as
 - Apparel
 - Yearbooks
 - School Photos
 - Travel offers
 - Hot lunches
- Advertisements for school activities, events and programs for which there is a fee

Note that consent to receive CEM information may be withdrawn at any time by contacting the School or Lethbridge School District No. 51.

I, _____ the parent/guardian/Independent Student give my consent to receive Commercial Electronic Messages (CEM's) from Lethbridge School District No.51, its schools and school councils. This consent will remain in effect until I expressly withdraw my consent by notifying the School or Lethbridge School District No. 51.

Signature of Parent/Guardian/Independent Student

Date

Email address: _____

(Please print clearly)

CONSENTS FOR INFORMATION DISCLOSURE

Copyright Release

As part of a student's educational program, they may be recorded and taped; have their work displayed; have their work reproduced for non-profit, educational purposes. Their production(s)/work(s) may be shown at educational displays during open house, in-service sessions and other school-related activities at school or School Board sites, or at school or School Board sponsored displays in the community, or used in a school publication.

_____ I give my consent to the information disclosures as described above.

_____ I do not give my consent to the information disclosures as described above.

I understand that this consent is valid for this current school year only.

_____	_____	_____
Print Name	Signature of Parent/Guardian/ Independent Student	Date

Media/Internet Consent

Lethbridge School District No. 51 enjoys and encourages an open and positive relationship with print (i.e. newspapers, magazines, etc.) and broadcast media (i.e. television, radio, etc.) as a means of promoting and reporting on school activities. In addition, schools are using the Internet (websites, web based programs) to increase positive learning, sharing and recognition opportunities for staff and students.

By signing this section I/we consent to the disclosure of information for use by Media and/or School District use for learning and/or celebration of learning purposes. Examples of these would include, but would not be limited to:

- Interviews for media or School publications (i.e. - school newsletters, etc.)
- Photograph of the student and posting of Student's name
- Group and class photographs that include Student and their name
- Class work (i.e. - art, stories, projects) done by Student
- Awards, Scholarships, Prizes received by Student
- Participation of Student in Extracurricular Activity (Athletics, clubs, fundraising efforts, music)
- Collaboration with other schools and classrooms using web based programs such as Skype, YouTube, Twitter, etc.

Please mark one of the following to indicate your consent:

_____ I give consent to disclosures as described above.

_____ I do not give consent to the above disclosures.

_____ I give consent, with the following exceptions.

_____	_____	_____
Print Name	Signature of Parent/Guardian/ Independent Student	Date

Public Health

Alberta Education will share student demographic information with Alberta Health Services in the case of health emergencies, such as a disease outbreak.

Students NEW to the School

If you are registering as a new student you must have the following accompany your registration package:

- a photocopy of your birth certificate (if you were born in Canada)
 - a photocopy of your Canadian citizenship status if you were not born in Canada
 - a copy of your most recent report card from last school attended
 - a copy of a document verifying your address
-

Important Freedom of Information for Parents

The personal information requested on this form as part of the school registration process is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP), the *School Act* and its regulations, and the Canadian Charter of Rights and Freedoms, Section 23.

This information will be used for the establishment of a student record, determination of residency, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under his/her administration (e.g. research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

Normal School Information Disclosure

Parents/Guardians Please Read Carefully

The Freedom of Information and Protection of Privacy Act requires that consent be obtained for the collection and use of personal information that is not authorized under the *School Act*. The Lethbridge School District #51 believes that the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged.

- the use of a student's name, photo, comments in the school calendar, newsletter, yearbook, graduation book, or other school publication.
- the taking of individual, class, team or club photos for school purposes and the use of student photos for the issuance of identification passes (i.e., library, activity, transit/bus).
- the use of student names on artwork or other creative work or material of students displayed at school or School Board sites, provided the Copyright Release section of this form is signed.
- the use of student names in honour rolls, birthday recognition, and other such acknowledgements within the school or School Board.
- the publication of student names as part of graduation and award ceremonies.
- the use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the Board applies on a student's behalf.
- the use of students' names, related contact information and telephone numbers for absenteeism verification.
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not identifiable (the accompanying *Media Consent Form* may provide consent for situations where individual students are identifiable or interviewed and the material will be used outside the school). Please note that photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. The school may not be able to restrict such activity at public events.
- the circulation of personal information on a "need to know" basis for students who have severe, life threatening medical conditions or for students in emergency situations.
- the taking of photos/videos of classroom or other school activities by the School Board where the material will be used within the school. (Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place.)

If you have concerns with any of these uses of information, please notify the school principal in writing.

Please retain this document at home for future reference.

LETHBRIDGE SCHOOL DISTRICT No. 51



Lethbridge
SCHOOL DIVISION

433 - 15 STREET SOUTH
LETHBRIDGE ALBERTA
T1J 2Z5

PHONE: (403) 380 - 5302
FAX: (403) 327 - 4387

I, _____, have not provided a birth certificate to
(Name of Parent or Guardian)

_____ at the time of registration for
(Name of School)

_____ but I will provide one as proof of legal name,
(Name of Student)
birth date and citizenship as soon as possible.

Signature of Parent or Guardian

Date

Signature of Witness

Date



FLEETWOOD-BAWDEN SCHOOL

Principal: Mr. Craig Dejong
Vice Principal: Mrs. Carlie Ramotowski

Dear Parent(s)/Guardian(s),

Montessori students who live beyond 2.4 kilometres from Fleetwood-Bawden have the opportunity to travel to and from school by school bus. As Montessori transportation is not funded by Alberta Education, our students ride as guests on busses travelling to other schools in Lethbridge School District No. 51.

Please indicate below if your Montessori student will be travelling to school by bus. Information for bus routes is available on the School District and school websites. A paper copy of your child's bus route will be sent home the first day of school and a bus tag will be put on their backpack.

If you have any questions, please don't hesitate to contact me.

Sincerely,

Carlie Ramotowski
Vice-Principal

Will your child be travelling to Fleetwood regularly on the school bus this year? (If a space is reserved for them, they should be travelling on the bus frequently.)

No, my child will not be riding on the school bus.

Yes, my child will be riding the school bus regularly. (**The attached form needs to be signed for the district indicating that you understand your child is riding as a guest.**)

Child's Name: _____ Grade: _____

Parent Signature: _____



LETHBRIDGE SCHOOL DISTRICT No. 51

DIVISION OF BUSINESS AFFAIRS

433 - 15 STREET SOUTH

LETHBRIDGE ALBERTA

T1J 2Z5

PHONE: (403) 380-5303

FAX: (403) 320-9117

Website: www.lethsd.ab.ca

IN-ELIGIBLE STUDENT RIDERS 2020-2021 SCHOOL YEAR

Dear Parents/Guardians:

Under the provisions of Section 51 of the *School Act* as well as Student Transportation Regulation 250/98 of the *School Act*, it states "a board shall provide for the transportation of a student to and from the site of a school in which the board has enrolled the student if the student resides 2.4 kilometres or more from the boundary school."

The board reviews availability on the buses after the 3rd week of September each school year for in-eligible students (students who are under 2.4 kms from their boundary school). Upon review, if space is available, a student may be allowed to ride the bus as long as space is not required for students who are eligible for transportation.

If you would like your child/children to access transportation for the 2020-2021 school year, please complete the acknowledgement information below:

I, _____ acknowledge that my child/children _____
Parent/guardian (print name) child/children's name(s)
does not qualify for transportation, but have been authorized to ride due to availability. I,
_____ also acknowledge that at any time during the school year if there
Parent/guardian (print name)
is no longer room available on the bus my child/children will be un-authorized to ride.

Note: This acknowledgement is for the 2020-2021 school year

only. Signed this _____ day of _____, 20 _____.

Signature of Parent/Guardian: _____

Authorized by Cheryl Shimbashi, Transportation Coordinator: _____

Names of Students: _____

Authorized to Ride: _____



Is Your Child of First Nation, Metis or Inuit (FNMI) Heritage?

Dear Parents:

In 2004, after consulting with Aboriginal representatives, Alberta Education introduced the Aboriginal Learner Data Collection Initiative. It was introduced to identify First Nation, Metis and Inuit (FNMI) students for the purpose of helping to improve education programs and achievement for FNMI learners. The information helps Alberta Education and our school district determine effectiveness of initiatives for FNMI students, target programs to address student needs, identify promising practices, and determine professional learning needs for teachers. It is important information needed to provide the best possible learning environment for our FNMI students.

You will notice a section on your child's registration form that invites you to indicate if your child is of Aboriginal heritage. This question appears on all student registration forms in school jurisdictions across the province. The choice for an Aboriginal learner to provide this information is voluntary. As part of our on-going commitment to develop programming that reaches all students and to better serve the needs of our FNMI students, we ask that if your child is of Aboriginal heritage you check the appropriate box.

We also encourage all parents to visit our website or call our schools to find out more about the excellent programs and services we offer to our FNMI students.

Sincerely,

John Chief Calf,
Coordinator of
FNMI Education





January, 2014

Lethbridge School District No. 51
Employee or Volunteer Driver Authorization

Form 700.3.1

SCHOOL NAME: _____ SCHOOL YEAR: _____
DRIVER'S NAME: _____ PHONE NUMBER: _____
DRIVER'S ADDRESS: _____

Applications shall be approved only when the driver possesses a valid, appropriate driver's license. The principal may authorize the use of private vehicles to transport students if the information provided below indicates that the driver has a sufficiently safe driving record.

DRIVER'S LICENSE NUMBER: _____ CLASS: _____ EXPIRY DATE: _____
Day / month / year

Has your driver's license been suspended in the last three years? Yes No
If Yes, please provide date of reinstatement: _____.

Have you been convicted of an offence under the Highway Traffic Act, the Motor Vehicle Administration Act, or for any motor vehicle-related offence under the Criminal Code of Canada during the last three years? Yes No If Yes, please identify the offence(s) here:

Have you been involved in any accidents during the last three years? Yes No If Yes, please give details: _____

Insurance Related Considerations:

1. The Board requires that the vehicle owner maintain, at all times, insurance in an amount of not less than \$1,000,000 in respect of liability or injury or death of any students who are passengers in the vehicle the volunteer driver is operating.
2. In case of an insurance claim (i.e., third party damage and/or personal injury) the vehicle owner's automobile liability insurance applies **before** that of the school Board.
3. Additional automobile liability insurance protection is provided under the school Board's comprehensive general liability insurance policy for authorized drivers transporting students in privately-owned vehicles on an approved school activity or function. This insurance is **only** for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.
4. **Damage to any vehicle**, including the owner's, is the responsibility of the volunteer driver and not the Board.
5. The owner of the vehicle is expected to **inform** his/her **insurance agent** of the intention to use the vehicle and to act as a driver for Board activities, and to enquire whether a passenger endorsement is required to do this. As this driving is classified as occasional, most insurers do not require that a passenger endorsement be added to the policy or that additional premiums be paid.

VEHICLE: _____ OWNER'S NAME: _____
Make / Model / Capacity (including driver)
OWNER'S ADDRESS: _____ OWNER'S PHONE: _____
INSURANCE ON VEHICLE - COMPANY: _____ POLICY No.: _____
(OR COPY OF PINK SLIP ATTACHED)
INSURANCE AGENT: _____ LIABILITY LIMIT: \$ _____

COMMITMENTS - By submitting this application to become an employee or volunteer driver for the Lethbridge School District No. 51:

- I undertake to ensure that the vehicle used to transport students is in safe operating condition.
- I agree to operate the automobile referred to herein in a safe manner, to abide by all applicable laws at all times while I am transporting students, to limit the number of passengers to the number of seat belts which are useable, to use appropriate child safety seats as required, and to follow Transport Canada guidelines that recommend that children under the age of 12 should be seated in the back. I also agree to refrain from smoking while a student is in the vehicle and to comply with the directions of teachers or agents of the Lethbridge School District No. 51.
- I undertake to report to the school principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e., this school year). All student transportation will adhere to the Traffic Safety Act and Lethbridge School District No. 51 Transportation and Safety Maintenance Program.
- I have advised the insurance company that I have applied to serve as an employee or volunteer driver and enquired whether a passenger endorsement is necessary. I undertake to maintain, at all times, personal liability and indemnity insurance equal to or greater than the Board minimal limit noted above.
- I am aware that my name may be made available to parents of the students who I am driving.
- I authorize Lethbridge School District No. 51 to conduct a random driver's abstract check at their expense.

I accept the foregoing undertakings and certify that the information contained in this application is correct to the best of my knowledge:

Driver: _____ Vehicle Owner: _____

Parent/Guardian (if driver is under 18 years of age): _____

FOR OFFICE USE ONLY

The above-named driver is authorized to assist the school during the current school year. The assistance is appreciated.

Signature of Principal/Designate: _____ Date: _____

Annual Volunteer Registration Form

Valid only for the current school year

In order to ensure the security and safety of our staff and students, all volunteers in our schools **need to be registered**. This form must be completed annually. The information collected on this form will be held in strict confidence.

A volunteer is:

Someone who assists schools and/or students either in curricular or extra-curricular activities including volunteer drivers and students volunteering outside their school.

Volunteers do not include:

- guest speakers
- presenters
- visitors to the school
- parents assisting their own children in the school
- school council members in their position as school council members
- Lethbridge School District #51 students volunteering in district schools

You must be 13 years or older to register as a volunteer.

PART A (Completed by all applicants)

Name of School or Department:		School Year:										
Your Name: (Last Name, First Name)												
If different from above, the name your Police Information Check (PIC) was registered under:		Date of birth: (YYYY/MM/DD)										
Mailing Address: (with Postal Code)												
Daytime Phone:	Evening Phone:	Cell Phone:										
<p>Do you have children or grandchildren registered in this school? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please list by name and teacher or homeroom:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Name of Student:</td> <td style="width: 50%; padding: 5px;">Teacher/Homeroom:</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>			Name of Student:	Teacher/Homeroom:								
Name of Student:	Teacher/Homeroom:											
You may be asked to provide two references (Principal's discretion):												
Name of Reference:	Telephone Number:											

Part B: (complete if required: See * below)

The section below asks for information pertaining to Police Information and vulnerable sector checks. Please see * below regarding volunteer duties that require these checks. **If not applicable move to Part C.**

1. Have you ever been subject of an investigation or order under the *Child Welfare Act of Alberta* or equivalent legislation in any other province or country? (If you answer "Yes" to this question, you must submit a current Child Welfare Statement along with this form.) **No** **Yes**

2. Do you have a criminal record for which you have not received an official pardon? **No** **Yes**

Note: "Yes" to either (1) or (2) above will not automatically exclude an applicant from becoming a volunteer in Lethbridge School District No. 51

3. Have you completed a Police Information Check (PIC) previously for Lethsd51 or another organization? *{Please attach}* **No** **Yes**

If you answered yes, where _____ and when _____
Name of School/Organization Date (YYYY/MM/DD)

*All individuals, including minors under the age of eighteen, who may be engaged in the following volunteer activities, shall be required to provide a current (within last 9 months) Police Information Check and an Intervention Record Check **once every three years** prior to assuming any volunteer duties regarding:

- Involvement in Sports Teams;
- Overnight field trips;
- Activities involving the supervision of students where District staff members are not in attendance at all times; or
- Driving students in District or non-District owned vehicles

Police Information Checks and/or Intervention Record Checks may also be required at the sole discretion of the principal, and/or the Superintendent in any circumstances where it is deemed appropriate. Under exceptional circumstances, the Superintendent may waive the requirement for the provision of a Police Information Check and/or Intervention Record Check.

Part C: Must be read and signed

As a volunteer, we would like to advise you of the following conditions:

1. Confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and school staff is honored.
2. Any information collected, used, generated, and stored by Lethbridge School District No. 51 including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. You may not disclose, communicate, publish, take, alter copy, interfere with, or destroy any information unless you are specifically authorized to do so by the teacher or principal.
4. You must notify the principal of any new criminal charges at the time the charge is made.
5. The teaching and administration staff is responsible for student learning and discipline.
6. School administration, teaching, and support staff have specific roles to play and it is important that the staff of a school operate as a team.
7. You as a volunteer monitor can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
8. Any failure to comply with these conditions or Lethbridge School District No. 51 [Procedure 1003.3](#) may result in termination of your position as a volunteer.

By signing this volunteer registration form, I am agreeing to the conditions outlined.

Signature

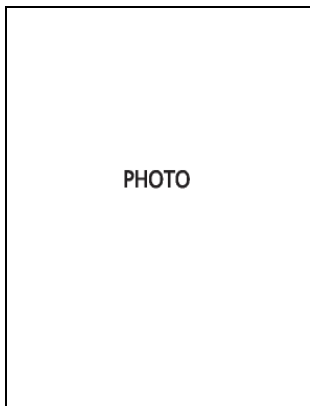
Current Date (YYYY/MM/DD)

The information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* to carry out our responsibilities under the *School Act*.



504.1.4 Anaphylaxis Emergency Plan Amended Dec. 10, 2013

Name: _____



This person has a potentially life-threatening allergy (Anaphylaxis) to:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Insect stings |
| <input type="checkbox"/> Egg | <input type="checkbox"/> Latex |
| <input type="checkbox"/> Milk | <input type="checkbox"/> Medication: |

Food: The key to preventing an anaphylactic emergency is absolute avoidance of the allergen. People with food allergies should not share food or eat unmarked / bulk foods or products with a “may contain” warning.

Epinephrine Auto-Injector: Expiry Date: -----

- Dosage:**
- | | |
|---|--|
| <input type="checkbox"/> EpiPen® Jr 0.15 mg | <input type="checkbox"/> EpiPen® 0.30 mg |
| <input type="checkbox"/> Twinject™ 0.15 mg | <input type="checkbox"/> Twinject™ 0.30 mg |
| <input type="checkbox"/> Allerject 0.15 mg | <input type="checkbox"/> Allerject 0.30 mg |

Location of Auto-Injector(s): -----

- Asthmatic:** Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

To be completed and copied for use in classroom, staff room, office, and Substitute Teacher Handbook for appropriate staff.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin:** hives, swelling, itching, warmth, redness, rash
- **Respiratory (breathing):** wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal (stomach):** nausea, pain/cramps, vomiting, diarrhea
- **Cardiovascular (heart):** pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock
- **Other:** anxiety, feeling of “impending doom”, headache

Early recognition of symptoms and immediate treatment could save a person’s life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen® or Twinject™) at the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give a second dose in 10 to 15 minutes or sooner **IF** the reaction continues or worsens.
2. **Call 911.** Tell them someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
3. **Remove causative agent.** I.e. Latex glove, perfume, peanuts.
4. **Go to the nearest hospital,** even if symptoms are mild or have stopped.
5. **Call contact person.**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient’s physician.

Patient/Parent/Guardian Signature

Patient/Parent/Guardian Signature

Date

Physician Signature

Date



Form 504.1.6 – Emergency Medical Data Sheet – Students with Asthma

Instructions

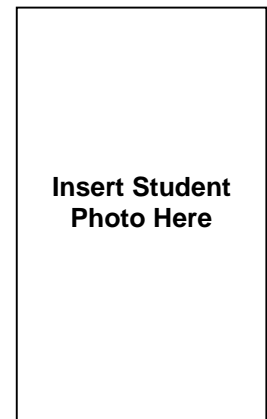
Emergency treatment information is shown in Section 2 on this page.

This form is for use by teachers and school officials. All information requested below must be obtained from the parent or guardian of the child.

School Office Use Only	
Student ID No.	
Grade	
School Year	
Date form completed	

1. Contact Information

Student Name		
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mother/Guardian		Phone:
Father/Guardian		Phone:
Other contacts		Phone:
Physician		Phone:
Allergy Specialist		Phone:
Preferred Hospital		Phone:
AHC Number		



2. Symptoms and treatments for this child

Mild Attack Symptoms	Moderate Attack Symptoms	Severe Attack Symptoms
Treatment	Treatment	Treatment

3. Medications prescribed for this child

4. Allergies

5. Location of medical supplies



607.1.5 Acknowledgement of Risk and Consent of Parent or Guardian

To be completed by school

STUDENT NAME: _____

1. Select either (i) or (ii)

(i) My child will be given the opportunity to participate in the following program or activity (please specify program):

Skating

a) Name of the Service Provider (if applicable): Civic Ice Centre

b) Date: 2020-2021 School Year

c) Teacher in Charge: Homeroom Teacher

(ii) My child will be given the opportunity to participate in the following series of on-site activities for the following program (please specify program):

**See the attached list for activities, date, service provider (if applicable) and teacher in charge.

- 2. Lethbridge School District No. 51 will make every reasonable effort to ascertain that:
a) The staff of the District and/or (as applicable) the Service Provider involved in providing the activity are suitably trained and qualified.
b) The students who undertake the program or activity will be adequately supervised.
c) Any equipment used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
d) The location where the activity will take place is appropriate and safe.
e) As applicable, the Service Provider has taken all reasonable steps to ensure that any domestic animal(s) involved in the activity are safe.

To be completed by school

Potential hazards may include but are not limited to the following: head injuries, ankle sprains and fractures, hand and wrist injuries broken bones, slips and falls resulting in bruising

Consent and Acknowledgement of Risk

- 3. I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that information provided to me by the school or the District to the extent that I require. I am not, in any way, relying solely upon information provided by the school or the District respecting the nature and extent of the risks and hazards associated with the program or activity.
4. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
5. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
6. In the event that my child fails to abide by the rules and regulations imposed on students while participating in the program or activities, disciplinary action may require that he/she not participate in the program or activity and/or that I will be contacted to have him/her picked up.
7. I acknowledge that it is my responsibility to advise the District of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.
8. Based on my understanding, acknowledgement, and consents as described herein, I agree that _____ (Name of Student) has my permission to participate in this program or activity.

Date: _____ Name: _____ Signature: _____
Parent/Guardian (Please Print) Parent/Guardian

Form



607.1.5 Acknowledgement of Risk and Consent of Parent or Guardian

To be completed by school

STUDENT NAME: _____

1. Select either (i) or (ii)

(i) [checked] My child will be given the opportunity to participate in the following program or activity (please specify program): swimming

a) Name of the Service Provider (if applicable): Lethbridge pool(s)

b) Date: 2020-2021 School Year

c) Teacher in Charge: Homeroom Teacher

(ii) [unchecked] My child will be given the opportunity to participate in the following series of on-site activities for the following program (please specify program):

**See the attached list for activities, date, service provider (if applicable) and teacher in charge.

2. Lethbridge School District No. 51 will make every reasonable effort to ascertain that:

- a) The staff of the District and/or (as applicable) the Service Provider involved in providing the activity are suitably trained and qualified.
b) The students who undertake the program or activity will be adequately supervised.
c) Any equipment used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
d) The location where the activity will take place is appropriate and safe.
e) As applicable, the Service Provider has taken all reasonable steps to ensure that any domestic animal(s) involved in the activity are safe.

To be completed by school

Potential hazards may include but are not limited to the following: drowning, injuries from slipping on pool deck, reaction to pool chemicals

Consent and Acknowledgement of Risk

- 3. I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that information provided to me by the school or the District to the extent that I require. I am not, in any way, relying solely upon information provided by the school or the District respecting the nature and extent of the risks and hazards associated with the program or activity.
4. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
5. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
6. In the event that my child fails to abide by the rules and regulations imposed on students while participating in the program or activities, disciplinary action may require that he/she not participate in the program or activity and/or that I will be contacted to have him/her picked up.
7. I acknowledge that it is my responsibility to advise the District of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.
8. Based on my understanding, acknowledgement, and consents as described herein, I agree that _____ (Name of Student) has my permission to participate in this program or activity.

Date: _____ Name: _____ Signature: _____
Parent/Guardian (Please Print) Parent/Guardian

Form



607.1.7 Swimming Ability Form, Off-site Activities

Conditions: This form is filled out by the parent or guardian of the student and is returned to Teacher-In-Charge.

Parents/guardians are asked to complete the following information regarding the swimming ability of their son or daughter. District staff and the Service Provider will use this information to best ensure the safety of the students during the program. Parents should be aware that District policy states that swimming is only allowed in a lifeguard supervised pool or beach.

Student Name: _____ School: _____ Class: _____

Please check the appropriate space and provide comments if necessary.

Comfort level around the water:

- Not Comfortable
Comfortable
Very Comfortable

Swimming ability:

- Non-swimmer - cannot support themselves in deep water
Novice - can support themselves in deep water and is capable of moving short distances <5m
Intermediate - can support themselves in deep water for several minutes and can swim a length of the pool
Advanced - can support themselves in the water and swim many lengths of the pool

Does your son/daughter have formal swim training:

- NO
YES (complete below)

Red Cross (Old AquaQuest Program):

- Level 1-12 checkboxes

Red Cross (New Swim Kids Program):

- Level 1-10 checkboxes

Lifesaving Society-Swim for life (Ages 6 years and up):

- Swimmer 1-5 checkboxes

Lifesaving Society-Swim for life (Pre-School/Kindergarten under 6 years):

- Little Swimmer 1-5 checkboxes

Comments/other information:

Three horizontal lines for writing comments.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Personal information is collected under the authority of Alberta's Freedom of Information Protection of Privacy Act (FOIP) and the School Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP ACT. If you have any questions about the collection, contact your school principal or Coordinator of Learning and International Education.

Form