



FLEETWOOD-BAWDEN SCHOOL



Welcome to Kindergarten at Fleetwood Bawden Elementary School! At our school, we will do everything we can to ensure that your child's first school experience is a positive one. We are looking forward to your child being part of our school community for the 2022-2023 school year.

Items in this package include:

1. Registration Form - please indicate preference for **Monday/Wednesday** or **Tuesday/Thursday** Kindergarten.
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, the birth certificate letter of intent form must be completed.**)
4. New Student Intake form.
5. Out of Boundaries form to be filled out if you do not live within Fleetwood Bawden's Boundaries. The boundaries map may be viewed on the Lethbridge School Division Website <http://lethsdweb.lethsd.ab.ca> under General Information.
6. Health Forms (if applicable).

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,

Mrs. Jackie Fletcher,
Principal



KINDERGARTEN: French English Spanish Preference: Monday/Wednesday Tuesday/Thursday
Alberta Student Number (if known): School:

* Required Fields

*Legal Last Name: *Legal First and Middle Names:
*Preferred Last Name (if different): *Preferred First Name (if different):
*Birthdate (D/M/Y): *Gender: Female Male Unknown Unspecified
*Home / Cell Phone Number:
*Birth Certificate: Yes No *Other Proof of Residency: Yes No
*Home Address:
*Mailing Address:
(Street) (City) (Province) (Postal Code)
Siblings currently enrolled with Lethbridge School Division:

**Medical information (i.e. medical conditions, allergies, etc):

**This must be completed every year

Name and location of previous school attended:
Date last attended previous school: Last Grade Completed:

Priority 1 Contact Information (i.e. parent or guardian) Priority 2 Contact Information (i.e. parent or guardian)
First & Last Name: Address: City, Postal Code: Relationship to Student: Home Phone: Work Phone: Cellular Phone: E-Mail Address:
Student is living with (check ALL applicable boxes): Priority 1 Priority 2 Other

Emergency Contact Information (in the event the above contacts are unavailable)

First & Last Name:
Address, City, PC:
Relationship to Student:
Home Phone:
Work Phone:
Cellular Phone:

Please ensure this emergency contact is advised that their name has been used for this purpose.

Aboriginal Self Identification - If you wish to declare that the student is Aboriginal, please select one:

First Nation (status) First Nation (non-status) Metis Inuit

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 of Residence: Student's Indian Registry number (10 digit): (IF APPLICABLE)
Citizenship: 1 - Canadian Citizen 2 - Permanent/Landed Immigrant 5 - Study Permit

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:
Student's 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:



Welcome to Fleetwood-Bawden! We are very excited to welcome your family to our building. Please take the time to assist us with the educational planning needs of your child.

Please describe:

1. Health Concerns/ Allergies _____

Learning Needs:

2. Has your child had an individualized program for learning? _____

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

3. 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)

4. Has your child received support for:

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

If yes, please explain the supports:

5. 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? _____



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 Division](#) 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 Division](#) 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 Division](#), 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 Division](#), 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 Division.

I, _____ the parent/guardian/Independent Student give my consent to receive Commercial Electronic Messages (CEM's) from Lethbridge School Division, its schools and school councils. This consent will remain in effect until I expressly withdraw my consent by notifying the School or Lethbridge School Division.

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 Division 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 Division 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 Division 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 DIVISION

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



Lethbridge School Division

Form 501.3.1 Grade K – 12 Out of Boundary Application for Admission

Step 1 PLEASE SEE BELOW FOR SUBMISSION OF FORMS.

Please email the completed form to leeanne.tedder@lethsd.ab.ca or print and drop off / mail the form to 433 – 15 Street South, Lethbridge, AB T1J 2Z4 to the attention of LeeAnne Tedder.

Step 2 The form will be provided to the out-of-attendance boundary school who will determine if there is available space/room. You will receive communication from the out-of-attendance boundary school regarding the decision.

If approved:

Step 3 The out-of-attendance boundary school will inform the in-boundary attendance school to ensure the student is moved within the Division student information system for registration.

Lethbridge School Division Attendance Boundary School	
We are currently registered in Lethbridge School Division but live outside of Lethbridge School Division (Yes or No)	
Desired Out-of-Attendance Boundary School	
Student First Name	
Student Last Name	
Going into Grade	
Parent/Guardian Name	
Address	
Phone Number	
Parent/Guardian E-Mail	
Reason for Request	



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.

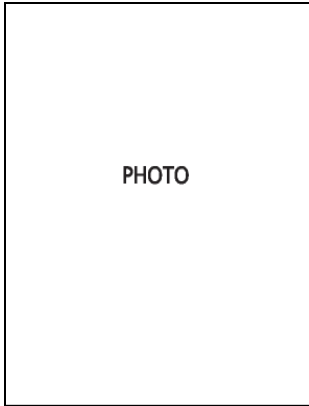
Sincerely,

John Chief Calf,
Coordinator of
FNMI Education



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.

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		

Insert Student Photo Here

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

Lethbridge School Division Technology Acceptable Use Agreement

1. Students are responsible for demonstrating acceptable behaviour when communicating and using devices and accounts. All students who are granted access to Lethbridge School Division systems and equipment must comply with Division policy, procedure and school standards.
2. Digital access is provided for students to conduct research and communicate with others for educational purposes. Such access is provided to students who agree to act in a considerate and responsible manner. Access must be recognized and accepted as a privilege – not a right. Access entails responsibility by the user.
3. Digital information storage will be treated like other school property such as textbooks, school desks or lockers. System or school personnel may review files and communications to maintain system integrity and ensure that users are using the system responsibly. No information stored on Division accounts is considered private.
4. Within reason, freedom of speech and access to information will be honoured by the Division. However, during school, teachers will monitor and guide students toward the use of appropriate materials. Students utilizing Division accounts outside of school facilities bear the same responsibility for adhering to Lethbridge School Division policies and procedures.
5. Students must comply with school rules related to devices and accounts. Conduct that violates this acceptable use agreement includes, but is not limited to, activities in the following list:
 - a. Using another user's account or password, or trespassing in another user's folders, work or files;
 - b. Spreading, purposefully retrieving or displaying offensive messages or graphics;
 - c. Using obscene language;
 - d. Gaining access to or participating in unapproved electronic "chat" line sites;
 - e. Mounting inappropriate or offensive material as part of a webpage, including, but not limited to, links to other websites/webpages that may contain such material;
 - f. Harassing, insulting or attacking others using an electronic format;
 - g. Damaging computers, computer systems or computer networks;
 - h. Engaging in practices that may compromise the integrity of the network (i.e., downloading files, without permission, that may introduce a virus to the system);
 - i. Violating copyright laws;
 - j. Plagiarizing information from existing sources.
6. Failure to comply with any of the provisions outlined in this agreement may result in a loss of access or other disciplinary actions.

Parent/Guardian Technology Consent

I/We confirm that I/we have discussed with our child their responsibilities as a student as described above.

Parent/Guardian Signature

Date