



Box 70, Clyde, AB. T0G 0P0 780-348-5341 Fax: 780-348-5713

"Eleanor Hall School is committed to the growth, safety and success of all students"

STUDENT REGISTRATION FORM

1. Is this school your Designated School? ___ Yes ___ No

If No, please complete Form 5-01A, School Attendance Area and Transportation – Application for New Students

This school begins the day with the singing of the National Anthem. Any questions regarding this practice may be addressed to the Principal. Do you acknowledge this school practice? ___ YES ___ NO

2. Student Information

Form with fields for Student's Legal Last Name, Student's First and Middle Name, Birthdate, Registering for Grade, Gender, Home Telephone #, Student's Preferred Names, Student's Preferred Last Name, Student's Preferred First and Middle Name, and Citizenship of Student.

PLEASE NOTE: A Birth Certificate or Visa / Immigration Document is required to legally identify all students.

3. Student's Mailing Address

Form with fields for Student's Home Address and Student Resides With, including checkboxes for Both Parents, Mother Only, Father Only, Legal Guardian, Assumed Guardian, Foster Home, Independent Adult, and Other.

For Office Use Only:

Yellow bar with fields for Alberta Education ID # and Registration Date.

4. Parent or Legal Guardian Information

If there are two parents or legal guardians, it is important to fill in both sections, whether or not the parents or legal guardians are living together: (A "legal guardian": is a person appointed by the court as the guardian.) Legal guardianship in Alberta is as defined in the *School Act* and the *Family Law Act*, Section 20. Documentation is required.

Please note that this contact information will be used by the Accounts Receivable Department for billing purposes.

Please indicate if the school administration should be aware of any Court Orders for the protection of your child. Yes No

<input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian (Male) <input type="checkbox"/> Stepfather <input type="checkbox"/> Other (indicate relationship)	
Legal Last Name:	
First Name:	
Current Mailing Address: <input type="checkbox"/> Same as Student (Please complete if different than the student's)	
Apt / Suite # or Box #:	Legal Land Description:
Street Address:	Rural Gate Address:
Town / City:	Province / Territory:
Postal Code	
Home Telephone #: ()	Cellular Telephone #: ()
Email Address:	Work Telephone #: ()

<input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian (Female) <input type="checkbox"/> Stepmother <input type="checkbox"/> Other (indicate relationship)	
Legal Last Name:	
First Name:	
Current Mailing Address: <input type="checkbox"/> Same as Student (Please complete if different than the student's)	
Apt / Suite # or Box #:	Legal Land Description:
Street Address:	Rural Gate Address:
Town / City:	Province / Territory:
Postal Code	
Home Telephone #: ()	Cellular Telephone #: ()
Email Address:	Work Telephone #: ()

5. Student School History:

Name of previous school attended:	Telephone #: ()
	Fax #: ()
Location of school last attended:	
Town / City:	Province:
Has this student ever attended school in the Pembina Hills Regional Division No. 7? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes" please name the school:	
Was your child in a Special Needs Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does he/she have an IPP? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Student's Emergency Contact / Medical Information

Student's Family Doctor:	Telephone # ()
Student's Dentist:	Telephone # ()

****An "emergency contact person" must be someone other than the student's parents or guardian**

1 st Emergency Contact Name:	Work Telephone # ()
Home Telephone # ()	Cellular Telephone # ()
2 nd Emergency Contact Name:	Work Telephone # ()
Home Telephone # ()	Cellular Telephone # ()
Does your child have any serious medical conditions you wish the school to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:	
Does your child have any allergies you wish the school to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:	
Emergency action required for the above:	

7. Francophone Education Declaration

Pursuant to Section 23 of the *Canadian Charter of Rights and Freedoms* and Section 10 of the *School Act*:

Citizens of Canada

- Whose first language learned and still understood is French; or
- Who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or
- Of whom any child has received or is receiving primary or secondary school instruction in French in Canada,

Have the right to have all their children receive primary and secondary school instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority. This does not include a French Immersion program. To exercise your Section 23 rights, you must enroll your child with a Francophone Regional Authority. If eligible, the Student Record Regulation requires Pembina Hills Regional Division No. 7 to release demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

- A. 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? **(Please place an X in the appropriate box.)** Yes No
- B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education? Yes No

8. First Nations / Métis / Inuit (FNMI) Annual Declaration

If you wish to declare that you are an Aboriginal person, please specify:

- Status Indian/First Nations Non-Status Indian/First Nations Metis
 Inuit N/A

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet Ministry mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. Alberta school boards are also collecting this information pursuant same section in conjunction with section 2(1)(t) of the Student Record Regulation and for the same purposes. This information will also be used to determine the provincial First Nations, Métis and Inuit funding allocation provided to school authorities.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501. If you have questions regarding the collection activity by Pembina Hills Regional Division No. 7, please contact the School Board Superintendent at 780-674-8500.

PARENT / GUARDIAN SIGNATURE:

DATE:

9. Other Children

Names And Birthdates Of ALL Preschool Children In The Family:

Full Name	Date of Birth (MM/DD/YYYY)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. Instructional / Educational Fees

The Board of Trustees recognizes that it may be necessary for schools to charge fees for instructional materials or school-related activities, projects or items.
School fees will only be issued to cover the cost of supplies, activities or materials provided to students and shall be kept to the lowest possible amount as stated in Administrative Procedure 30-6.

I agree that I will pay all instructional fees per year per my child.

11. Freedom of Information and Protection of Privacy Act (FOIP)

I have read the *Collection of Personal Information Notice*.

I have completed Form 3-46 *Student Information – General Consent*.

12. Technology Acceptable Use Agreement

I have read and completed Form 8-01 *Technology Acceptable Use Agreement for K-12 Students*.

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

Parent/Guardian Signature: _____ Date: _____

Collection of Personal Information Notice

The FOIP Act (Freedom of Information and Protection of Privacy) sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody or under their control.

The FOIP Act requires that school boards collect personal information directly from individuals the information is about, that these individuals be provided with the legal authority for the collection, be explained the purpose of the collection and how the information will be used, and be provided a contact person should they have any questions relating to this activity.

The information collected on this form as part of the school registration process is personal information as referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of residency) and pursuant to section 33(c) of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment (e.g. 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 administration (e.g. research, statistical analysis).

Once the information is collected and compiled, Pembina Hills Regional Division No. 7 believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are examples of activities where the information may be used:

- the taking of individual, class, team or club photos for school purposes.
- the use of student information, including photos, for the issuance of bus transportation passes and for other identification purposes.
- the use of students' names in honour rolls, work ethic (listings), graduation ceremonies, scholarship or other awards within the school or school division.
- the use of students' 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 interviewed or identified by name or face. Where individual students are identified or interviewed and the material will be used outside the school, your consent is required. 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 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, your consent is required.
- the use of students' names on artwork or other creative work or material of students displayed at school or school board locations or at a school board sponsored display in the community, provided Form 3-48 is properly completed. [Note that this relates to the Copyright Act (Canada), not the FOIP Act]

If you have any questions or concerns regarding the collection and the intended purposes, please contact your school principal or the FOIP Coordinator at 780-674-8500.

Please complete the Student Information – General Consent Form on Page 2. >>>

Student Information – General Consent

As indicated in the "Collection of Personal Information Notice" (see Page 1), Pembina Hills Regional Division No. 7 does not require your consent to record or tape your child, reproduce your child's work, or to display your child's work provided this material is used in the school or at a school board location. The Division also does not require your consent to use your child's name, photograph or comments about your child in a school calendar or internal newsletter. However, we do require your consent to display this information when the school calendar or newsletter is posted on the school or division website.

Many school events, which are open to the public, are not subject to some of the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, academic focused activities and athletics. The general public, parents and the media may be in attendance and are allowed to take photographs, videos and conduct interviews, without first obtaining consent. The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

There may be times when television, radio, newspaper, community organizations and the staff of the school division are in schools providing outside coverage of events and programs not included in the public events category described above, in which consent is required. We also require your consent if your child's work or your child's personal information will be used or displayed in the community away from the school or school board location (ie. school website or division website). Please indicate your consent below.

Student Name: _____ A.S.N. _____

As parent / guardian of the above named student, I give consent to the:

1. Yes No Taking of photos and videos of my child at non-public events (ie. classroom activities, field trips), and the display of my child's creative work (art, story, poem):
By the school or division for use on the school or division website, social media sites, and newsletters.
By the media for use outside the school community.
2. Yes No Disclosure of my child's full name (first and last name) along with his/her creative work, photos and videos in the above mentioned uses.
3. Yes No Announcement of my child's birthday at school.

If you have any specific concerns regarding the disclosure of your child's personal information, please contact your school office. For more information you may contact your school Principal or the Pembina Hills FOIP Coordinator at 780-674-8500.

If you wish to make changes to this consent form, you may do so at any time by contacting your school office.

Parent / Legal Guardian (Please Print): _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____
(If 18 years of age or older)

As required, the school will contact parents for additional permissions using the forms below:

[Form 3-47 – Student Information – Specific Consent](#)

[Form 3-48 – Student Creative Work – Copyright Release](#)

[Form 3-49 – Student Participation in Web-Based Communication – Consent](#)

Refer to [Exhibit – Student Permission Forms Flowchart](#) to determine the form(s) that are required.

Technology Acceptable Use Agreement for K-12 Students:

1. I will follow the rules when using technology.
2. I will be polite and use appropriate language on the computers.
3. I will keep my password secret and secure.
4. I will not copy anyone's work.
5. I will take care of the computer equipment.

I understand that if I break the rules, I will not be allowed to use technology resources (computers, iPads, software, etc.).

User Name: (please print) _____ Grade: _____

Signature: _____

As the parent or legal guardian of the student signing above, I have read and discussed this Technology Acceptable Use Agreement with my child, and grant permission for my child to use the Division's technology and the Internet. I understand:

- that the school's computing resources are designed for educational purposes.
- that the use of filters and supervision while students are using the Internet does not guarantee that students will not access inappropriate materials. Students must report inappropriate access of material in school to a teacher or responsible staff person.
- that it is impossible for the school to restrict access to all controversial matters.
- that I will not hold the school or Division staff responsible for materials acquired on the Internet.
- that violations of these rules may result in disciplinary action of my child, including
 - a suspension or expulsion from school,
 - the loss of my child's privileges to use the school's or Division's information technology resources.
- that violations may also result in referral to police or legal action, if the matter is suspected to be criminal in nature.

I hereby give permission to issue an account for my child.

Parent or Legal Guardian's Name: (please print) _____

Parent Signature: _____

Date: _____

For access to the procedure:

- a. [AP 80-05 Technology Acceptable Use](#)
- b. Contact the school administration



STUDENT INFORMATION					
Legal Name	Last Name	First Name	Middle Name(s)		
Date of Birth	MM-DD-YYYY				
Address	City, Province		Postal Code		
Phone Number	Res		Cell (optional)		
Parent/ Guardian 1	Last Name		First Name		Relationship to Student
	Email		Res	Work	Cell
	Address (if different from student)		City, Province	Postal Code	
Parent/ Guardian 2	Last Name		First Name		Relationship to Student
	Email		Res	Work	Cell
	Address (if different from student)		City, Province	Postal Code	

EMERGENCY AND MEDICAL INFORMATION				
Family Doctor			Phone	
Dentist			Phone	
In case of emergency, school closure, or if no one answers the home telephone number, please provide us with names and phone numbers of emergency contacts other than parents or guardians:				
Last Name	First Name	Relationship	Res	Cell
Last Name	First Name	Relationship	Res	Cell

Please check the appropriate response and provide details below if you answer "yes" to any of the questions:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma
<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trouble breathing during exercise
<input type="checkbox"/> Yes <input type="checkbox"/> No	Carries an epiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart condition
<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous history of concussions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wears dental appliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Presently injured
<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures and/or epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head or back injury
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wears glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery in the last year
<input type="checkbox"/> Yes <input type="checkbox"/> No	Been admitted to hospital in the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting or seizure during or after physical activity
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccinations up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wears medical information bracelet /necklace
	Date of last Tetanus Shot		For what purpose?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has had injuries requiring medical attention in the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other

Please give details if you answered "yes" to any of the above. (use a separate sheet if necessary)

DECLARATION

I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, the school will arrange to take the student to the hospital or a physician if deemed necessary. I also authorize release of information to appropriate people (physician, nurse) as deemed necessary.

Signature of Custodial Parent/ Legal Guardian/ Independent Student	Date (MM-DD-YYYY)
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IMPORTANT:

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33(c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information, you may call the Principal or the FOIP Coordinator at 780.674.8500.



PEMBINA HILLS REGIONAL DIVISION NO. 7
 (Appendix D Informed Consent Return Template)
INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS
 (Students Under 18 Years)

Eleanor Hall School is arranging for a number of events in the course of the 2017 - 2018 school year that will involve the students in classes from Kindergarten through Grade 9 in walking activities away from the school grounds. These may include walks, nature walks, explorations of the Village of Clyde, pond studies and other similar activities.

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

A. ELEMENTS OF RISK:

Educational activity programs involving off-campus walks carry certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in these activities:

1. sprains or strains
2. insect bite reactions
3. fractured or broken bones
4. weather-related injuries resulting from slippery or icy conditions

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate or allow your child to participate in any of the activities described above, you must understand that you bear the responsibility for any injury that may occur.

Pembina Hills Regional Division No. 7 does provide student accident insurance on behalf of the students participating in this activity. The student accident insurance policy is purchased through Industrial-Alliance Pacific (Box 5900 Vancouver BC V6B 5H6) and policy details are available at the school, board office and/or by calling Industrial-Alliance Pacific at 1-800-556-7411.

MODE OF TRANSPORTATION for the activities included in this consent form: walking

B. ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING OR ALLOWING OUR CHILDREN TO PARTICIPATE IN THE ACTIVITIES DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

C. PERMISSION

I give _____ permission to participate in the walking activities off school grounds during the
 (name of student)
 2017-2018 school year.

Signature of Parent/Guardian: _____ Date: _____

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 32 (c). This information will be used to identify practices or conditions which may affect the safety and care of the students. For further information you may call the Principal or FOIP Coordinator at 674-8500.



Permission and Acknowledgement of Risk – School, Physical Education, Off-Site Activities, Intramurals

F 6-08A

Dear Parent/Guardian:

Pembina Hills Public Schools is committed to the health, safety and overall well-being of its students and staff. Students and staff who are supported in a healthy environment are better able to fulfill the Division's education goals.

Students in our schools participate in daily physical activity including playground time, school based sports activities, intramurals, field trips and walking to and from buses. During any activity but especially activities where collisions can occur, students are at a risk for concussions. Educators and school staff play a crucial role in the identification of a suspected concussion as well as the ongoing monitoring and management of a student with a concussion.

In the interest of safety, students MUST:

1. For physical education classes and intramural activities: wear appropriate attire for safe participation (e.g. T-shirt, shorts or track pants). Running shoes that provide good support and traction are a minimum requirement.
2. Hanging jewelry (e.g. necklaces, hoop earrings) must not be worn. In many activities (e.g. tag games, climbing, etc.) no jewelry can be worn. Jewelry which cannot be removed and which presents a safety concern (e.g. medical alert identification, religious requirement jewelry) must be taped or securely covered.
3. For the daily physical activities: wear appropriate running shoes and loose-fitting clothing that will not inhibit movement.

In the interest of safety, we strongly recommend:

1. Students have an annual medical examination.
2. Students bring their emergency medications to all curricular and co-curricular physical activities.
3. Students remove eyeglasses during daily physical activity, physical education classes and intramurals. If eyeglasses cannot be removed, the students must wear an eyeglass strap or shatterproof lenses.
4. Students wear/apply environmental protection for all outdoor activities (e.g. sunscreen, hat, insect repellent).
5. A safety inspection is carried out at home of any equipment brought to school for personal use in class, or in intramural/club activities (e.g. skis, skates, helmets).

Notification of AP 60-08 Concussion Protocol

Should your son/daughter/ward sustain an injury where a concussion is suspected then Administrative Procedure (AP) 60-08 Concussion Protocol must be followed.

If your son/daughter/ward is diagnosed with a concussion, Form 60-08D Documentation of Concussion Monitoring – Medical Examination must be completed and AP 60-08 Concussion Protocol must be followed before the student returns to physical education classes and intramural/ club activities.

For further information, please contact the school principal.

Elements at Risk

The risk of injury exists in every athletic activity. Falls, collisions and other incidents may occur and cause injury. Due to the very nature of some activities, the risk of injury may increase.

Injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening.

These injuries result from the nature of the activity and can occur without fault on either the part of the student, the school board or its employees/agents or the facility where the activity is taking place. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity.

A student choosing to participate in physical activities assumes the risk of an injury occurring. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity.

Please call the school to discuss safety concerns related to any physical activity in which your child/ward is participating.

Declaration

I have read and acknowledge the above activity and risk disclosure information provided to me about the school, physical education, off-site activities, intramurals, and club activities my son/daughter/ward will participate in.

I give my permission for my son/daughter/ward _____ to participate in the school, physical education, off-site activities, intramurals & club activities.

Parent/Guardian Signature: _____

Please Print Name: _____ Date: _____



Rural Student Transportation Registration

F 7-100

TODAY'S DATE _____ EFFECTIVE DATE _____

SCHOOL YEAR **2019-2020** Note: Minimum 3 business days required for processing prior to transportation.

NEW STUDENT(S) TO DIVISION INFORMATION UPDATE FRENCH IMMERSION YES NO

STUDENT FIRST NAME	LEGAL LAST NAME	GRADE	SCHOOL	MEDICAL CONDITIONS

MAILING ADDRESS			TOWN	POSTAL CODE
BOX	SITE	RR		
LEGAL LAND DESCRIPTION		SECTION	TWP	RGE W
RURAL GATE ADDRESS				

MOTHER/GUARDIAN NAME		FATHER/GUARDIAN NAME	
CELL/WORK NUMBER	HOME NUMBER	CELL/WORK NUMBER	HOME NUMBER
EMAIL		EMAIL	
EMERGENCY CONTACT NAME		RELATIONSHIP	PHONE NUMBER

COMMENTS

I have read, understand, and accept the policies and procedures as written in AP 70-105 Student Transportation Service – Rules, Responsibilities, and Student Discipline and AP 70-106 Bus Scheduling & Routing.

PARENT/GUARDIAN/INDEPENDENT STUDENT SIGNATURE

DATE

Submit to: PHPS Transportation Services 5610 - 49 Street, Barrhead, AB T7N 1P3 • P 780.674.8509 • F 780.674.8512



Pembina Hills Regional Division No. 7

REQUEST AND AUTHORIZATION TO RELEASE STUDENT RECORDS

Attention: **Principal**

Fax:

The following student(s) has recently registered at Eleanor Hall School:

<u>Name of Student</u>	<u>Grade</u>	<u>Birth Date</u> (YYYY-MM-DD)	<u>Alberta Learning ID #</u>
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Please forward the cumulative record for the above-named student(s), including academic history (including any grant coding), assessment information, and any other pertinent information about the student(s), including health (physical/psychological) information necessary to provide appropriate programming, to the address listed below as soon as possible.

Note that Section 2(1) of the *Student Record Regulation* for the Province of Alberta stipulates the information required to be included on the student's record. Section 2(6)(b) further permits the release of personal information related to the student where inclusion of the information would "be necessary to ensure the safety of students and staff." Please contact me directly by telephone at (780) 348-5341 to advise if the student(s) is (are) considered to be at-risk or requiring additional supports.

Section 6(1) of the *Student Record Regulation* provides for the transfer of student records, specifically, "the board from which the student transfers shall, on receipt of a written request from that school, send the student record . . ." If you have any questions regarding this request, please direct them to the undersigned.

Principal's Signature: _____ Date: _____
Principal's Name

Parent's Signature: _____ Date: _____
Parent's Name

Please release the student record of the above-named student to the following school:

Eleanor Hall School
Attention: Student Records
Box 70, 5402 - 50 Street
Clyde, Alberta T0G0P0
Phone: 780-348-5341 Fax: 780-348-5713

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 32 (c). This information will be used to identify practices or conditions which may affect the safety and care of the students. For further information you may call the Principal or FOIP Coordinator at 674 - 8500.

Revised April, 2003 / 111-S01-f1 1