HOLY SPIRIT CATHOLIC SCHOOLS
620 – 12B Street North, Lethbridge, AB

INTERNATIONAL STUDENT REGISTRATION FORM
Please print clearly

Date of Application: _____
(mm/dd/yyyy)

STUDENT INFORMATION

Legal Name _____
Last Name First Name Middle Name

English Courtesy Name _____ Birthdate ____/____/____
Last Name Given Name(s) Year Month Day

Citizenship _____ Current Age: _____ Gender ☐ Male ☐ Female

Student's E-mail _____ Language Spoken at Home _____

Home Address

_____
Street Address

_____
City

_____
Province / State

_____ _____
Country Postal Code

Mailing Address (☐ check if same as home address)

_____
Street Address

_____
City

_____
Province / State

_____ _____
Country Postal Code

_____
Phone (Country Code, Area Code, Phone Number)

_____
Fax (Country Code, Area Code, Fax Number)

_____ _____
Passport Number Country Where Issued

STUDENT'S HEALTH INFORMATION

Does the student have any severe or life threatening allergies (i.e. food or medication)? ☐ Yes ☐ No

Does the student have (past or present) any medical or mental health issues or conditions or take any medications? ☐ Yes ☐ No
If yes, please specify:_____
_____

Does the student have any special learning or physical needs? ☐ Yes ☐ No
If yes, please specify: _____

Does the student have any perceived or confirmed behavioural concerns or a history of criminal behaviours? ☐ Yes ☐ No
If yes, please specify: _____

HEALTH INSURANCE AND IMMUNIZATION

Please be advised that all students require Student Insurance from our School Division's Insurance Provider in addition to full health insurance to be purchased in their country of origin prior to their stay. Students must also provide a copy of their Immunization Record prior to attending school.

Have you included a copy of your Immunization Record? ☐ Yes ☐ No

PARENT INFORMATION

Mother's Legal Name

Last Name First Name Middle Name

Mother's Birth Date _____ (mm/dd/yyyy)

Home Phone Number _____ (Country Code, Area Code, Phone Number)

Cell Phone Number _____ (Country Code, Area Code, Phone Number)

Home Address (☐ check if same as student's home address)

Street Address

City Province / State

Country Postal Code

Mother's E-mail _____

Father´s Legal Name

Last Name First Name Middle Name

Father's Birth Date _____ (mm/dd/yyyy)

Home Phone Number _____ (Country Code, Area Code, Phone Number)

Cell Phone Number _____ (Country Code, Area Code, Phone Number)

Home Address

Street Address

City Province / State

Country Postal Code

Father's E-mail _____

NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION

The *Alberta Human Rights Act* requires a school board to give notice to a parent or guardian when courses of study, education programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion. All of the schools in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

If religion is other than the Catholic faith, please sign the following acknowledgement.

I hereby acknowledge that I am aware of the values and philosophy of a Catholic school and that my child will participate in the prayer life, church and church related activities, religious courses, instruction and exercises in which Catholic ethical and moral standards are taught.

Parent's Signature _____ Date _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS

The information collected on this form, as part of the school registration process, is personal information as referred to in the *Freedom of Information and Protection of Privacy (FOIP) Act*, which became effective to Alberta School Districts on September 1, 1998. This personal information is collected pursuant to the provisions of the *School Act* and its regulations, and pursuant to section 32(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. The *FOIP Act* requires that parents/guardians be advised of the collection and use of personal information that is not specifically authorized under the *School Act*. This includes many activities that are part of normal school community interaction and health considerations such as:

1. individual photos that are taken;
2. photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and buses;
3. class and team photos that are taken and used within the school;
4. student names and description of activities that are used in the school newsletter and other school communications;
5. student names, photographs and write-ups that are included in school yearbook (if one is produced);
6. student names that are included in an honour roll listing, birthday recognition listing (including announcements on PA system), student achievement awards and graduation roll within the school;
7. media photographs or videos of classrooms and school activities, where individual students can not be identified, may be taken and used by the media;
8. student names that are used on artwork, written material, or other items to be displayed in the school;
9. the use of student names, related contact information and phone numbers for classroom reps;
10. 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;
11. the collection of a child's baptismal certificate for use in sacramental preparation;
12. immunization programs and visual, dental, and/or hearing screening tests by the Chinook Health Region;
13. enabling school councils to communicate with parents;
14. other similar activities within the school.

CONSENT FOR INFORMATION DISCLOSURE

Media Consent

Holy Spirit Catholic Schools presently enjoy and encourage an open and beneficial relationship with the print (newspapers, etc.) and broadcast media (television, etc.) as a means of promoting and reporting on school activities. Typically these activities would include, but are not limited to:

- students working in a classroom or other educational setting (possibly off campus);
- students participating in extra and co-curricular activities;
- students playing or socializing during recess or noon hour.

To permit this relationship to continue, we ask parents to consider granting consent to have the media photograph, videotape and/or interview your son/daughter as they participate in school activities.

Please complete the following:

On behalf of _____,
(Student's Name)

☐ 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 give my consent; however, I do not want my son/daughter's image to be published/broadcast in the following circumstances:
_____.

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 restrict such activity at public events.

_____ _____
Parent's Signature Date

INTERNET INFORMATION DISCLOSURE CONSENT

This consent will be used when any of the following information is posted on the School or School Division's web page, Facebook page, Twitter feed or other Divisional social media sites on the internet:

- student's first name,
- a student's work,
- a student's image included in a photograph or video file where the student is not identified by full name.

☐ I give consent to the information disclosures as described above.
☐ I do not give consent to the information disclosures as described above.
☐ I give my consent with the following exception: _____

I understand that this consent is valid for the time my child is at this school. I understand my consent may be altered / withdrawn; if these circumstances change, I agree to inform the school immediately.

_____ _____
Signature of Parent Date

CONSENT OF DISCLOSURE

I certify that all the information provided on this application is complete, accurate and honestly represented. I further understand that the information furnished on this form, together with information and materials of any kind received by Holy Spirit Catholic Schools' International Education Program from any source, becomes the property of Holy Spirit Catholic Schools International Education Program, will not be returned and will be shared third parties external to Holy Spirit Catholic Schools as required in order to assist with student programming, housing, relocation or Canadian foreign student status.

I will abide by the policies of Holy Spirit Catholic Schools and the rules of the school which I attend. I understand that information about my attendance, behaviour and marks may be shared with my parents, agents retained by my parents, my custodial guardian and/or my Homestay parents during the time that I am studying with the Holy Spirit Catholic Schools International Education Program.

All applications to the International Education Program are to Holy Spirit Catholic Schools.

_____ _____
STUDENT'S SIGNATURE PARENT'S SIGNATURE

If you have any questions or concerns regarding the collection of information or intended use of information, please contact
Wendy Urquhart, International Education Consultant at the Holy Spirit Catholic Separate Regional Division No. 4
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