

Photo ID: \_\_ WRAT: \_\_ Intake: \_\_  
Interviewer: \_\_\_\_\_

Last School: \_\_\_\_\_



**Boyle Street Education Centre  
School Registration Form  
2006-2007**

First Class: \_\_\_\_\_  
Date Started: \_\_\_\_\_  
I.D.#: \_\_\_\_\_  
Grade: \_\_\_\_\_ Last Yr: \_\_\_\_\_

The following information is required for official school files. Please provide accurate information.  
Confirmation of some information may be requested.

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

Also Known As: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Apt. # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

Gender: ☐ Male ☐ Female \_\_\_\_\_

Alberta Health # \_\_\_\_\_

Medical Alert Information \_\_\_\_\_

**Are you of Aboriginal descent?** Yes / No If yes, check one: ☐ Status ☐ Métis

First Nation: \_\_\_\_\_ Treaty Number: \_\_\_\_\_ ☐ Non-Status ☐ Inuit

**Parent/Legal Guardian Information: (For student protection, school staff can only provide school-related information to persons whose names appear on this form)**

Legal Parent / Guardian #1: \_\_\_\_\_ Custody \_\_\_\_\_ Yes / No

Legal Parent / Guardian #2: \_\_\_\_\_ Custody \_\_\_\_\_ Yes / No

Note: If there is a guardianship order for this student in place, a copy of the order is requested for school files only.

**Emergency Contact(s):**

\_\_\_\_\_  
Last Name First Name Telephone #

\_\_\_\_\_  
Last Name First Name Telephone #

**Referral Source:**

☐ Social Worker ☐ Probation Officer ☐ ECSS Worker ☐ Child Welfare Worker

☐ Friend ☐ Other School ☐ Other \_\_\_\_\_

Reason For Referral: \_\_\_\_\_

**Signature of Legal Parent or Guardian** *(In signing this form, the person doing so attests that he/she is the legal parent/guardian of the student)*

X \_\_\_\_\_

Date: \_\_\_\_\_

☐ Check if Independent Student



**Boyle Street Education Centre**  
**Freedom of Information and Protection of Privacy Provisions Act**  
**School Activities Consent Form**

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***. The personal information collected by the school is used to provide students with an education program to meet their individual needs. The FOIP Act requires that students/parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act. The following items describe activities/instances where student information may be used as part of the normal operation of the Boyle Street Education Centre. Please read the following list of activities carefully and complete the consent portion of the form.

**School Activities Consent List**

1. Photos and/or videos of school activities that are taken and used in a school calendar or for other purposes within or outside of the school (i.e. display, newsletter, etc.). This also includes, but is not exclusive to, student names displayed in an achievement award, course completion, graduation list, artwork, written material, or other items to be displayed within or outside of the school.
2. Media photographs or videos of classrooms and school activities where individual students cannot be identified may be taken and used by the media. However, before the media identifies an individual student, the media must provide a form to be completed by the student/parent/guardian.
3. The use of student names and other information necessary for determining eligibility or suitability for provincial, federal, or other types of awards, grants or scholarships; in the event the board applies on a student's behalf.
4. The circulation of information on a need-to-know basis regarding students who have severe or life threatening medical conditions, and those who require immunization or communicable disease control (You may be contacted by the Regional Health Authority for these services).
5. Other similar activities within the school community.

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**STUDENT/PARENTAL/GUARDIAN CONSENT**

I have read and understand the uses that will be made of all of the personal information as listed and described in the School Activities Consent List and hereby consent to the collection and use of this information...

As they relate to my child  
(Parent or Guardian)

As they relate to myself  
(Independent Student)

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Full Name of Student (Print)

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Full Name of Student (Print)

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Signature of Parent/Guardian

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Signature of Independent Student

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Date

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Date



2006 – 2007

**ACTIVITY CONSENT FORM**

Permission is requested for: \_\_\_\_\_ to participate in the following activities with the Boyle Street Community Services Coop.

***Type of Activities:***

***Co Ed Physical Education***

*Golfing*

*Voyageur/Tandem Canoeing*

*Bowling 5 & 10 Pin*

*Snowshoeing*

*Skiing(X-Country & Down Hill)*

*Skating*

*Tobogganing*

*Laser Tag*

*Rock Climbing*

*Rollerblading*

*Mountain Biking*

*Swimming*

*Movies*

*Laser Tag*

*Sports Day (Golfing/Volleyball/Rollerblading/Paddle Boating)*

***Type of Activity:***

***Camping Experiences***

- *Hunter Training: Alford Lake (Firearm safety, survival skills)*
- *Year End Camping Trip: Boyle, Brule, Blue Lakes (Horseback riding, canoeing, biking, hiking. Etc)*
- *Mountain Camps: Waterton, Pemberton, Jasper...(Hiking, climbing, orienteering)*
- *Retreat Camps: Goldeye (Canoeing, Hiking)*
- *Sweats*

***Type of Activity:***

***City Field Trips (Subject Related)***

*Space Science Centre*

*University of Alberta*

*Muttart Conservatory*

*Alberta College*

*Citadel Theater*

*Norquest College*

*Provincial Museum*

*NAIT*

*Art Gallery*

*GMCC*

*Legislature*

*Fort Edmonton Park*

*Ukrainian Village*

*Tyrell Museum*

*John Janzen Nature Centre*

*Valley Zoo/ Calgary Zoo*

*Jubilee Auditorium*

*Winspear*

**Departure & Return: Boyle Street Education Centre**

**Costs: None**

**Equipment: All equipment will be provided. Students need to provide seasonal clothing.**

**If students need assistance getting seasonal clothing or if you require any additional information, please call**

**428-1420 arrangements can be made to get the clothing that is required.**

**Please sign and return this permission slip with the student to the school by September 11/ 2006 or as soon as possible after registering.**

**Respectfully,**

**Staff of the Boyle Street Education Centre**

I (Parent/Guardian - please print your name) \_\_\_\_\_ release, remise, and forever discharge the Boyle Street Education Centre, their employees and/or volunteers from any and all manner of action and/or damages, injuries or claims of any nature arising from the attendance of my child on any Boyle Street Education Centre function.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Parent/Guardian - Please print



## **Copyright Release Form**

I hereby grant to Boyle Street Education Centre on behalf of myself/my child(ren), \_\_\_\_\_, to (please check appropriate boxes)

- ☐ Record and tape me/ my child(ren)
- ☐ Display any of my/ my child(ren)'s works, and
- ☐ Reproduce any of my/ my child(ren)'s work

Which are produced during the 2006/07 school year, for non-profit, educational purposes. I understand the production(s)/ work(s) may be shown at education displays during board sponsored open houses, in-service sessions and other school related activities at school board sites or at school board sponsored displays in the community, or used in a school publication.

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_**

\_\_\_\_\_  
Student/ If 18 years of age or older or  
Independent student

\_\_\_\_\_  
Parent/ Legal Guardian



## Boyle Street Education Centre

10312 – 105 Street  
Edmonton, Alberta, Canada  
T5J 1E6

**2006– 2007**

### **Specialized Assessment Consent Form**

We are requesting your permission to schedule a specialized assessment for you / your child for educational purposes if deemed applicable by Boyle Street Education Centre staff.

The assessment will be conducted by our assessment staff within the 2006-2007 school year. An assessment will take approximately two hours and will be done in a one-to-one situation with the student. At that time we will talk with the student and explain why we are doing the assessment and how this information will help the teacher understand his or her learning needs better.

We would be available upon completion of the assessment to arrange a meeting with you and the assessment staff to discuss the results.

Thank you for your ongoing support. Please feel free to contact me if you have additional questions or concerns. You can reach me at 428-1420.

Sincerely,

Shirley Minard  
Principal  
Boyle Street Education Centre

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As guardian or independent student I give permission for, \_\_\_\_\_, to be assessed by the Boyle Street Education Centre's assessment team for the purpose of enhancing my / their educational program.

I understand that the granting of my permission is voluntary and that I may withdraw it at any time prior to the assessment.

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Student/ If 18 years of age or older or  
Independent student

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Date

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Parent/ Legal Guardian