



VIMY RIDGE ACADEMY

STUDENT REGISTRATION CHECK LIST

SCHOOL REGISTRATION FORM (4 pages)

CURRENT PROGRESS REPORT

BIRTH CERTIFICATE or TRAVEL PASSPORT COPY
(ONLY REQUIRED IF COMING FROM OUT OF DISTRICT)

ADDRESS VERIFICATION – See back page of
Student Registration form for applicable document(s)
(ONLY REQUIRED IF COMING FROM OUT OF DISTRICT)

CURRENT IPP (IF ONE EXISTS)

BEHAVIOUR POLICY

HONORS APPLICATION – Optional (Junior High only)

OPTION SELECTION SHEET (Junior High only)

COURSE SELECTION SHEET (High School)

PROGRAM FORMS

PROGRAM APPLICATION (**Soccer, Dance & Elite only**)

Office use only:

Current School: _____

Current District: Edmonton Public
 Other

Reference check completed by: _____

Special Needs or IPP required: No: _____ Yes: _____

This student requires: _____

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian, or by the student (if living independently). This form is used to enrol a student who is new to Edmonton Public Schools, or who is returning to the District.

Office Use Only			
EPS #	ASN #	Program	
School	Grade	Room	First Day of School
			Month Day Year

STUDENT INFORMATION	Print the student's legal surname (last name) and given names below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first or last name, there is a space for <i>preferred name</i> .
Student's Legal Last Name	
Student's Legal First Name	Desired Program (Regular, French Immersion, etc.)
Student's Legal Middle Name	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred First Name	Preferred Last Name
Student's Residence	
Address	City Province Postal Code
Mailing Address (if different than Student's Residence – mail-outs from school will be sent to this address)	
Address	City Province Postal Code
Primary Phone (with area code)	Student Cell Phone - <i>Optional</i> (with area code)

SCHOOL HISTORY	Has the student ever registered at an Edmonton Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES - Previous EPSB School:	Edmonton Public Schools ID number (if applicable):
IF NO - Previous Non-District School:	City: Province/Country:

CITIZENSHIP STATUS	<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Child of a Canadian citizen
What is the citizenship or immigrant status of the student?	<input type="checkbox"/> Lawfully admitted to Canada for permanent residence (student)	<input type="checkbox"/> *Child of an individual lawfully admitted to Canada for permanent or temporary residence
*Supporting documentation required; see page 4 for Citizenship Information.	<input type="checkbox"/> Temporary Resident: Expiry Date Required (International Students only):	<input type="checkbox"/> *Step-child of a Canadian or Temporary Foreign Worker
	Month Day Year	

FRANCOPHONE RIGHTS – SECTION 23 (Optional)

According to the *School Act* and section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/legal guardian is a resident of Alberta and: French was the first language learned, and is still understood, by at least one parent; or, one or more of the parents, or one or more of their children have received, or are receiving instruction in a French first language program or school in Canada (this does not include a French immersion program).

Do you claim entitlement to a francophone education under the terms of the *School Act*? Eligible Ineligible

If eligible, provincial Student Record Regulation requires Edmonton Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

DISCLOSURE RESTRICTIONS

A parent or legal guardian may have their right to access information about a student removed by a legal process.

Please indicate if a legal document exists which restricts access to information about this student: Yes No

If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

PARENT/LEGAL GUARDIAN INFORMATION

If there are two parents or guardians, it is important to fill in both sections below, whether or not the parents or guardians are living together. A guardian is defined in section 20 of the Family Law Act, or a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or section 23 of the Family Law Act.

***NOTE:** It is very important that you indicate whether or not **each** parent/guardian or independent student is Roman Catholic or not Roman Catholic. Under the terms of the *School Act*, the residency status of a student is based on religion and where the parent(s) or legal guardian(s) live. A student is a **resident** of Edmonton Public Schools if at least one of the parents or guardians live in Edmonton and is not Roman Catholic.

Parent/Legal Guardian	Relationship to Student (<i>select one</i>) <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> biological or adoptive father <input type="checkbox"/> legal guardian		
	Last Name		
	First Name		Mr., Mrs., Ms., Dr., etc.
	Address (<i>if different from student's</i>)		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	Province Postal Code
	Primary Phone (<i>with area code</i>)		Secondary Phone (<i>with area code</i>)
	Other Phone (<i>with area code</i>)		Email
Religious Declaration (<i>check one</i>) *See note above <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Roman Catholic			

Parent/Legal Guardian	Relationship to Student (<i>select one</i>) <input type="checkbox"/> biological or adoptive father <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> legal guardian		
	Last Name		
	First Name		Mr., Mrs., Ms., Dr., etc.
	Address (<i>if different from student's</i>)		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	Province Postal Code
	Primary Phone (<i>with area code</i>)		Secondary Phone (<i>with area code</i>)
	Other Phone (<i>with area code</i>)		Email
Religious Declaration (<i>check one</i>) *See note above <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Roman Catholic			

OPTIONAL - Other Relevant Adult	Relationship to Student (<i>select one</i>) <input type="checkbox"/> step-father <input type="checkbox"/> step-mother <input type="checkbox"/> other: _____		
	Last Name		
	First Name		Mr., Mrs., Ms., Dr., etc.
	Address (<i>if different from student's</i>)		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	Province Postal Code
	Primary Phone (<i>with area code</i>)		Secondary Phone (<i>with area code</i>)
	Other Phone (<i>with area code</i>)		Email

OPTIONAL - Other Relevant Adult	Relationship to Student (<i>select one</i>) <input type="checkbox"/> step-father <input type="checkbox"/> step-mother <input type="checkbox"/> other: _____			
	Last Name			
	First Name	Mr., Mrs., Ms., Dr., etc.		
	Address (<i>if different from student's</i>)		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	City	Province	Postal Code
	Primary Phone (<i>with area code</i>)		Secondary Phone (<i>with area code</i>)	
Other Phone (<i>with area code</i>)		Email		

FAMILY CIRCUMSTANCES Are there any family circumstances about which you wish the school to be aware?

EMERGENCY/MEDICAL INFORMATION	An emergency contact is someone who may be contacted if the student's parent/legal guardian is unavailable.
EMERGENCY CONTACTS (<u>NOT</u> STUDENT'S PARENT/LEGAL GUARDIAN)	
Emergency Contact #1	
Primary Phone of Emergency Contact #1 (<i>with area code</i>)	Other Phone (<i>with area code</i>)
Emergency Contact #2	
Primary Phone of Emergency Contact #2 (<i>with area code</i>)	Other Phone (<i>with area code</i>)

MEDICAL INFORMATION (*Optional*)

You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student. Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:

Diabetes Epilepsy Allergies (*please specify*) Haemophilia Heart Condition Asthma Other (*please specify*)

Medical Notes:

Student's Alberta Health Care Number: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)

The personal information collected on this form is part of the District registration process and is authorized under the provisions of the *School Act* and its regulations and also under Section 33(c) of the FOIP Act. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions or concerns regarding the collection or intended use of this information please contact the school principal.

ADDITIONAL ENROLMENT INFORMATION

CITIZENSHIP DOCUMENTATION

Citizenship Documentation: Expiry Date (if applicable):

Parent Work Visa/Permit	Month	Day	Year
Parent Study Visa/Permit	Month	Day	Year
Confirmation of Permanent Residency	Month	Day	Year
Permanent Residency (Card)			
Temporary Residency			
Citizenship Card			

Birth Country

The following questions are asked to assist in program placement and to assist in communication in an emergency.

Is English the student's first language? Yes No

What language is mainly spoken at home?

STUDENT PROTECTION

An individual may be forbidden contact with the student by way of a legal process.

Please indicate if a legal document exists which forbids an individual from having contact with this student: Yes No

If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

ABORIGINAL SELF-IDENTIFICATION (Optional)

If you wish to identify yourself as an Aboriginal person, please specify:

Status Indian/First Nations Non-Status Indian/First Nations Métis Inuit

For further information, please refer to <http://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 contact Edmonton Public School's First Nations, Métis, and Inuit Education unit at 780-429-8580.

INDEPENDENT STUDENT STATUS

The *School Act* defines an independent student as someone who is: (i) 18 years of age or older, or, (ii) 16 years of age or older, and (a) who is living independently, or, (b) who is a party to an agreement under section 57.2 of the Child, Youth and Family Enhancement Act.

Are you claiming status as an **Independent Student** under the definition of the *School Act*? Yes No

Religious Declaration (check one) *See note on page 2 Not Roman Catholic Roman Catholic

DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

Further, I recognize that it is my responsibility to notify my child's school should the above information change.

Date: _____ Signature: _____

Office Use Only

A copy of any student identification documentation should be placed in the Student Record. **Bolded documents** will be accepted in the event of an enrolment audit. More than one document may be required to verify student identification and residency or to prove right to education in Alberta.

LEGAL STUDENT IDENTIFICATION VERIFICATION DOCUMENT

Select applicable documentation(s):

CHILD DOCUMENTS	
<input type="checkbox"/>	Alberta Adoption Order
<input type="checkbox"/>	Alberta Birth Certificate
<input type="checkbox"/>	Canadian Birth Certificate outside Alberta
<input type="checkbox"/>	Canadian Citizenship Certificate
<input type="checkbox"/>	Canadian Permanent Resident Card
<input type="checkbox"/>	Confirmation of Permanent Residency (if not expired)
<input type="checkbox"/>	Canadian Passport (if not expired)
<input type="checkbox"/>	For Canadian citizens – Registration Form (with Temporary Declaration)

PARENT DOCUMENTS	
<i>In addition to below, a document must be provided to verify child's name and age</i>	
<input type="checkbox"/>	Canadian Birth Certificate
<input type="checkbox"/>	Study Permit (if not expired)
<input type="checkbox"/>	Canadian Temporary Resident Work Visa (if not expired)
<input type="checkbox"/>	Canadian Passport (if not expired)
<input type="checkbox"/>	Canadian Permanent Resident Card
<input type="checkbox"/>	Confirmation of Permanent Residency (if not expired)

ADDRESS VERIFICATION
More than one document may be required. Select applicable documentation(s):

<input type="checkbox"/>	Operator's License
<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Lease Agreement
<input type="checkbox"/>	Property Tax Bill
<input type="checkbox"/>	Other:

Address verification documents are NOT part of the student record. Do not retain at the school.

**GRADE 9
COURSE SELECTION FORM**



2017-2018

PLEASE PRINT AND FILL IN THE FOLLOWING INFORMATION:

LEGAL SURNAME:

GIVEN NAME:

Parent Name:

E-Mail Address:

Does your child have an I.P.P. or special academic accommodations in place? YES NO
If your child has an IPP, please provide a copy of the latest IPP.

Program of choice:

BASEBALL	DANCE	ELITE	HOCKEY	
LACROSSE	PURSUIITS	SPORT FIT	SOCCER	SOFTBALL

PROGRAM COURSES

All Programs will get a Physical Education mark from their program of choice.
They will also have a Career Exploration* and Second Language course.
* subject to timetable availability.

CAREER EXPLORATION consists of 10 weeks of each of the following four courses:
(There is a fee attached to this four course bundle)

- Foods
- Digital Photography
- Construction
- Health

SECOND LANGUAGE REQUIREMENT (Mandatory): Please select one of the following:
(NOTE: You must select the same language you took in Grade 8)

French 9 (JHS 9351)

OR

Spanish 9 (JHS 9037)

Parent Signature: _____

BEHAVIOUR POLICY/WAIVER



At Vimy Ridge Academy, we believe that all members of the school are entitled to be treated with respect. Students and staff have the right to learn and work in a safe and positive environment. We expect students to behave in a manner which does not infringe on the rights of others.

Students at Vimy Ridge Academy are placed in numerous dynamic environments; the arenas, community training facilities, the dressing rooms, the fitness centre, the bus, the cafeteria, the hallways and all other facilities and environments in which students interact and partake in a multitude of activities. We understand that some of these environments are unique within a school setting; nevertheless, they are an **extension of the school day** and therefore merit the same level of behavioural expectations as within a school setting.

For the safety and well-being of all participants, the following actions **cannot** and **will not** be tolerated:

- Physical and/or emotional abuse which has injured or is potentially injurious
- Profane or abusive language
- Abusive actions (including verbal insults) causing harm to others (bullying)
- Vandalism
- Open opposition to authority
- Being in possession of cigarettes, alcohol or drugs
- Vaping
- Being under the influence of alcohol or drugs
- Use of, possession of, or concealing a weapon
- Willful disobedience
- Theft
- Appropriate apparel for activity must be worn. Common street wear is not acceptable.
- Inappropriate sexual behaviour

I (we) fully understand the behavioural expectations of my son/daughter in his/her chosen program in cooperation with Vimy Ridge Academy. I also understand that any involvement with a weapon, drugs and/or alcohol during any school related activity can result in expulsion from Vimy Ridge Academy and the alternative program. I understand that my participation in all alternative programs is subject to demonstrating responsible, respectful and positive behaviour as outlined above.

WAIVER

I, _____, the parent/guardian of the applicant, am aware the Administration of Vimy Ridge Academy will contact the applicant's current and/or former schools to conduct a behavioural reference check. I acknowledge that should the applicant have any previous suspensions and/or expulsions from his/her current or previous school, the actions of which could potentially jeopardize the safety of the students enrolled in the alternative program you have chosen, the Principal of Vimy Ridge Academy may deny acceptance of this application.

Students Name (please print): _____ Students Signature: _____

Parents Name (please print): _____ Parents Signature: _____



JUNIOR HIGH HONOURS FORM



Reminder: This form is an application to get into the Honours class. **If you are accepted into the class, you will receive a all confirming acceptance.**

Name: (please print)

Grade level for 2017/2018:

To enter and remain in the Honours program, students must meet the following criteria to be part of the program:

1. Students must maintain an 80% average with no mark lower than 75% in core courses.
2. Assignments and homework must be completed by the due dates for all subject areas.
3. Students need to be prepared to put forth their best effort, be engaged in class room activities and hand in high quality work for all assignments.
4. Students are required to maintain their agenda with homework and upcoming assignments.
5. Student must be prepared to behave in a manner that exemplifies respect to themselves, teachers and classmates.
6. If students are accepted into the Honours Program and do not maintain the above criteria, they risk being removed from the Honours Program and placed in a regular class at the end of a reporting period.
7. Students will be selected for the honours class based on a combination of all criteria. Honours marks **DO NOT** guarantee entry into the honours class.

Parent Signature:

Please indicate marks:

Math:

Social:

Science

L.A.

PROGRAM:

Please check one box.

Baseball

Pursuits

Dance

Soccer

Elite

Softball

Hockey

Sport Fit

Lacrosse

A.A.D. FOIP AND MEDIA CONSENT

Academic Athletic Development (A.A.D.) may be contacted by the media agencies (newspaper, radio, television) for access to student athletes for quotes or interviews. These audio and video images may be published or aired in a variety of locations, including television, radio, newspapers and websites or used for publications.

In addition, A.A.D. may wish to include a student athlete's pictures and/or quote in A.A.D.'s publications (brochures, program booklets or newsletters) that will be shared with the general public. A.A.D. might also include a student's picture on the program's website, promotional poster or brochure. A.A.D. may wish to publish the names of students whom are recipients of awards or scholarships on websites or other promotional media. Names, pictures, audio and/or quotes may be used in subsequent years after student athletes are no longer enrolled in A.A.D. for promotional use or alumni lists both on websites and in A.A.D. publications.

A.A.D. may work in collaboration with Edmonton Public Schools in promotional activities and student athlete's picture and/or quote maybe used in these joint activities. A.A.D. will not share any information with other organizations without prior consent of a parent or guardian.

Please indicate by checking off the following items to indicate your consent for your child to be:

Website

- Photographed for the A.A.D.'s websites
- Student athletes' name and grade posted on A.A.D. websites
- Photographed, interviewed or quoted for A.A.D. publications, advertisements and promotional materials

Media

- Audio taped and identified for radio
- Videotaped and identified for television or film
- Quoted, photographed and identified in newspapers, newsletters or promotional media

I do not want my child's information used

Students name: _____ (please print)

Parent/Guardian signature: _____ Date: _____

This consent maybe revoked at anytime by written letter. Please contact A.A.D. Executive Director for further information

**ACKNOWLEDGEMENT, WAIVER OF RIGHTS, RELEASE OF LIABILITY
AND INDEMNITY AGREEMENT**

The undersigned, _____, (the "**Participant**") and his parent or lawful guardian, for themselves, their heirs, executors, administrators, successors and assigns, acknowledge that the **Academic & Athletic Development Institute of Edmonton ("AAD")** is a non-profit, limited liability society incorporated under the laws of the Province of Alberta, and that the activities of the said society will include athletic and recreational programs, and related events and activities, in which the risk of loss or damage to property and serious injury, including, but not limited to: death or permanent paralysis is significant.

The undersigned agree that, in consideration of being allowed to participate in the activities of **AAD**, they knowingly and freely assume all risks and perils in relation to any and all of the activities of **AAD**, and that **AAD**, its officers, directors, servants, agents, volunteers and/or any other parties contracting with it (including without limiting the generality of the foregoing, professional advisers, school boards and other boards and agencies, sponsors, advertisers, owners and occupants of any premises used for activities and their respective officers, directors, servants, agents and/or any other parties contracting with them) as well as other participants in the activities of **AAD**, shall not be held responsible for and are hereby remised, released and forever discharged and held harmless and indemnified in respect of any and all liability whatsoever connected with or resulting from any death, injury, loss or damage to the undersigned, or any other person, or property resulting from participation in, or presence at, or use of equipment and/or premises in relation to, the activities of **AAD** whosoever and whatsoever.

The undersigned agree that **AAD** or its officers, directors, servants, agents, volunteers and/or any other parties contracting with it (including without limiting the generality of the foregoing, professional advisers, school boards and other boards and agencies, sponsors, advertisers, owners and occupants of any premises used for activities and their respective officers, directors, servants, agents and/or any other parties contracting with them) as well as other participants in the activities of **AAD**, are not held responsible for any items that may become lost or stolen.

The undersigned hereby give consent for medical and/or dental treatment and admission to any facilities for those purposes in the event of accident or injury to any person.

The undersigned hereby grants **AAD** complete access to all personal information collected for programming purposes. Some uses of this personal information by **AAD** include:

- use of the participant's name, photo, or comments in **AAD** newsletter, website or other publications
- use of individual or group photos for promotional purposes
- use and disclosure to the public of participant's names in regard to awards or achievements related to the activities of the program

The undersigned acknowledges that they can have access to facilities not part of the training program based upon scheduled availability.

The undersigned have read and understand this agreement and confirm that it is signed freely and voluntarily and without any compulsion or inducement. The undersigned agree that signatures on this document delivered electronically shall be fully effective and enforceable as if signed and delivered in original (wet) form.

Dated at the City of Edmonton, in the Province of Alberta, this _____ day of

_____, 20_____.

Print name of Participant

Participant's Signature

I, as parent or legal guardian of the above named minor Participant, for myself and on behalf of the said Participant, do consent and agree to the above terms and conditions.

Print name of Parent or Legal Guardian
(For participants under 18 years of age)

Parent or Legal Guardian's Signature
(For participants under 18 years of age)