



maskêkosak kiskinomâtowikamik

Parents, Guardians and/ or Caregivers,

Each school year, maskêkosak kiskinomâtowikamik is required to collect parental information and signatures related to a variety of items. Please read over each item carefully. If you have any questions or concerns please contact the school office to clarify.

Please indicate if you give permission for each item separately with your signature and date. Some forms are specific to grade and/ or program and may not be applicable to you. One registration package needs to be signed off for each child attending maskêkosak kiskinomâtowikamik. Please return the completed registration package back to the school by Wednesday, August 28th, 2024.

In the Spirit of Education

A handwritten signature in blue ink that reads "T. Crouter".

Tara Crouter

Interim Principal

maskêkosak kiskinomâtowikamik



maskêkosak kiskinomâtowikamik

Student Registration Form

2024-2025 School Year

Date of Registration: _____

Grade Level: _____

This 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 is used to enroll a student into maskêkosak kiskinomâtowikamik School.

Kitaskinaw Education Authority Inc. 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 its mandate and responsibilities to measure system effectiveness over time and develop policies, programs, and services to improve maskêkosak kiskinomâtowikamik School's learner success. Alberta School Boards are also collecting this information pursuant to the same section in conjunction with Section (2)(1)(t) of the Student Record Regulation and for the same purposes.

Legal Verification – A student cannot be registered without a copy of a legal document that provides proof of legal name, age, and citizenship or immigration status. Any of the following documents are acceptable: Canadian Birth Certificate, Adoption Papers, Permanent Resident Card, or Certificate of Indian Status.

Student Information

Student Legal Last Name:

Student Legal First Name:

Student Legal Middle Name:

Gender:

Date of Birth: (MM/DD/YYYY)

Student Country of Birth:

Preferred Last Name:

Preferred First Name:

Alberta Health Care Number:

Residence Address:

Mailing Address:

City:

Province:

Postal Code:

Home Phone:

Student Cell Phone:

Parent or Guardian Information

The School Act defines a parent as a legal guardian of the child. Please identify the legal guardians of the child being enrolled. If there are any questions as to whether an individual is a parent or guardian pursuant to the legal definitions, please contact the school principal for assistance.

Parent/Guardian 1 Information

Relationship to Student: _____

First Name: _____ Last Name: _____

Contact information for this Parent or Guardian (if different from student's)

Address: _____

City: _____ Province: _____ Postal Code: _____ Home

Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

Parent/Guardian 2 Information

Relationship to Student: _____

First Name: _____ Last Name: _____

Contact information for this Parent or Guardian (if different from student's)

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

Emergency Contact Information

An "**emergency contact person**" is someone other than the student's legal parent or guardian.

Name of Emergency Contact #1: _____ Relationship: _____

Day Telephone: _____ Address: _____

Name of Emergency Contact #2: _____ Relationship: _____

Day Telephone: _____ Address: _____

Name of Emergency Contact #3: _____ Relationship: _____

Day Telephone: _____ Address: _____

Guardianship, Custody and Access Rights

Guardians of the student must be identified to ensure each party's rights are respected. If an order exists affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. In rare instances, a child may be designated as "protected" if a court issues a restraining order.

Please indicate if any such documents exist: _____

If a copy is in the students file, please indicate the type of legal document that exists:

If there are any persons restricted through court order from contact, please list them below:

Last Name: _____ First Name: _____

Sibling Information

This provision of sibling information is optional and is collected for communication and planning purposes.

Please indicate if you have other children attending or will be attending maskêkosak kiskinomâtowikamik:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

School History

Previous school attended: _____

Please indicate the School Board of previous school attended:

Edmonton Catholic: ____ Edmonton Public: ____ Other (Please Name): _____

Indigenous Declaration

This information will be used to determine the provincial First Nation, Metis, and Inuit Funding Allocation provided to school authorities. (Please check one of the following)

Status Indian: ____ Non-Status Indian: ____ Metis: ____ Inuit: ____

If you are a Status Indian, please provide the following information:

Treaty Number: _____ Band Name: _____

Living on Reserve: _____ Living off Reserve: _____

Medical Information

You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student.

Family Doctor: _____ Phone Number: _____

Does your child have any allergies: _____

Does your child take any medication on a regular basis: _____

If yes, please list medications: _____

Are there any serious medical conditions the school to be aware of? _____

If yes, please explain: _____

In case of emergency, I understand that every reasonable effort will be made to contact the parents or guardian of the child. In the event that I cannot be reached, I hereby give permission to the Physician attending to my child to provide the necessary medical treatment.

Date Signature of Parent or Guardian

Transportation Information

Does your child require transportation? **YES** or **NO** (please circle)

Please indicate location:

- Millennium 36 Unit 108 Apartments East West Sub division Edmonton

Date Signature of Parent or Guardian

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 under 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 _____

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/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 of Parent or Guardian

Inclusive Education Supports Consent Form 2024- 2025

Dear Parent/ Legal Guardian,

For the 2024-2025 school year, we are pleased to offer access to health services, including counselling, speech and language development services, educational psychology, and occupational therapy services.

In order for our health professionals to see your child for any of the services we offer, we need your informed consent. **Your informed consent allows our health professionals to participate in classroom activities with students, have generalized contact with students at school, and share student information among the Inclusive Education team.**

Counsellors provide support services and counselling, offering emotional support for relationships, trauma, crisis, and grief. This occurs within the school space and on school time. If a student asks to see these individuals, it is up to the discretion of the counsellor whether it is a one-time visit for support or if the student requires more than immediate support. Additional information may be gathered by reviewing your child's school file. Consent will also allow the counsellors to participate in general classroom activities and instruction. For ongoing counselling services, further consent may be required, and you will be contacted.

The Speech-Language Pathologist (SLP) provides support services for communication that supports student learning, reading, and writing development. The SLP will gather information by observing in the classroom, talking with children and their teachers, screening children's speech, language, and hearing in Playschool and Kindergarten, and following up with students that have seen the SLP in the previous school year. Additional information may be gathered by reviewing your child's school file. Consent will also allow the SLP to participate in general classroom activities and instruction. For ongoing SLP services, individualized programming, and for any changes in programming, further consent may be required, and you will be contacted.

The Occupational Therapist (OT) provides support services for regulation of emotions and self, fine motor skills, sensory processing, and modification of environments to support student learning. The OT will gather information by observing in the classroom, talking with children and their teachers, and following up with students that have seen the OT in the previous school year. Additional information may be gathered by reviewing your child's school file. Consent will

also allow the OT to participate in general classroom activities and instruction. For ongoing OT services, individualized programming, and for any changes in programming, further consent may be required, and you will be contacted.

To be signed by Parent(s) / Legal Guardian

I give my permission for my child _____, to receive generalized health services from the health professionals within the Inclusive Education team at maskêkosak kiskinomâtowikamik. These services may include:

- Counselling Services
- Occupational Therapy Services
- Speech and Language Development Services

I understand that the Inclusive Education Coordinator, or a team member of the Inclusive Education team, will contact me with a follow up and explanation of individualized programming, if required.

I understand that individualized programming treatment / intervention / assessments will only be provided if services are required and agreed to by parent(s) / legal guardian, and child.

I understand that I may revoke this consent at any time in writing.

Name of Parent(s) / Legal Guardian (print)

Signature of Parent(s) / Legal Guardian

Date

Name of Witness (print)

Witness Signature

Date



maskêkosak kiskinomâtowikamik

Jordan's Principle Consent Form

For the 2023-2027 school years, we are pleased to offer access to Jordan's Principle services including educational psychology, counselling, fine art therapies, speech and language development services, occupational therapy, land-based learning, Cree culture and language instruction, materials & supplies for all services, educational assistants, Resource Officer, Elder in school program, hot meal program, transportation including oil & gas, a computer lab and sensory spaces in each classroom all based on the individual needs of our children attending KEA.

In order for our health professionals to see your child for any of the services offered we will need informed consent. Your consent allows your child to participate in the activities, our health professionals have generalized contact with your child and share their information among the inclusive professional teams.

To be signed by Parent(s) / Legal Guardian:

I give my permission for my child _____, to access Jordan's Principle services from health professionals with the Inclusive professional health and education team at KEA. These services may include:

- educational psychology, counselling, fine art therapies, speech and language development services, occupational therapy, land-based learning, Cree culture and language instruction, materials & supplies for all services, educational assistants, Resource Officer, Elder in school program, hot meal program, transportation including oil & gas, a computer lab and sensory spaces in each classroom

I understand that the Inclusive professional health and education team at KEA will contact me for follow up and explanation of individualized programming, if required.

I understand that individualized programming treatment / intervention / assessments will only be provided if services are required and agreed to by parent(s) / legal guardian, and child.

I understand that I may revoke this consent at any time in writing.

Name of Parent(s) / Legal Guardian (print)

Name of Parent(s) / Legal Guardian (sign)

Date

Name of Witness (print)

Name of Witness (signature)

Date

maskêkosak kiskinomâtowikamik

Responsible Use of Technology 2024- 2025

At maskêkosak kiskinomâtowikamik, we utilize technology as part of student learning. We believe that technology is a powerful tool to increase student engagement in learning and instill important knowledge and skills in the 21st century literacies. Through various forms of technology, students are able to access and interact with information and collaborate with peers around the world to enhance their learning experiences. We believe that all students, staff, and parents must be good digital citizens by following standards of responsible use when using either school-owned or their own personal electronic devices.

In an effort to promote the responsible use of technology while attending maskêkosak kiskinomâtowikamik, we ask that you review the following with your child. In this document, technology refers to computer, network, or internet access with any electronic device.

Section A: Student Responsibilities

As a student at maskêkosak kiskinomâtowikamik, having access to technology to support your learning is valuable. Along with this privilege goes responsibility. Some of these responsibilities include:

- Take full responsibility for, and respectfully use, the technology available to you at school.
- Understand that the school uses a content filter on its internet access, yet it is possible that you may encounter inappropriate material. If this happens, immediately inform your teacher, and then close the application that depicts this material.
- Personnel from the school have access to information about every page visited and file created network. This information may be monitored and viewed by your teachers or other personnel if necessary.
- Information located on the internet may be inaccurate or incomplete. Evaluate the validity of materials accessed with assistance from your teacher, respect copyright and cite resources used when necessary.
- Do not download or install any software, music, movies, picture, or files of any nature, on maskêkosak kiskinomâtowikamik devices.
- Keep your Student Network Login password private and do not share with anyone. All teachers have access to this password.
- Always log out of the computer when finished using it, or when moving out of sight of the computer. Any actions done on a computer when you are logged in are directly traceable to you.
- Do not access or use the account of another student or teacher. If you notice another student or teacher has not logged out of a computer you are using, please notify them.
- Do not use a camera (or any device with a camera, e.g., cell phone, network, laptop, etc.) to take personal photos during school.
- Administration may search any digital device if they feel school rules have been violated.
- Do not use the technology in any way that negatively affects any other students or persons.

Section B: Additional responsibilities for students bringing their own personal electronic device to school

Students at maskêkosak kiskinomâtowikamik are allowed to use personal electronic devices (including digital cameras, computers, cell phones, iPad, iPod etc.) while at school; however, they may only use personal devices during instructional time with the express permission of the classroom teacher. If a student brings a personal electronic device to school, the following information is important to remember:

- The school is not responsible for the loss, theft, or damage of your device. You are fully responsible for your property while it is at school or being transported to and from school.
- You may not, at any time, take pictures, video or audio footage of any staff or student using your personal device.
- Use of any personal device during instructional time is at the discretion of the classroom teacher.
- Use of any personal device must not distract from the learning of others.
- Inappropriate and/or unauthorized use of a personal digital device, including cell phones, may result in confiscation of the device by school staff and these privileges being revoked.

Section C: Code of Conduct - Electronic Devices Search Statement

If maskêkosak kiskinomâtowikamik staff have reasonable grounds to believe that an electronic device contains evidence pertaining to a breach of the school policy, it is the expectation that the students make available to school administration the unaltered contents of the permanent and/or removable memory of their cellular phone or electronic device. Failure to make the contents available can be considered willful disobedience and is grounds for disciplinary action.

Please note, technology access can be revoked at any time at the discretion of the principal

maskêkosak kiskinomâtowikamik Responsible Use of Technology Agreement

This is to certify that I (Please print students name) _____, have read, do understand, and will abide by all the responsibilities in the MK Responsible Use of Technology Agreement.

Student Signature: _____ Date: _____

This is to certify that I (Please print parent/guardian name) _____ have read the maskêkosak kiskinomâtowikamik Responsible Use of Technology Agreement with my child and support the responsibilities above. As well, I understand that if my child brings a personal electronic device to school, the school is not responsible for the loss, theft, or damage of this personal device, either in transport to and from school or while in school.

Parent/Guardian Signature: _____ Date: _____



maskêkosak kiskinomâtowikamik

2024- 2025 School Community Field Trip Permission Slip

maskêkosak kiskinomâtowikamik takes part in many community events throughout the year (ie. walks, trick or treating, etc.). We would like to ask your permission to take your child to community events throughout the 2024- 2025 school year, between the hours of 8:00 am and 3:15 pm. The locations included would be the area, the townsite, cultural grounds, and cross country trail. Any bus transportation will be provided by KEA Transportation Services. Their contact number is 780-470-5657.

REMINDER: All school rules and expectations will apply during the field trip.

In the Spirit of Education

Tara Crouter

Interim Principal

maskêkosak kiskinomâtowikamik

-----PLEASE RETURN THIS PORTION TO MASKEKOSAKISKINOMATOWIKAMIK-----

I hereby consent for _____, to attend community events throughout the 2024-2025 school year, between the hours of 8:00 am and 3:15 pm. Locations included are the area, the townsite, cultural grounds, and cross country trail.

AHS# _____

Emergency Contact # _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date _____



maskêkosak kiskinomâtowikamik

OFF-CAMPUS PARENT PERMISSION FORM

2024- 2025 School Year

maskêkosak kiskinomâtowikamik grade 10 to 12 students are responsible for their own actions while they are off campus. The school provides no supervision of off-campus activities and assumes no liability for any accident or injury that occurs while off campus.

In order to obtain and retain open campus break privileges, each student:

- Must have a permission form on file.
- Must be on time to the class following their morning or lunch break.
- Must return to school for the remainder of the school day.
- Note: If a student becomes ill while off campus, a parent or guardian must call the school office to report absence.
- Will not leave food, drinks, or litter in the parking lots of all community buildings within the proximity of the school.
- May not transport any student who does not have open campus privileges.

Failure to comply with any of the above rules will result in a loss of open campus privileges for the remainder of the quarter, semester, or school year.

PARENT:

I, as the parent or legal guardian of _____, I hereby give permission for my son/daughter to leave the North Campus of maskêkosak kiskinomâtowikamik during breaks and/or lunch. I also give permission to walk from North Campus to South Campus in between class transitions if they have a class at the South Campus.

I understand that:

- The school provides transportation between North and South Campus during these times, and if a student is walking between campuses during class transitions, they have refused school transportation willingly. In case of an emergency during the morning or lunch break, the parent must notify the school immediately.
- There is no off-campus supervision. I release the Kitaskinaw Education Authority, maskêkosak kiskinomâtowikamik, and all its employees from all liability during the times when my son/daughter is off campus.
- Permission to leave campus during morning or lunch break and in between class transitions may be revoked by maskêkosak kiskinomâtowikamik administration if the behaviour of my son/daughter is unsatisfactory.
- Permission to leave the campus may be revoked if tardiness (lateness) becomes a problem.

I have read and understand the off-campus Terms and Conditions.

Parent/ Guardian Signature: _____ Date: _____

STUDENT:

I have read and understand the off-campus Terms and Conditions. I agree to follow the rules and conditions stated therein, and I am aware of the potential consequences should I violate any of those terms and conditions.

Student Signature: _____ Date: _____ .



maskêkosak kiskinomâtowikamik

Media Release 2024- 2025

This form asks if your child can be interviewed, filmed, or recorded by media outlets that have been invited to the school.

We like to invite the media into our school to help share stories about school events, programs, or students. When possible, the school will notify parents when media will be on site. Media requests are carefully considered by the school organizer and the school principal before being approved. Schools need consent from parents/guardians before allowing the media to interview or take photos, video, or audio of students at non-public events. This consent is only required if students can be interviewed, videotaped, or photographed with their faces clearly shown.



News media reporting may include interviews with students, as well as photographs, video, or audio to be shared in newspapers, magazines, radio or television programs and online posts for websites or social media.

Consent	School Year 2024- 2025
Students Name	Grade
<p>I am the parent/guardian of the student named above. I have read and understand the information provided on this form.</p> <p> <input type="checkbox"/> I give permission for my child to participate in media coverage as described above. <input type="checkbox"/> I DO NOT give permission for my child to participate in media coverage as described above. </p> <p style="text-align: center;">OR</p> <p>I am the independent student named above. I have read and understood the information provided on this form.</p> <p> <input type="checkbox"/> I agree to participate in media coverage as described above. <input type="checkbox"/> I DO NOT agree to participate in media coverage as described above </p>	
Independent Student Signature	Date
<p>Parents/guardians or independent students may cancel their consent by contacting the office.</p>	



maskêkosak kiskinomâtowikamik

Consent for Topical Medicine Administration 2024- 2025

Child's name _____

Name of medication _____

Dosage of medication to be applied _____

Frequency of application _____

Placement of application _____

Name of physician ordering medication _____

Date of prescription _____

Expiration date _____

I give permission for staff at maskêkosak kiskinomâtowikamik to administer topical medication as prescribed by the above mentioned Physician as per information provided from the label.

Parent Name (Print)

Signature of Parent/Guardian

Date

Signature of Witness

Date



**Ever
Active
Schools**
www.everactive.org

Personal Information Protection Act (PIPA) Consent Form

I understand that Ever Active Schools (EAS) is a not for profit charity incorporated under Canada's Not for Profit Corporations Act

I hereby grant my consent for Ever Active Schools to collect, use, and disclose my personal information or that of my child or ward listed below at events, in the form of images, photos, video recordings, voice prints, captions and artwork for the purpose including same in print and online publications such as websites and social media for distribution to and access by the general public. I grant EAS full rights to alter and composite images and recordings identified above without restriction and without my inspection or approval.

I understand that I may contact the Privacy Officer at Ever Active Schools by emailing privacy@everactive.org or by calling 780-454-4745 with questions or concerns. I understand I may withdraw or alter this consent at any time subject to the provisions of the *Personal Information Protection Act*.

I am granting consent for myself.

I am the parent of guardian of _____

(name of child/ren) and am granting consent on their behalf.

Dated: _____

Name: (Print): _____

Signature: _____

Supporting healthy school communities.

2nd floor, Percy Page Centre • 11759 Groat Road • Edmonton, Alberta T5M 3K6 • 780.454.4745



Student Allergy Form

Students Name _____ Grade _____

If we have further questions about this allergy how can we contact you?

_____ (c) _____ (p) _____ (email)

Please list any known allergies:

What is the student's reaction to the allergen(s)?

Is the student allergic to food? Yes _____ No _____

Please list any known food intolerances:

What is the student's reaction if they came into contact with the food allergen?

What is the student's reaction if they ingested the food allergen?

What is the student's reaction if they ingested items *processed* in the same factory as the food allergen?

Provide information as to how the intolerance is managed.

Does the student require the administration of epinephrine in the emergency event that the allergen is ingested? Yes _____ No _____



KEA Transportation

Student Information:

Last Name: _____ First Name: _____

DOB: _____

Name of School Attending 2024-2025 year: _____ Grade: _____

Parent/Guardian: _____ Address/House Number: _____

Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Child: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Child: _____

Parent Signature: _____ Date signed: _____

Please indicate if your child requires assistance or has any medical conditions/allergies:

Additional Concerns/Comments Transportation Department would need to be informed of:
