



SELECT THE JUNIOR KINDERGARTEN PROGRAM YOU ARE REGISTERING FOR.

St Joseph T/F AM
 St Mary's T/Th PM
 Father Gorman M/W AM
 École St Thomas M/W PM

STUDENT INFORMATION

Student Legal Last Name <small>(as shown on birth certificate)</small>	Student Legal First Name(s) <small>(as shown on birth certificate)</small>	Student Legal Middle Name(s) <small>(as shown on birth certificate)</small>

Preferred Last Name <small>(if different than above)</small>	Preferred First Name(s) <small>(if different than above)</small>	Preferred Middle Name(s) <small>(if different than above)</small>

A copy of the student's birth certificate or citizenship documentation is required for proof of legal name, age, and citizenship.

Date of Birth <small>(Month/Day/Year)</small>	Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Unspecified <input type="checkbox"/>	Home Phone <small>(not cell phone)</small>
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Physical Address

City/Town _____ Province _____ Postal Code _____

Mailing Address (if different than above)

City/Town _____ Province _____ Postal Code _____

Land Location (if applicable)

Quarter Section Section Township Range Meridian

MEDICAL INFORMATION

Indicate specific medical conditions your child may have which require the attention or services of school personnel.

If your child requires medical attention at school, refer to AP 316. Complete the required forms and return them to your child's school.

SCHOOL HISTORY

Last School Attended _____ Telephone _____

Town/City _____ Province _____ Postal Code _____ Country _____

Has student ever attended another Lloydminster Catholic School? Yes No

If yes, indicate name of school. _____

Has student ever attended school in Alberta, including Lloydminster? Yes No

Has student ever attended school in Saskatchewan, including Lloydminster? Yes No

PARENT/GUARDIAN INFORMATION

If there are more than two parents or guardians (step-parent, etc.), it is important to provide the school with this information.

Parent 1

Catholic Yes No

(Last Name)

(First Name)

Relationship to Student _____ E-mail Address _____

Telephone _____
(Cell) (Work) (Extension) (Home – if different than Cell)

Address (if different than student) _____

City/Town _____ Province _____ Postal Code _____

Lives with student Yes No Receive mail/email Yes No Contact Priority 1 2

Parent 2

Catholic Yes No

(Last Name)

(First Name)

Relationship to Student _____ E-mail Address _____

Telephone _____
(Cell) (Work) (Extension) (Home – if different than Cell)

Address (if different than student) _____

City/Town _____ Province _____ Postal Code _____

Lives with student Yes No Receive mail/email Yes No Contact Priority 1 2

Parent 3

Catholic Yes No

(Last Name)

(First Name)

Relationship to Student _____ E-mail Address _____

Telephone _____
(Cell) (Work) (Extension) (Home – if different than Cell)

Address (if different than student) _____

City/Town _____ Province _____ Postal Code _____

Lives with student Yes No Receive mail/email Yes No Contact Priority 1 2

Parent 4

Catholic Yes No

(Last Name)

(First Name)

Relationship to Student _____ E-mail Address _____

Telephone _____
(Cell) (Work) (Extension) (Home – if different than Cell)

Address (if different than student) _____

City/Town _____ Province _____ Postal Code _____

Lives with student Yes No Receive mail/email Yes No Contact Priority 1 2

GUARDIANSHIP, CUSTODY, OR ACCESS RIGHTS

Guardians of the student must be identified to ensure each party's rights are respected. If an order affecting guardianship rights or custody or access rights exists, a copy of the order will be placed on the student record. In rare instances, a child may be designated as "protected" if a court order has been issued under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act* or the *Young Offenders Act*.

Does any such order or agreement affecting the safety, security, custody, or access of the child exist?

No Yes If yes, arrange to meet with the school administration. Legal documentation will be required.

ADDITIONAL CONTACT INFORMATION

The Emergency Contacts should be people who are authorized to pick up your child in the event you are not available.

Emergency Contact

(someone other than parents)

_____ (Last Name)

_____ (First Name)

_____ (Relationship to student)

Telephone _____

(Cell)

(Work)

(Extension)

(Home – if different than Cell)

Address _____

City/Town _____

Province _____

Postal Code _____

Emergency Contact

(someone other than parents)

_____ (Last Name)

_____ (First Name)

_____ (Relationship to student)

Telephone _____

(Cell)

(Work)

(Extension)

(Home – if different than Cell)

Address _____

City/Town _____

Province _____

Postal Code _____

SIBLING INFORMATION

Provide information regarding siblings of the student who are of school age or younger.

Sibling's Full Name	Date of Birth (Month/Day/Year)	School Sibling Attends (if applicable)	Lives with Student
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CITIZENSHIP OF STUDENT

Check the appropriate box to indicate the required document provided to the school to support citizenship.

Canadian Citizen
 Canadian Birth Certificate
 Canadian Citizenship Document and Foreign Birth Certificate
 Canadian Certificate of Indian Status or Treaty card issued by band within Canada

Permanent Resident (documents required for student and parent)
 Permanent Resident document (student)
 Issue Date _____
 Expiry Date _____
(Month/Day/Year) (Month/Day/Year)

Temporary Resident (student status; additional documents may be required for student and/or parent)
 Child Study Permit or Visitor Record
 Issue Date _____
 Expiry Date _____
and (Month/Day/Year) (Month/Day/Year)
 Parent Work or Study Permit
 Issue Date _____
 Expiry Date _____
(Month/Day/Year) (Month/Day/Year)

LANGUAGE

First Language spoken
(as a toddler) _____

Second Language spoken
(if applicable) _____

PROGRAM

Does your child have any physical, intellectual, behavioral, or emotional needs which may require additional educational assistance, modification, or adaptation beyond the regular educational program?

Yes No

If yes, describe the needs of your child in the space below.

Is your child toilet trained? Yes No If no, what is the reason? _____

Does your child struggle with speech or language?

Yes No

Is this your child's first structured activity outside of the home?

Yes No

Is there anything else you would like us to know about your child?

INDIGENOUS DECLARATION

If you wish to declare that your child is an Indigenous person, specify one of the following.

Status Indian/First Nations

Non-Status Indian/First Nations

Métis

Inuit

AB Education and the SK Ministry of Education collect this personal information pursuant to section 33(c) of the Freedom of Information and the Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet Ministry and School Board mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Indigenous learner success. This information will also be used to determine the provincial First Nations, Métis and Inuit Funding Allocation provided to school jurisdictions. For further information or if you have questions:

AB residents: www.education.alberta.ca/system-supports/results-reporting or AB Education 780-427-8501

SK residents: write to Lloydminster Catholic School Division at 6611B – 39 Street, Lloydminster, AB, T9V 2Z4, or call 780-808-8585

RELIGION OF STUDENT

The Education Act, 1995 stipulates that every person who has attained the age of six years but has not yet attained the age of twenty-two years has the right to attend school in a school division. It also stipulates that students have a right to secure instruction appropriate to their age and level of educational achievement.

"Parents who have the primary and inalienable right and duty to educate their children must enjoy true liberty in their choice of schools."
Congregation for Catholic Education (Vatican) May 5, 2009

Catholic school divisions exist to provide a distinctive Catholic faith-based education. The faith and value dimensions of the Catholic faith are expected to permeate all aspects of instruction and school activities. Schools are expected to exhibit an atmosphere of prayer and be centres of gospel virtues.

Catholicism supports the belief that all parents are their child's primary educators. Parents not of the Catholic faith who desire a Catholic education for their children must be respectful of the teachings of the Catholic Church and agree to abide by the policies and procedures of Catholic school divisions relating to religious instruction and the permeation of faith within all aspects of the student's school experience. However, Catholic school divisions reserve the right to deny admission to a non-Catholic student who will not abide by the policies of the Board relating to religious instruction, religious activities and other such programs specific to our schools.

With this in mind, indicate which statement applies:

My child is Catholic.

My child is not Catholic but an important reason why I am choosing a Catholic school is to have my child participate in the spiritual formation and atmosphere that Catholic schools provide. I agree to comply with and support, to the best of my ability, the vision, mission, and covenant of shared values of the school division, the Religious Education program, and the religious celebrations of the Catholic school, excluding reception of the sacraments.

To ensure there is space for your child, we require the following:

- Deposit: Registration fee of \$50.00 at time of registration (non-refundable)
- Registration: One payment of \$1050.00 dated September 1, 2024; two payments of \$525.00 one dated September 1, 2024 and one dated January 2, 2025; or 10 monthly payments of \$105.00 dated 1st of each month.
- Registration form and payment by cash or cheque (payable to LRCSSD #89) to be returned to the school.
- Withdrawal: One month's written notice is required for withdrawal from the program. Full fees apply for the one-month withdrawal period.
- A \$20.00 NSF fee will be added to any NSF payment.

Please review the Junior Kindergarten Information package prior to completing the registration form and indicate that you have read and understand the program guidelines. ___ I agree

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP) – PARENTAL CONSENT

Occasionally, schools publish, in a variety of formats, student names, photographs, achievements, etc. for education, instructional, informational, or promotional purposes. It is important for us to be informed of your wishes regarding division and media coverage of student achievements, photographs, and activities during the time your child is a student within our school division. The Freedom of Information and Protection of Privacy Act (FOIPP) requires that parents/guardians control the manner in which student information is displayed, distributed, or published. By checking “I do” below, you will be consenting to the following uses of student information, but not limited to:

- Student names attached to their artwork or written material that are displayed in school division facilities.
- Individual photos that are taken and used within the school, communications, yearbook.
- Photos and/or videos of classroom and school activities that are included in the yearbook and/or displayed in school division facilities.
- Team or class photos used within school division facilities or yearbook.
- Posting of photos, videos, names of student involved in school-based activities (i.e.: sports, graduation, school interviews, etc.), on social media (Facebook, website, etc.), and/or within the local media.
- Student names and description of activities that are used in the school newsletter or other communications.
- Student participation in video-conferences and subsequent recordings to be used for educational purposes

The above listing has been summarized. For the complete document, see the FOIPP Act at the following link.

<http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/F22-01.pdf>

I do grant permission for LCSD coverage as indicated above.

I do not grant permission for LCSD coverage as indicated above.

The school may not restrict photos and/or videos of public school events taken and used for purposes within and outside of the school.

Parent Name (print) _____ Date _____

Parent Signature _____

DISCLOSURE

Lloydminster Catholic School Division may use the information collected on this form to assist in providing appropriate educational programming and support for the student. Lloydminster Catholic School Division uses screening procedures in Speech and Language and Occupational Therapy for Kindergarten students. Contact information is collected to help us communicate effectively with the student’s parents or guardians. Some of this demographic data may be shared with Ministries we work with to provide services to our students (including, but not limited to, Education and Health). How this information is accessed, used, or disclosed is protected under the *Freedom of Information and Protection of Privacy Act* and the *Local Freedom of Information and Protection of Privacy Act*.

DECLARATION

I declare that the information I have provided on this registration form is complete and correct. I hereby affirm that I have read this form and understand how the information collected will be used. As indicated by my signature below, I consent to have the information provided by me accessible as indicated and to abide by the philosophy, policies and regulations of the Lloydminster Catholic School Division.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

Additional Comments

Administrator Name (print) _____

Signature of Administrator _____ Date _____



Lloydminster Catholic School Division
 6611B 39 Street, Lloydminster, AB T9V 2Z4
 Phone: (780) 808-8585
www.lcsd.ca

**St. Joseph School**

5706 27 St
 Lloydminster, AB
 T9V 2B8
 Ph: (780) 875-2442

St. Mary's School

5207 42 St
 Lloydminster, AB
 T9V 1M8
 Ph: (780) 808-8600

Father Gorman School

3112 47 Ave
 Lloydminster, SK
 S9V 1G5
 (306) 825-4600

École St. Thomas

6524 35 St
 Lloydminster, AB
 T9V 3H1
 (780) 875-5366

Request for Cumulative Record Transfer

The following student has enrolled at the school indicated above. Forward the cumulative record and any other relevant educational information that may be of assistance. Include a copy of this request with the cumulative record.

Important information:

- **SK schools**, provide the SK Learning Identification Number. Send the original cumulative record.
- **AB schools**, if cumulative record is not available on PASIprep, send a copy, not the original.
- **All other provinces**, send a copy of the cumulative record.

Thank you for your assistance.

Student Information

Legal Last Name	Legal First Name	Legal Middle Name
Preferred Last Name (if applicable)	Preferred First Name (if applicable)	Date of Birth (Month/Day/Year)
Date of Request	SK Provincial Learning ID	AB Student Number
Previous School		
Previous School Address		
Previous School Phone Number	Previous School Fax Number	

Record of Transfer

Name of school sending cumulative record
Date cumulative record sent to: ___ St. Joseph ___ St. Mary's ___ Father Gorman ___ École St. Thomas
Signature and title of school personnel forwarding cumulative record
Date cumulative record received at: ___ St. Joseph ___ St. Mary's ___ Father Gorman ___ École St. Thomas
Signature and title of school personnel receiving cumulative record