



Park Meadows School

50 Meadowlark Blvd. N.
Lethbridge, AB T1H 4J4
T: 403-328-9965 F: 403-328-9975
Email: meadows@lethsd.ab.ca

Website: pm.lethsd.ab.ca

Twitter: @ParkMeadowsSch

Facebook: /ParkMeadowsSchool

Instagram: @ParkMeadowsSchool

WELCOME TO OUR SCHOOL

WE ARE VERY HAPPY TO HAVE YOU JOIN OUR SCHOOL COMMUNITY

Our School Website <http://pm.lethsd.ab.ca> has:

- Information for Parents
- Teacher Websites
- Yearly Calendar
- Newsletters
- Contact Information
- Program Services
- School Cash Online
- PowerSchool
- SchoolMessenger Absence Reporting

School Contacts

Principal:	Mark Blankenstyn
Vice Principal:	Sharon Willms-Laing
Administrative Assistant:	Lisa Weiss

2020-2021 GRADE 1-5 REGISTRATION PACKAGE



Is Your Child of First Nation, Metis or Inuit (FNMI) Heritage?

Dear Parents:

In 2004, after consulting with Aboriginal representatives, Alberta Education introduced the Aboriginal Learner Data Collection Initiative. It was introduced to identify First Nation, Metis and Inuit (FNMI) students for the purpose of helping to improve education programs and achievement for FNMI learners. The information helps Alberta Education and our school district determine effectiveness of initiatives for FNMI students, target programs to address student needs, identify promising practices, and determine professional learning needs for teachers. It is important information needed to provide the best possible learning environment for our FNMI students.

You will notice a section on your child's registration form that invites you to indicate if your child is of Aboriginal heritage. This question appears on all student registration forms in school jurisdictions across the province. The choice for an Aboriginal learner to provide this information is voluntary. As part of our on-going commitment to develop programming that reaches all students and to better serve the needs of our FNMI students, we ask that if your child is of Aboriginal heritage you check the appropriate box.

We also encourage all parents to visit our website or call our schools to find out more about the excellent programs and services we offer to our FNMI students.

John Chief Calf,
Coordinator of FNMI Education



Students NEW to the School

If you are registering as a new student, you must have the following accompany your registration package:

- a photocopy of your birth certificate (if you were born in Canada)
 - a photocopy of your Canadian citizenship status if you were not born in Canada
 - a copy of your most recent report card from last school attended
 - a copy of a document verifying your address
-

Important Freedom of Information for Parents

The personal information requested on this form as part of the school registration process is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP), the *School Act* and its regulations, and the Canadian Charter of Rights and Freedoms, Section 23.

This information will be used for the establishment of a student record, determination of residency, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under his/her administration (e.g. research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

Normal School Information Disclosure

Parents/Guardians Please Read Carefully

The Freedom of Information and Protection of Privacy Act requires that consent be obtained for the collection and use of personal information that is not authorized under the *School Act*. The Lethbridge School Division believes that the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged.

- the use of a student's name, photo, comments in the school calendar, newsletter, yearbook, graduation book, or other school publication.
- the taking of individual, class, team or club photos for school purposes and the use of student photos for the issuance of identification passes (i.e., library, activity, transit/bus).
- the use of student names on artwork or other creative work or material of students displayed at school or School Board sites, provided the Copyright Release section of this form is signed.
- the use of student names in honour rolls, birthday recognition, and other such acknowledgements within the school or School Board.
- the publication of student names as part of graduation and award ceremonies.
- 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.
- the use of students' names, related contact information and telephone numbers for absenteeism verification.
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where students are not identifiable (the accompanying *Media Consent Form* may provide consent for situations where individual students are identifiable or interviewed and the material will be used outside the school). 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 be able to restrict such activity at public events.
- the circulation of personal information on a "need to know" basis for students who have severe, life threatening medical conditions or for students in emergency situations.
- the taking of photos/videos of classroom or other school activities by the School Board where the material will be used within the school. (Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place.)

If you have concerns with any of these uses of information, please notify the school principal in writing.

Please retain this document at home for future reference.

School	Park Meadows School	Grade		Program	
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Student's Legal Last Name				
Student's Legal First and Middle Name				
Preferred Last Name			Preferred First Name	
Student's Date of Birth	Month	Day	Year	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unknown <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Student's Physical Address				
Address		City	Province	Postal Code
Student's Mailing Address (if different than student's residence)				
Address		City	Province	Postal Code
Home Phone (with area code)			Other Phone (with area code)	
Siblings currently enrolled with Lethbridge School Division				
Medical Information (i.e. medical conditions, allergies, etc.)				
School History				
Name and location of previous school attended: _____				
Date last attended previous school: _____				
Last Grade Completed: _____				

Parent/Guardian Contact 1	Parent/Guardian Contact 2	Parent/Guardian Contact 3
Name:	Name:	Name:
Address:	Address:	Address:
Relationship to Student:	Relationship to Student:	Relationship to student:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:
E-Mail Address:	E-Mail Address:	E-Mail Address:

Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name:	Name:	Name:
Relationship to student:	Relationship to student:	Relationship to student:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:

Aboriginal Self Identification:

If you wish to declare that the student is Aboriginal, please select one.

First Nation (status) ☐
 Metis ☐

First Nation (non-status) ☐
 Inuit ☐

First Nation of Residence: _____ Student's Indian Registry Number: _____

For further information, please refer to: www.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 call 403.380.5299.

Citizenship:1 Canadian Citizen ☐2 Permanent/Landed immigrant ☐5 Temporary Resident - Student ☐

English as a Second Language (ESL) Eligibility *A student may be eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be born in Canada or in another country.*

Languages spoken at home: _____

Students first language spoken: _____

Do you need assistance with interpretation: _____

Yes ☐No ☐

Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms: Citizens of Canada

- whose first language learned and still understood is French, or
- who have received their primary school instruction in Canada in French (this means instruction in a French only school, **not a French Immersion program**) have the right to have their children receive primary and secondary instruction in French; or
- of whom any child has received or is receiving primary or secondary instruction in French (this means instruction in a French only school, **not a French Immersion program**) in Canada, have the right to have all their children receive primary and secondary instruction in the same language.

According to this criteria, are you eligible to have your child educated in French?

Yes ☐No ☐

If yes, do you wish to exercise your right to have your child educated in French?

Yes ☐No ☐

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.

I hereby certify that the foregoing information is true, correct and complete to the best of my knowledge and belief.

Signature: _____ Date: _____



Lethbridge School Division

20 20 /21 Student Registration Package

Student's Name: _____ School: Park Meadows School Grade: _____

INSTRUCTIONS

1. Read the Freedom of Information and Protection of Privacy Act information and Normal School Information notifications sheet enclosed in this package and retain this document at home for your reference.
2. Complete or verify the Student Registration Form.
3. Read and complete the enclosed Consent Forms.
4. Return the completed registration package to the school.

Consent to receive Commercial Electronic Messages (CEM's)

On July 1, 2014 Canada's Anti-Spam Legislation (CASL) came into effect. As of this date, Lethbridge School Division cannot send any messages by any means of telecommunication including e-mail messages, text messages, instant messages and direct messages to social networking accounts, where one or more of the purposes of this message is to encourage participation in commercial activity, whether or not there is an expectation of profit, unless we have received express consent to send these messages.

Lethbridge School Division values the many learning opportunities, activities and mementos that enhance the educational experience that we provide to our students. Some of these opportunities include performances, field trips, travel, school clothing, student photos, yearbooks, hot lunches or similar school related activities. In order for Lethbridge School Division, our schools and school councils to communicate our programs, activities and special offers through electronic means, we require your consent.

By signing this document, I/we consent to receiving a commercial electronic message (CEM) from Lethbridge School Division, its schools, and school councils. Examples of these would include, but would not be limited to:

- Newsletters
- Offers to purchase goods and services such as
 - Apparel
 - Yearbooks
 - School Photos
 - Travel offers
 - Hot lunches
- Advertisements for school activities, events and programs for which there is a fee

Note that consent to receive CEM information may be withdrawn at any time by contacting the School or Lethbridge School Division.

I, _____ the parent/guardian/Independent Student give my consent to receive Commercial Electronic Messages (CEM's) from Lethbridge School Division, its schools and school councils. This consent will remain in effect until I expressly withdraw my consent by notifying the School or Lethbridge School Division.

Signature of Parent/Guardian/Independent Student

Date

Email address: _____
(Please print clearly)

CONSENTS FOR INFORMATION DISCLOSURE

Copyright Release

As part of a student's educational program, they may be recorded and taped; have their work displayed; have their work reproduced for non-profit, educational purposes. Their production(s)/work(s) may be shown at educational displays during open house, in-service sessions and other school-related activities at school or School Board sites, or at school or School Board sponsored displays in the community or used in a school publication.

_____ 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 understand that this consent is valid for this current school year only.

Print Name

Signature of Parent/Guardian/
Independent Student

Date

Media/Internet Consent

Lethbridge School Division enjoys and encourages an open and positive relationship with print (i.e. newspapers, magazines, etc.) and broadcast media (i.e. television, radio, etc.) as a means of promoting and reporting on school activities. In addition, schools are using the Internet (websites, web-based programs) to increase positive learning, sharing and recognition opportunities for staff and students.

By signing this section I/we consent to the disclosure of information for use by Media and/or School Division use for learning and/or celebration of learning purposes. Examples of these would include, but would not be limited to:

- Interviews for media or school publications (i.e. - school newsletters, etc.)
- Photograph of the student and posting of student's name
- Group and class photographs that include student and their name
- Class work (i.e. - art, stories, projects) done by student
- Awards, scholarships, prizes received by student
- Participation of Student in Extracurricular Activity (Athletics, clubs, fundraising efforts, music)
- Collaboration with other schools and classrooms using web-based programs such as Skype, YouTube, Twitter, etc.

Please mark one of the following to indicate your consent:

_____ I give consent to disclosures as described above.

_____ I do not give consent to the above disclosures.

_____ I give consent, with the following exceptions.

Print Name

Signature of Parent/Guardian/
Independent Student

Date

Public Health

Alberta Education will share student demographic information with Alberta Health Services in the case of health emergencies, such as a disease outbreak.



Annual Volunteer Registration Form

Valid only for the current school year

In order to ensure the security and safety of our staff and students, all volunteers in our schools **need to be registered**. This form must be completed annually. The information collected on this form will be held in strict confidence.

A volunteer is:

Someone who assists schools and/or students either in curricular or extra-curricular activities including volunteer drivers and students volunteering outside their school.

Volunteers do not include:

- guest speakers
- presenters
- visitors to the school
- parents assisting their own children in the school
- school council members in their position as school council members
- Lethbridge School District #51 students volunteering in district schools

You must be 13 years or older to register as a volunteer.

PART A (Completed by all applicants)

Name of School or Department:		School Year:																
Your Name: (Last Name, First Name)																		
If different from above, the name your Police Information Check (PIC) was registered under:		Date of birth: (YYYY/MM/DD)																
Mailing Address: (with Postal Code)																		
Daytime Phone:	Evening Phone:	Cell Phone:																
<p>Do you have children or grandchildren registered in this school? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please list by name and teacher or homeroom:</p> <table style="width: 100%;"><thead><tr><th style="text-align: left; width: 50%;">Name of Student:</th><th style="text-align: left; width: 50%;">Teacher/Homeroom:</th></tr></thead><tbody><tr><td><hr/></td><td><hr/></td></tr><tr><td><hr/></td><td><hr/></td></tr><tr><td><hr/></td><td><hr/></td></tr><tr><td><hr/></td><td><hr/></td></tr></tbody></table> <p>You may be asked to provide two references (Principal's discretion):</p> <table style="width: 100%;"><thead><tr><th style="text-align: left; width: 50%;">Name of Reference:</th><th style="text-align: left; width: 50%;">Telephone Number:</th></tr></thead><tbody><tr><td><hr/></td><td><hr/></td></tr><tr><td><hr/></td><td><hr/></td></tr></tbody></table>			Name of Student:	Teacher/Homeroom:	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	Name of Reference:	Telephone Number:	<hr/>	<hr/>	<hr/>	<hr/>
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Part B: (complete if required: See * below)

The section below asks for information pertaining to Police Information and vulnerable sector checks. Please see * below regarding volunteer duties that require these checks. **If not applicable move to Part C.**

1. Have you ever been subject of an investigation or order under the *Child Welfare Act of Alberta* or equivalent legislation in any other province or country? (If you answer "Yes" to this question, you must submit a current Child Welfare Statement along with this form.) **No** **Yes**

2. Do you have a criminal record for which you have not received an official pardon? **No** **Yes**

Note: "Yes" to either (1) or (2) above will not automatically exclude an applicant from becoming a volunteer in Lethbridge School District No. 51

3. Have you completed a Police Information Check (PIC) previously for Lethsd51 or another organization? *{Please attach}* **No** **Yes**

If you answered yes, where _____ and when _____
Name of School/Organization Date (YYYY/MM/DD)

*All individuals, including minors under the age of eighteen, who may be engaged in the following volunteer activities, shall be required to provide a current (within last 9 months) Police Information Check and an Intervention Record Check **once every three years** prior to assuming any volunteer duties regarding:

- Involvement in Sports Teams;
- Overnight field trips;
- Activities involving the supervision of students where District staff members are not in attendance at all times; or
- Driving students in District or non-District owned vehicles

Police Information Checks and/or Intervention Record Checks may also be required at the sole discretion of the principal, and/or the Superintendent in any circumstances where it is deemed appropriate. Under exceptional circumstances, the Superintendent may waive the requirement for the provision of a Police Information Check and/or Intervention Record Check.

Part C: Must be read and signed

As a volunteer, we would like to advise you of the following conditions:

1. Confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and school staff is honored.
2. Any information collected, used, generated, and stored by Lethbridge School District No. 51 including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. You may not disclose, communicate, publish, take, alter copy, interfere with, or destroy any information unless you are specifically authorized to do so by the teacher or principal.
4. You must notify the principal of any new criminal charges at the time the charge is made.
5. The teaching and administration staff is responsible for student learning and discipline.
6. School administration, teaching, and support staff have specific roles to play and it is important that the staff of a school operate as a team.
7. You as a volunteer monitor can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
8. Any failure to comply with these conditions or Lethbridge School District No. 51 [Procedure 1003.3](#) may result in termination of your position as a volunteer.

By signing this volunteer registration form, I am agreeing to the conditions outlined.

Signature

Current Date (YYYY/MM/DD)

The information on this form is collected under Alberta's *Freedom of Information and Protection of Privacy Act* to carry out our responsibilities under the *School Act*.

607.15 Acknowledgement of Risk and Consent of Parent or Guardian

To be completed by school

STUDENT NAME: _____

1. Select either (i) or (ii)

- (i) ☒ My child will be given the opportunity to participate in the following program or activity (please specify program):
Ice Skating and Swimming
 a) Name of the Service Provider (if applicable): City of Lethbridge
 b) Date: 2020-2021 school year
 c) Teacher in Charge: Homeroom Teacher -
- (ii) ☐ My child will be given the opportunity to participate in the following series of on-site activities for the following program (please specify program):

****See the attached list for activities, date, service provider (if applicable) and teacher in charge.**

2. Lethbridge School District No. 51 will make every reasonable effort to ascertain that:
- The staff of the District and/or (as applicable) the Service Provider involved in providing the activity are suitably trained and qualified.
 - The students who undertake the program or activity will be adequately supervised.
 - Any equipment used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
 - The location where the activity will take place is appropriate and safe.
 - As applicable, the Service Provider has taken all reasonable steps to ensure that any domestic animal(s) involved in the activity are safe.

To be completed by school

Potential hazards may include but are not limited to the following: I acknowledge that the following describes some, BUT NOT ALL, of those risks of personal injury including but not limited to sprains, tears, fractured or broken bones, eye damage, cuts, , head-neck-spinal injuries wounds, scrapes, abrasions and/or contusions, dehydration, shock, reaction to pool chemicals or pathogens, falls, paralysis, drowning, death.

Consent and Acknowledgement of Risk

- I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that information provided to me by the school or the District to the extent that I require. I am not, in any way, relying solely upon information provided by the school or the District respecting the nature and extent of the risks and hazards associated with the program or activity.
- I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
- My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
- In the event that my child fails to abide by the rules and regulations imposed on students while participating in the program or activities, disciplinary action may require that he/she not participate in the program or activity and/or that I will be contacted to have him/her picked up.
- I acknowledge that it is my responsibility to advise the District of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.
- Based on my understanding, acknowledgement, and consents as described herein, I agree that _____
 has my permission to participate in this program or activity. (Name of Student)

Date: _____ Name: _____ Signature: _____
 Parent/Guardian (Please Print) Parent/Guardian



Engagement Opportunities for Families, Friends, and Community Members of Park Meadows Elementary School

This form is optional and will not affect your child's registration for 2020 -2021

There are many engagement opportunities for families, friends, and community members throughout the school year. In addition to regular meetings, there are other activities that result from our work that you may be able to help with. As a committed and involved supporter of our children's education, your time and expertise are greatly valued. Engagement opportunities provide participants with an opportunity for meaningful contributions while increasing their knowledge of our school. If you would like to participate in any of the following activities, please check ☒ those of interest and return this form to the office at Park Meadows Elementary.

☐ **Committees:** Small committees may be organized throughout the school year, based on the needs identified by our school community. These would be single event committees.

☐ **School Council:** Parents, Education Staff, and other interested Community members meet together at least once a month to offer support and advice to the School Administration and Staff on matters of enhancing student learning.

☐ **Fund Raising Association:** Parents, Education Staff, and Community members meet as needed to plan and execute needed fund-raising events to help finance the Educational Program needs that are NOT covered by the School Budget. For Example: costs of field trips, bus transport for field trips, guest presenters (Scientists in School, etc), Staff Appreciation, playground equipment, technology needs, special initiatives (hydration station), etc.

☐ **Surveys:** For those who are not able to attend additional meetings, you can help with online, mail, or telephone surveys providing input on current or future issues and initiatives; a great opportunity to express your opinions.

☐ **Receive Email updates about School Council, Parent Association, or District events/meetings.**

☐ **Mentorship and Skills Bank:** Engagement is all about people working together to support student learning and school improvement. This is an opportunity for everyone to contribute to the success of our students. Completing this section does not commit your time, but you may be contacted as a valuable resource for potential learning opportunities or special projects in the school. Other family members and friends can complete this, too!

☐ **Skills or interests I can share with students, staff, and parents:** Please list any/all you'd like to share) (ie: carpentry, storytelling, quilting, knitting, play musical instruments (specify), etc. These are things you can do from home on your own time to help, or it may be coming in to the school to spend time directly with students during their day, or helping with special events being offered at the school or community.

Student(s) Name _____

Parent/Adult Name(s): _____

Relationship to Student(s): _____

Home Phone: _____ Cell Phone: _____

Email Address(es): _____

Preferred Contact Method: ☐ Phone ☐ Text (cell number above) ☐ Email ☐ Printed Material sent with student(s) listed above

Signature*: _____ Date: _____

*** Permission Release:** As a parent/guardian of a student attending this school, I give consent for representatives from the school council to contact me for the purposes of information and input regarding school business/activities. I understand that I have the right to cancel my consent in the future. The above information will be kept confidential and made available only to members acting on behalf of the Advisory Council or Fund Raising Association for the purpose of school business/activities.

