



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

WEBSITE ADDRESS: <http://pm.lethsd.ab.ca>

- Information for Parents
- Teacher Blogs
- Calendar
- Weekly Updates
- Contact Information
- Program Services
- School Cash Online

CONTACTS

Principal:

Vice-Principal:

Administrative Assistant:

Administrative Support:

Mark Blankenstyn

Jackie Fletcher

Julie Anderson

Lisa Weiss

Alberta Student Number (if known): _____ School: Park Meadows School Grade: _____

* Required Fields

*Legal Last Name: _____ *Legal First and Middle Names: _____

*Preferred Last Name (if different): _____ *Preferred First Name (if different): _____

*Birthdate (D/M/Y): _____ *Gender: Female Male Unknown Unspecified

*Home / Cell Phone Number: _____

*Birth Certificate: Yes No *Other Proof of Residency: Yes No

*Home Address: _____

*Mailing Address: _____
(House and Street) (City) (Province) (Postal Code)

Siblings currently enrolled with Lethbridge School District No. 51: _____

**Medical information (i.e. medical conditions, allergies, etc): _____

**This must be completed every year

Name and location of previous school attended: _____

Date last attended previous school: _____ Last Grade Completed: _____

Priority 1 Contact Information (i.e. parent or guardian)

First & Last Name: _____
Address: _____
City, Postal Code: _____
Relationship to Student: _____
Home Phone: _____
Work Phone: _____
Cellular Phone: _____
E-Mail Address: _____

Priority 2 Contact Information (i.e. parent or guardian)

First & Last Name: _____
Address: _____
City, Postal Code: _____
Relationship to Student: _____
Home Phone: _____
Work Phone: _____
Cellular Phone: _____
E-Mail Address: _____

Student is living with (check ALL applicable boxes): Priority 1 Priority 2 Other

Emergency Contact Information (in the event the above contacts are unavailable)

First & Last Name: _____
Address, City, PC: _____
Relationship to Student: _____
Home Phone: _____
Work Phone: _____
Cellular Phone: _____

Please ensure this emergency contact is advised that their name has been used for this purpose.

Aboriginal Self Identification - If you wish to declare that the student is Aboriginal, please select one:

First Nation (status) First Nation (non-status) Metis Inuit

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.

Band: _____ Treaty (10 digit number): _____ (IF APPLICABLE)
Citizenship: 1 - Canadian Citizen 2 - Permanent/Landed Immigrant 5 - Study Permit 6 - Child of Canadian Citizen
 7 Temporary Resident 9- Children of individual lawfully admitted to Canada/Unknown

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: _____

Student's 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

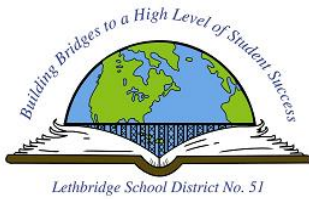
- whose first language learned and still understood is French; or
- who have received their primary school instruction in Canada in French (this means instruction in a French only school, *not a French Immersion program*) have the right to have their children receive primary and secondary instruction 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 District No. 51

2019/2020 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 District No. 51](#) 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 District No. 51](#) 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 District No. 51](#), 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 District No. 51](#), 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 District No. 51.

I, _____ the parent/guardian/Independent Student give my consent to receive Commercial Electronic Messages (CEM's) from Lethbridge School District No.51, its schools and school councils. This consent will remain in effect until I expressly withdraw my consent by notifying the School or Lethbridge School District No. 51.

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 District No. 51 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 District 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.



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

April 2, 2019

Dear Parents or Guardians,

As part of our Physical Education program, our classes at Park Meadows School may have the opportunity to go swimming at Stan Siwik Pool, and/or skating at the Labour Club. Each year, parents or guardians must complete the following Waiver Form in order for students to participate. Teachers will still send out individual permission forms and information with the times, dates, and details of each activity throughout the school year before the activity occurs. This information will be communicated through email, remind, forms, and/or newsletters.

This waiver form will only apply to skating and swimming field trips. If any additional activities are scheduled that require the Parent/Guardian and Student Consent and Waiver Form, parents will be asked to complete another form for the activity.

Please fill out and return the attached waiver form, along with your child's registration form, to the office by April 18, 2019 so that your child can participate in the skating and/or swimming field trips in the 2019-2020 school year.

If you have questions, please contact us at the school at (403) 328-9965.

Mark Blankenstyn
Principal
Park Meadows School

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 District #51 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.



607.1.5 Parent/Guardian and Student Consent and Waiver Form

(Please read this document and the attached parent information letter carefully)
WARNING: BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

1. My child wishes to participate in the 2019-2020 Skating and/or Swimming Field Trips (describe activity), (the "Activity"). I have read and understand the contents of the parent/guardian information letter, attached hereto, which sets out the details of the Activity, and I consent to and give permission for my child to participate in this program.
2. I hereby acknowledge and agree that educational activity programs, such as the Activity, involve elements of risk and that death, injuries, loss or damage can occur to students while participating in these activities.
3. I further acknowledge and agree that death, injury, loss or damage can occur without any fault of either the student, the school board, its trustees, employees, volunteers or agents. I hereby freely accept and assume all risks associated with the participation of my child in the Activity. In consideration for my child's voluntary participation in the Activity, I hereby waive any and all claims, expenses, demands, costs, suits, liabilities and causes of action against Lethbridge School District No. 51, which may arise out of such injury or loss or damage and I release Lethbridge School District No. 51 from any liability in that regard. I understand that Lethbridge School District No. 51 will be responsible for injury, loss, or damage suffered by my child while participating in the Activity if such injury, loss or damage arises as a direct result of the negligence of Lethbridge School District No. 51.
4. I accept and agree that it is my child's responsibility to abide by all laws and obey all rules set out for this trip. I agree that the supervisors of this trip may require my child to return home if a breach of those rules occurs and I agree to be responsible for and pay any and all costs that may arise.
5. In consideration for my child's voluntary participation in the Activity, I further agree to indemnify (which means to secure or protect against hurt, loss or damage and to reimburse for any loss sustained) and hold harmless (which means to assume the liability inherent in a situation, thereby relieving the other party of responsibility) Lethbridge School District No. 51, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any act, neglect or default of myself or my child.
6. I acknowledge that it is my responsibility to advise Lethbridge School District No. 51 of any medical and/or health concerns which may affect my child's participation in the Activity.
7. I acknowledge and agree that a teacher chaperone may take any actions deemed necessary by the teacher chaperone for my child's health, safety and well-being, including the securing of medical treatment and transporting my child home (at my expense).
8. (*Applicable only when travel outside Alberta is involved*) I acknowledge that it is my responsibility to obtain any additional insurance (including but not limited to health care, trip cancellation, property or personal effects insurance, accidental death, disability or dismemberment or medical expense insurance) on behalf of my child.



LETHBRIDGE SCHOOL DISTRICT NO. 51

607.1.5 Parent/Guardian and Student Consent and Waiver Form

9. I acknowledge and understand that Lethbridge School District No. 51 is unable to provide insurance coverage for death, injury, damage or medical expenses arising directly or indirectly, in whole or in part, out of terrorism or out of any activity or decision of a government agency or other entity to prevent, respond to or terminate terrorism. In consideration for my child's voluntary participation in the activity or program, I hereby waive any and all claims of every kind that I have or may have in the future and hereby release and hold harmless Lethbridge School District No. 51 and its trustees, employees, volunteers and agents from any liability for any death, bodily injury, property damage or personal injury to my child or myself that may arise, directly or indirectly, in whole or in part, on account of terrorism or decisions of a government agency or other entity to prevent, respond to or terminate terrorism, regardless of any other contributing or aggravating cause or event.
10. In consideration for my child's voluntary participation in the Activity, I further agree to hold harmless Lethbridge School District No. 51, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any Act of God, strikes, or government restrictions, and for acts or omissions of any persons or agencies not directly controlled by the District, including, without limitation, airlines, bus companies, railways, travel agencies, shipping companies, hotels or guides.
11. I hereby acknowledge that I have read and understand the foregoing and do hereby approve and consent to all of the above. I hereby give permission for my child to participate in the Activity.

SIGNED at Lethbridge, Alberta this _____ day of _____, 20_____.

Parent/Guardian's Name and Signature

Witness Name and Signature

Parent/Guardian's Name and Signature

Witness Name and Signature

I have read the above and it has been explained to me by my parent or guardian,

Student's Name and Signature

Witness Name and Signature

Date: _____

Note: Regarding witnesses to the signatures of the students and parents/guardians:

1. The spouse of a parent/guardian should not witness the parent/guardian's signature.
2. A parent/guardian should not witness a student's signature.
3. Employees of the School District should not witness either the parent/guardian or student signatures.
4. Witnesses should be of sound mind (i.e. not under the influence of any intoxicating substances, etc.) and should be over the age of 18.



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%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Name of Student:</td> <td style="width: 50%; padding: 5px;">Teacher/Homeroom:</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>			Name of Student:	Teacher/Homeroom:								
Name of Student:	Teacher/Homeroom:											
You may be asked to provide two references (Principal's discretion):												
Name of Reference:	Telephone Number:											

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*.



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 2019 -2020

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.