

NEXT STEP CONTINUING EDUCATION

Parent/Guardian Consent Form

(for **Non** Elk Island Public School students)

Student Information

Course	Starting Date
Legal First Name	Legal Middle Name
Legal Last Name	
Student Also Known As:	
Given Names	Surname
Address	
City	Postal Code
Phone (Home)	Phone (Cell)
E-mail Address	Last School Attended
Birthdate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Gender M F
AB Student #	Foreign Student <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency/Medical Information

Do you have any medical conditions the school should know about? Yes No

If yes, please explain:

Family Physician or Clinic Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact Relationship to Student: _____

Freedom of Information and Protection of Privacy (FOIP Act)

(The complete FOIP Act can be viewed on Continuing Education's website)

Information in this form is required as part of the school registration process and is necessary and related directly to a school board's obligation to provide students with educational programming that meets their needs, to provide a safe and secure school environment, to protect the child's rights, and to determine eligibility for programming and funding. The information will be made available to employees of Elk Island Public Schools (EIPS) and the Board of Trustees, within the scope of their roles and responsibilities, to individuals working with children in schools, and to Alberta Education, on a need-to-know basis. The information collected will be used for authorized programs and activities that are a normal part of school life. We realize there may be occasions where you have concerns relating to the safety of your child with any of these uses of information. If this is the case, please contact the school your child attends. Legal Authority for Collection: All personal information is being collected and protected in accordance with the School Act and regulations thereto, the Constitution Act, the Charter of Rights and Freedoms and the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use and purpose of the information requested, please contact the principal of the school where your child attends.

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Parent/Guardian Information

Student Lives With Both Parents Father Mother Guardian
 Independant Student Foster Home Other Explain: _____

Father/Guardian Information:

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____

Phone (Home) _____ Phone (Cell/Business) _____

E-mail Address _____

Mother/Guardian Information:

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____

Phone (Home) _____ Phone (Cell/Business) _____

E-mail Address _____

Custody Information

Custody: In rare instances, a child may be designated as "Protected" if a court has issued a restraining order under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act*, or the *Young Offenders Act*. Please indicate if the school administration should be aware of any such Court Order for the protection of your child. .

Yes No

If yes, please make arrangements to discuss this situation with the school administration. Legal documentation will be required.

Affirmation

I have read this Consent Form and understand how this information will be used. The information given in this Consent Form is complete and correct.

Signature of Parent/Guardian/Independent Student

Date

A photocopy of the student's Birth Certificate is required together with this completed form.