

St. Joseph's School Registration Form

STUDENT INFORMATION

Grade: _____ **Date Entering School:** _____
Legal Last Name: _____ **Last Name Used:** _____
Legal First Name: _____ **First Name Used:** _____ **Middle Name:** _____
Gender: M / F **Date of Birth:** _____ **Place of Birth:** _____
Previous School: _____
Language Spoken at Home: _____ **Note Carrier:** Y / N **Bus Student:** Y / N
By email: _____
Student's Religion: Catholic or Other **Parent's Religion:** Catholic or Other
Catholic Sacraments Received: Baptism: Y / N Eucharist: Y / N Confirmation: Y / N Reconciliation: Y / N
Parish where Baptized: _____
Family Doctor: _____ **Doctor's Phone #:** _____ **Care Card #:** _____
Allergies: Y / N **If Y Explain:** _____
Health Concerns: Y / N **If Y Explain:** _____

FAMILY INFORMATION – PLEASE FILL IN COMPLETELY

| | | | |
|--|-------------------------------------|--|-------------------------------------|
| Home Phone #: <u>Mother</u> _____ <u>Father</u> _____ | | Student lives with: <u>Mother</u> _____ <u>Father</u> _____ <u>Both parents</u> _____ | |
| Mother's Name (first and last): _____ | | Father's Name (first and last): _____ | |
| Mother's Cell Phone # _____ | Mother's email address _____ | Father's Cell Phone # _____ | Father's email address _____ |
| Mother's place of work & phone #: _____ | | Father's place of work & phone #: _____ | |
| Mailing Address: _____ | | Street Address: _____ | |
| Emergency Contact Person Name & phone #: _____ | | Relationship to student: _____ | |

A **PHOTOCOPY** OF THE FOLLOWING FORMS/ DOCUMENTS MUST BE KEPT WITH REGISTRATION
Baptismal certificate Birth Certificate Care Card SIN of 1 parent Legal Residency of Parent Form

I certify that the information above is complete and correct.

Signature of Parent or Guardian _____ **Date signed** _____

In registering my child at St. Joseph's School I understand that he/she will take part in the school's complete educational program. I am supportive of the Catholic curriculum and teachings of the school. I have had explained to me, understand and support the philosophy and policies of the school as outlined in the Parent Handbook.

Signature of Parent or Guardian _____ **Date signed** _____

I give permission for my child registered above to be taken for medical care at a doctor's office or hospital in the event that I cannot be reached.

Signature of Parent or Guardian _____ **Date signed** _____

St. Joseph's School Registration Form (Page 2 of 2)

During the course of each school year, teachers will take students on a variety of field trips in and around the community. Many of these trips are close enough to the school to allow students to walk. I give permission for my child registered above to participate in walking field trips. I understand that a responsible adult will always supervise my child.

Signature of Parent or Guardian

Date signed

If there is a custody agreement, please give any details you wish us to be aware of:

Signature of Parent or Guardian

Date signed

PRIVACY AND INFORMATION PROTECTION

MEDIA COVERAGE

At times and for various school events St. Joseph's may want to publish in the news media a student's name, comments or photograph. As such, consent for the release of your child's name, photograph or comment is required. Please check the appropriate box below.

- Yes – I give consent for the publication of my child's name, photograph and comments in news media.
 No – I do not permit the publication of my child's data in the news media.

Signature of Parent or Guardian

Date signed

INTERNET COVERAGE

On-line Images of students in Grades PK – 8:

Images with the focus on either one to two students will not be placed on our web page. Pictures of three or more students, such as a class picture, may be used.

For any picture of three or more students that is published on our site, neither first or last names of the students shown in those pictures will be included with the image or in accompanying text. Where text on a page is not associated with an accompanying image, only first names of students will be used.

- Yes – I give consent for the publication on the school website, subject to the limitations explained above.
 No – I do not give consent for publication on the school website, subject to the limitations explained above.

Signature of Parent or Guardian

Date signed

PARENT SUPPORT GROUP (PSG) & FUNDRAISING COMMITTEE (FC)

At times and for various events the Parent Support Group or Fundraising Committee may ask for parent's phone numbers to enlist help in fundraising and/or volunteering efforts.

- YES, I will allow St. Joseph's School to release my name and phone number to the PSG or FC.
 NO, I do not allow St. Joseph's School to release my name and phone number to the PSG or FC.

CLASS REP

Some teachers ask a parent volunteer to be a "class rep" for their class. This involves calling parents to request help for various fieldtrips, baking, etc.

- YES, I will allow St. Joseph's School to release my name and phone number to the class rep.
 NO, I do not allow St. Joseph's School to release my name and phone number to the class rep.

St. Joseph's School is committed to complying with the Privacy and Information Protection Act (PIPA). If privacy or information handling issues arise, PIPA standards shall be consulted and applied.

I understand that I must meet with the Principal before registration is confirmed.

Signature of Parent or Guardian

Date signed