

2017-2018

Pembina Hills Public Schools Early Learning Program:
APPLICATION FORM: SPICE/PREP

Pembina Hills Public Schools offers an Early Learning Program for children with complex and mild/moderate needs who require specific skill instruction in a small, play based learning setting. The classes will consist of a variety of learners including typically developing children. The program is structured to meet the needs of each child with an emphasis on learning through play, guided by a qualified staff. Meeting the needs of all children in the program may dictate the times/days your child attends.

Applications will be reviewed and you will be contacted to discuss your child's eligibility for the program in your attendance area. Completion of the application form is not a guarantee of service.

Age requirement: All children must be a minimum of 3 years of age by September 1st or as determined by availability in the program.

There must be a commitment to regularly attend the entire year to be confirmed in the program. Parents of children who qualify for Program Unit Funding must make a commitment to attend family oriented programming opportunities throughout the year.

Program fees for children not eligible for Program Unit Funding by Alberta Education (PUF) or Mild/Moderate Funding are:

2 DAY PROGRAM	MONTHLY COST
MONDAY/WEDNESDAY- AM	\$98.00
MONDAY/WEDNESDAY- PM	\$89.00
TUESDAY/ THURSDAY- AM	\$110.00
TUESDAY/ THURSDAY- PM	\$110.00

**** Payment for your child's Early Learning program fee can be issued either by post-dated cheques, VISA, or Mastercard. Cheques are made payable to Pembina Hills Public Schools.**

Children coming into the program after the 15th of the month will be charged ½ the monthly cost for that month.

Number of days of your child's program will be determined by the Early Learning School Team.

***PUF refers to early learning funding for children with identified severe delays in development.**

Screening process: Some children may be eligible for funding for the program fee. To determine this and to facilitate programming, all children attending the program are screened by our multidisciplinary team. If you have any reports (Speech Language, Occupational Therapy, Behavior, Vision, Hearing, and Medical) that may facilitate this process, please ensure to include them in your application.

Have you included:

- *Birth certificate of your child*
- *Current assessments on your child (SLP, OT, Behavior and/or Medical reports)*
- *Completed application*

Speech & Language:

Do you have any concerns regarding your child's speech or language development? **Yes No**
If yes, please describe:

Sound Production Development:

Is your child's speech easily understood by family members? **Yes No**

Is your child's speech easily understood by others? **Yes No**

Does your child say the following sounds correctly?

K	Yes	No
F	Yes	No
S	Yes	No

Language Development:

Does your child understand instructions used at home? **Yes No**

How does your child use words to communicate?

Single words **Word combinations** **Full sentences**

Does your child communicate his/her thoughts & ideas clearly and without difficulty? **Yes No**

Has your child received a speech – language assessment? Yes No

If yes, when and where?

****Please include a copy of the assessment in the application. If you have any concerns please ensure your child has had an assessment. Contact Alberta Health Services (349-3316-Westlock, 674-3408-Barrhead) regarding these assessments. *These should be completed prior to attending the program.***

Has your child received a hearing assessment? Yes No

(Hearing assessments are provided by Wildrose Audiology through your Health Unit and are free of charge)

Has your child received a vision assessment? Yes No

(Vision assessments are provided by your optometrist)

Fine & Gross Motor Skill Development

Please comment on your child's FINE MOTOR abilities (cutting with scissors, holding a pencil, manipulating small objects etc.)

Please comment on your child's GROSS MOTOR abilities (climbing, running, jumping etc.)

Please describe your child's ability to play cooperatively with other children.

How does your child handle change?

Does your child willingly share with others? **Yes No**

Describe how your child responds to discipline?

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

Additional Information

What year will your child start Kindergarten? _____

Date application is submitted: _____

<p><u>FOR OFFICE USE ONLY:</u> APPLICATION APPROVED:</p> <p>DATE _____</p> <p>Program Site: _____</p>
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Westlock Elementary School
 SPICE Program
 Student Registration
 F5-7



1	PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM (see Instructions, section 1)
This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or legal guardian, or by the student (if living independently).	
Is this school your designated school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please complete Form 5-01A Requested School Registration Application	

If Preschool child is receiving additional support (OT, SLP, etc) and funding, we must acquire an Alberta Student Number this year instead of waiting for the kindergarten year. Please sign below to allow the staff to access an Alberta Student Number for your child.	
I give permission for staff to access an Alberta Student Number for my child:	
Signature of Custodial Parent/ Legal Guardian/ Independent Student	Date (MM-DD-YYYY)

OFFICE USE ONLY		
PHPS #	ASN #	Registration Date:
School	Grade	
<input type="checkbox"/> Birth Certificate or VISA/ Immigration Document collected		

2	STUDENT INFORMATION (see Instructions, section 2)		
Legal Name	Last Name	First Name	Middle Name(s)
Preferred Name	Last Name	First Name	Middle Name(s)
Date of Birth	MM-DD-YYYY	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/ Prefer not to disclose
Mailing Address		City, Province	Postal Code
Home Address (if different)		City, Province	Postal Code
Rural Gate Address (rural)		Legal Land Description (rural)	

3	SCHOOL INFORMATION (see Instructions, section 3)	
Has this student ever attended school in Pembina Hills Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which school?	Grade	Year
Name of last school attended (if different from above)	Grade	Year
Mailing Address of last school attended (if not a PHPS school)	City, Province	Postal Code

4 CITIZENSHIP/ IMMIGRATION STATUS (see Instructions, section 4)			
Canadian Citizen?	<input type="checkbox"/> Yes (A copy of the student's birth certificate is required)	Birth Certificate Number	Date Issued: (MM-DD-YYYY)
Canadian Citizen?	<input type="checkbox"/> No (Complete the following section)		
Birth country, if NOT Canada:			
<input type="checkbox"/> Permanent Resident/ Landed Immigrant (student)	<input type="checkbox"/> Student Authorization – Study Permit	Student Visa Expiry Date (YYYY- MM-DD)	
<input type="checkbox"/> Child/ step-child of a Canadian Citizen	<input type="checkbox"/> Child/ step-child of a lawfully admitted permanent or temporary resident	<input type="checkbox"/> Refugee Claimant	

5 PARENT AND/OR GUARDIAN INFORMATION (see Instructions, section 5)			
A student may be impacted by court order under the Child, Youth and Family Enhancement Act, Family Law Act, Divorce Act, or Youth Criminal Justice Act. Does such an order exist? If so, you MUST provide a copy of the court order so that the school may comply.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Student lives with		Relationship	
Parent/ Guardian 1	Last Name	First Name	Relationship to Student
	Email	Res	Work Cell
	Address (if different from student)	City, Province	Postal Code
Parent/ Guardian 2	Last Name	First Name	Relationship to Student
	Email	Res	Work Cell
	Address (if different from student)	City, Province	Postal Code
Parent/ Guardian 3	Last Name	First Name	Relationship to Student
	Email	Res	Work Cell
	Address (if different from student)	City, Province	Postal Code
Child Care Provider (if applicable)	Last Name	First Name	Relationship to Student
	Email	Res	Work Cell
	Address	City, Province	Postal Code

6 ABORIGINAL SELF-IDENTIFICATION (see Instructions, section 6)				
If you wish to declare the student is Aboriginal, please select one:				
<input type="checkbox"/> First Nation (status)	<input type="checkbox"/> First Nation (non-status)	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit	<input type="checkbox"/> n/a
For further information, please refer to: 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 contact the Superintendent of Schools at 780.674.8500.				

7 FRANCOPHONE EDUCATION RIGHTS(see Instructions, section 7)		
Are you eligible for rights under the Francophone Education Rights of the Charter of Rights and Freedoms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If eligible, do you wish to exercise your rights under Section 23 of the Francophone Education Rights of the Charter of Rights and Freedoms by registering your child in a Francophone school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8 FREEDOM OF INFORMATION AND PROTECTION OF PERSONAL PRIVACY ACT (FORM 3-46) (see Instructions, section 8)		
Please complete a separate consent form regarding Freedom of Information and Protection of Privacy provisions in Section C of the Parent Information sheet.		
Form 3-46 Freedom of Information And Protection Of Personal Privacy act has been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9 MEDICAL INFORMATION (FORM 60-08B) (see Instructions, section 9)		
Please complete separate consent and medical information forms.		
Form 60-08B Medical Information has been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10 FIELD TRIP WITHIN WALKING DISTANCE OF SCHOOL (FORM 6-03C) (see Instructions, section 10)		
Please complete separate form regarding Field Trip Within Walking Distance of School		
Form 6-03C Field Trip Within Walking Distance Of School has been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATION	
I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.	
Signature of Custodial Parent/ Legal Guardian/ Independent Student	Registration Date (MM-DD-YYYY)

IMPORTANT:

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33(c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information, you may call the Principal or the FOIP Coordinator at 780.674.8500.

1 PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM (see Instructions, section 1)

Is this school your designated school?

- Pembina Hills Public Schools had established attendance areas for each school community operated by the division;
- The Board encourages students to attend their designated school; determined by the student's home location;
- The Board recognizes parent rights to request their children attend a school other than the designated school in their area;
- If the school you are registering for is not the student's designated school, form 5-01A Requested School Registration Application **MUST** be filled out. The requested school will not accept the student registration of a student from outside their attendance area until this form has been completed and approved.
- For further information, refer to AP 50-01 Requesting a School Other Than Designated School.
Lord's Prayer & National Anthem
- Acknowledgement of practice – by answering yes to this question, you acknowledge that you have been informed and consent to your child's participation.

2 STUDENT INFORMATION

- Rural Gate Address is different from the legal land description. The Rural Gate Address is a standardized system of identifying and locating rural properties set by Alberta Municipal Affairs. An example of a Rural Gate Address is 643008 Rge Rd 33. An example of a Legal Land Description is NW 29-58-6-W5.

3 SCHOOL INFORMATION

- PHPS requires the name of the last school your student attended in order to request the child's cumulative file. This file includes general information such as grades, attendance, discipline, standardized assessment reports and other information from a student's educational past.

4 CITIZENSHIP/ IMMIGRATION STATUS

- Proof of Citizenship must be received by the school in the form of a Canadian Birth Certificate or VISA/ Immigration documents.

5 PARENT AND/OR GUARDIAN INFORMATION

Independent Student

- The School Act defines an independent student as someone who is 18 years of age or older or 16 years of age and living independently or who is a party to an agreement under 57.2 of the Child Youth and Family Enhancement Act. Independent students may complete this form and register in Pembina Hills Public Schools without parental consent.

Court Documents

- A student may be impacted by a court order under the Child, Youth and Family Enhancement Act, Family Law Act, Divorce Act, Or Youth Criminal Justice Act. If such documents apply to your student, copies must be provided to the school so the school may comply with the order.

6 ABORIGINAL SELF-IDENTIFICATION

- Aboriginal student self-identification helps determine the number of First Nations, Metis and Inuit students in provincial school authorities. This information is collected during the registration or annual verification process in public, separate, Francophone, charter, and Level 2 accredited funded private schools.
- The information is used to improve accountability for Aboriginal education and to inform efforts to close the achievement gap between Aboriginal and all Alberta students.
- It is not mandatory for students to self-identify.
- Alberta Education does not ask schools or students for proof of Aboriginal identity.

7

FRANCOPHONE EDUCATION RIGHTS

The exercise of Francophone eligibility refers to instruction in a Francophone school, NOT a French Immersion school. According to the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exist:

- Either parent's first language learned and still understood is French, or
- Either parent has received their primary school instruction in Canada in French, or
- One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada.

NOTE: PPHS does not operate any Francophone schools

8

FREEDOM OF INFORMATION AND PROTECTION OF PERSONAL PRIVACY ACT (FORM 3-46)

- The FOIP Act (Freedom of Information and Protection of Privacy) sets controls and standards on how the school board collect, use and disclose personal information that is in their custody or in their control.
- The personal information collected is pursuant to the provisions of the School Act and its regulations and pursuant to section 33(c) of the FOIP Act.
- Types of information that may be collected by the division and/or school are: taking of individual, class, team or club photos for school purposes; the use of students' names, related contact information and telephone numbers for absenteeism verification; the use of students' names on artwork or other material displayed at the school or other locations in the division.
- Further information can be found at www.servicealberta.ca/foip/ or on PPHS Form 3-46.

9

MEDICAL INFORMATION (FORM 60-08B)

- The Division recognizes the importance of health, safety and overall well-being of students and is committed to taking steps to reduce the risk of injury.
- Each school meets or exceeds the requirements of the Alberta Occupational Health & Safety Legislation by providing trained first aiders and complete first aid kits.
- While each school takes all necessary precaution, there are times when situations occur that emergencies occur
- The school will make every effort to contact parents/ guardians in emergent circumstances, however, if the parents/guardians are not available, the school requires emergency contacts other than the parents/ guardians.
- Identifying existing medical conditions supports the health, safety and well-being of the student.

10

FIELD TRIP WITHIN WALKING DISTANCE OF SCHOOL (FORM 6-03C) (see Instructions, section 11)

- Throughout the school term students may participate in field trips within walking distance of their school. This consent allows your child to participate in such activities.
- Field trips which require transportation by school bus or volunteer vehicles require separate consent forms. These forms will be provided by the school as the need arises.

SCHOOL SPECIFIC INFORMATION

Empty box for school specific information.



Collection of Personal Information Notice

The [FOIP Act](#) (Freedom of Information and Protection of Privacy) sets controls and standards on how public bodies, such as school boards, collect, use and disclose personal information that is in their custody or under their control.

The FOIP Act requires that school boards collect personal information directly from individuals the information is about, that these individuals be provided with the legal authority for the collection, be explained the purpose of the collection and how the information will be used, and be provided a contact person should they have any questions relating to this activity.

The information collected on this form as part of the school registration process is personal information as referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of residency) and pursuant to section 33(c) of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment (e.g. 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 administration (e.g. research, statistical analysis).

Once the information is collected and compiled, Pembina Hills Regional Division No. 7 believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are examples of activities where the information may be used:

- the taking of individual, class, team or club photos for school purposes.
- the use of student information, including photos, for the issuance of bus transportation passes and for other identification purposes.
- the use of students' names in honour rolls, work ethic (listings), graduation ceremonies, scholarship or other awards within the school or school division.
- the use of students' 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 interviewed or identified by name or face. Where individual students are identified or interviewed and the material will be used outside the school, your consent is required. 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 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, your consent is required.
- the use of students' names on artwork or other creative work or material of students displayed at school or school board locations or at a school board sponsored display in the community, provided Form 3-48 is properly completed. [Note that this relates to the Copyright Act (Canada), not the FOIP Act]

If you have any questions or concerns regarding the collection and the intended purposes, please contact your school principal or the FOIP Coordinator at 780-674-8500.

Please complete the **Student Information – General Consent Form** on Page 2. >>>



Student Information – General Consent

As indicated in the "Collection of Personal Information Notice" (see Page 1), Pembina Hills Regional Division No. 7 does not require your consent to record or tape your child, reproduce your child's work, or to display your child's work provided this material is used in the school or at a school board location. The Division also does not require your consent to use your child's name, photograph or comments about your child in a school calendar or internal newsletter. However, we do require your consent to display this information when the school calendar or newsletter is posted on the school or division website.

Many school events, which are open to the public, are not subject to some of the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, academic focused activities and athletics. The general public, parents and the media may be in attendance and are allowed to take photographs, videos and conduct interviews, without first obtaining consent. The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

There may be times when television, radio, newspaper, community organizations and the staff of the school division are in schools providing outside coverage of events and programs not included in the public events category described above, in which consent is required. We also require your consent if your child's work or your child's personal information will be used or displayed in the community away from the school or school board location (ie. school website or division website). Please indicate your consent below.

Student Name: _____ A.S.N. _____

As parent / guardian of the above named student, I give consent to the:

- 1. Yes No Taking of photos and videos of my child at non-public events (ie. classroom activities, field trips), and the display of my child's creative work (art, story, poem):
By the school or division for use on the school or division website, social media sites, and newsletters.
By the media for use outside the school community.
- 2. Yes No Disclosure of my child's full name (first and last name) along with his/her creative work, photos and videos in the above mentioned uses.
- 3. Yes No Announcement of my child's birthday at school.

If you have any specific concerns regarding the disclosure of your child's personal information, please contact your school office. For more information you may contact your school Principal or the Pembina Hills FOIP Coordinator at 780-674-8500.

If you wish to make changes to this consent form, you may do so at any time by contacting your school office.

Parent / Legal Guardian (Please Print): _____

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

(If 18 years of age or older)

As required, the school will contact parents for additional permissions using the forms below:

[Form 3-47 – Student Information – Specific Consent](#)

[Form 3-48 – Student Creative Work – Copyright Release](#)

[Form 3-49 – Student Participation in Web-Based Communication – Consent](#)

Refer to [Exhibit – Student Permission Forms Flowchart](#) to determine the form(s) that are required.

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33 (c). This information will be used to identify practices or conditions which may affect the safety and care of individuals.



STUDENT INFORMATION					
Legal Name	Last Name	First Name	Middle Name(s)		
Date of Birth	MM-DD-YYYY				
Address		City, Province	Postal Code		
Phone Number	Res		Cell (optional)		
Parent/ Guardian 1	Last Name		First Name		Relationship to Student
	Email		Res	Work	Cell
	Address (if different from student)		City, Province	Postal Code	
Parent/ Guardian 2	Last Name		First Name		Relationship to Student
	Email		Res	Work	Cell
	Address (if different from student)		City, Province	Postal Code	

EMERGENCY AND MEDICAL INFORMATION				
Family Doctor			Phone	
Dentist			Phone	
In case of emergency, school closure, or if no one answers the home telephone number, please provide us with names and phone numbers of emergency contacts other than parents or guardians:				
Surname	First Name	Relationship	Res	Cell
Surname	First Name	Relationship	Res	Cell

Please check the appropriate response and provide details below if you answer "yes" to any of the questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma
<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No Trouble breathing during exercise
<input type="checkbox"/> Yes <input type="checkbox"/> No Carries an epiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No Heart condition
<input type="checkbox"/> Yes <input type="checkbox"/> No Previous history of concussions	<input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
<input type="checkbox"/> Yes <input type="checkbox"/> No Wears dental appliance	<input type="checkbox"/> Yes <input type="checkbox"/> No Presently injured
<input type="checkbox"/> Yes <input type="checkbox"/> No Seizures and/or epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No Head or back injury
<input type="checkbox"/> Yes <input type="checkbox"/> No Wears glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No Surgery in the last year
<input type="checkbox"/> Yes <input type="checkbox"/> No Been admitted to hospital in the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No Fainting or seizure during or after physical activity
<input type="checkbox"/> Yes <input type="checkbox"/> No Vaccinations up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No Wears medical information bracelet /necklace
<input type="checkbox"/> Yes <input type="checkbox"/> No Date of last Tetanus Shot _____	<input type="checkbox"/> Yes <input type="checkbox"/> No For what purpose? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has had injuries requiring medical attention in the past year	<input type="checkbox"/> Yes <input type="checkbox"/> No Other _____
Please give details if you answered "yes" to any of the above. (use a separate sheet if necessary)	

DECLARATION	
I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, the school will arrange to take the student to the hospital or a physician if deemed necessary. I also authorize release of information to appropriate people (physician, nurse) as deemed necessary.	
Signature of Custodial Parent/ Legal Guardian/ Independent Student	Date (MM-DD-YYYY)

IMPORTANT:
 This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33(c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information, you may call the Principal or the FOIP Coordinator at 780.674.8500.



Informed Consent/Permission for Extra-Curricular or Co-Curricular Trips, Field Trips and Excursions

(Students Under 18 Years) To be completed for all off-campus trips including extra-curricular trips, co-curricular trips, field trips, excursions within Alberta, and excursions within Canada

School			
Class/Group		Number of students:	
Lead Teacher Name		Dates of Trip:	
Event and Destination			
Post-event Pick Up Procedure (Teacher)		Other Pick-Up Arrangements	(to be completed by Parent, if required)

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

A. MODE OF TRANSPORTATION: School Bus _____ Volunteer Vehicle _____ Other (specify) _____

PARENTS, please note: Please call (780) 674-8509 to ensure that the bus driver is aware of any concerns or conditions specific to your child.

B. ELEMENTS OF RISK:

Educational activity programs, such as _____ involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in _____:

List all Elements of Risk:

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in _____ on _____, you must understand that you bear the responsibility for any injury that may occur.

Pembina Hills Regional Division No. 7 does provide student accident insurance on behalf of the students participating in this activity. The student accident insurance policy is purchased through Industrial-Alliance Pacific (Box 5900, Vancouver, BC V6B 5H6) and policy details are available at the school, board office and/or by calling Industrial-Alliance Pacific at 1-800-556-7411.

C. ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

D. PERMISSION

I give _____ permission to participate in the _____
(name of student) (description of activity)

To be held on or about _____
(date)

Signature of Parent/Guardian: _____ Date: _____

This information is collected under the Authority of the *Freedom of Information and Protection of Privacy Act* Section 33 c. This information will be used to identify practices or conditions which may affect the safety and care of the students. For further information you may call the Principal or FOIP Coordinator at 674-8500.