

Vanier Community Catholic School
831 – 56th Street
Edson, Alberta
T7E 1S6
Phone: (780) 723-6612

Living Waters Catholic Regional Division No. 42
Box 1949
Whitecourt, Alberta
T7S 1P6
Phone: (780) 778-5666 Fax: (780) 778-2727
Website: www.livingwaters.ab.ca

REGISTRATION FORM

Office Use Only

DATE REGISTRATION RECEIVED: _____

Entry Date: _____ Student ID # _____ Bus Route: _____
Entry Code: _____ Alberta Ed. # _____ Bus Driver: _____

STUDENT INFORMATION

Student's Legal Name _____ Sex: M / F
Last First Middle

Student's Preferred Name _____
(if different from above) Last First Middle

Birthdate: ____/____/____ AGE as of Sept 1: _____ GRADE: _____
YYYY MM DD

Citizenship: ___ Canadian ___ Other Student's Telephone: _____
(if different than parent's number)

A COPY OF THE STUDENTS BIRTH CERTIFICATE OR VISA/IMMIGRATION DOCUMENT IS REQUIRED FOR ALL STUDENTS

EMERGENCY CONTACT

In case of emergency or school closure, or if no one answers the home telephone number, please provide us with names, addresses and phone numbers of contacts if the school cannot contact you.

Emergency Contact: _____/_____/_____
Name Address Phone No.

Relationship to Student: _____

Emergency Contact: _____/_____/_____
Name Address Phone No.

Relationship to Student: _____

PARENT INFORMATIONName: _____ / _____
(FATHER) Last First (MOTHER) Last First

Street Address: _____ Postal Code: _____

Mailing Address (if different from above) _____ Postal Code: _____

PARENT INFORMATION ContinuedParent Telephone: Father Work: _____ Mother Work: _____
Father Home: _____ Mother Home: _____
Father Cell: _____ Mother Cell: _____Students lives with: Father & Mother ____ Father ____ Mother ____ Guardian ____ Other ____
(Collected to enable schools to direct communications to an appropriate address)**E-Mail:** _____

Guardian or Other Address: _____ Postal Code: _____

Guardian Telephone: Work: _____ Home: _____

Mailing Address (is different from above) _____ Postal Code: _____

Rural Land Location: Lot/Block/Plan _____

NE NW SE SW Section ____ Township ____ Range ____ W4

INDIGENOUS STATUS

If you wish to declare the student is Indigenous, please select one:

 First Nations (status) First Nations (non-status) Métis InuitFor 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 contact the Living Waters Catholic Regional Division #42 School Board Superintendent Jo-Anne Lanctot at 780-778-5666

LAST SCHOOL ATTENDED

Last School Attended: _____ Grade: _____

City/Town: _____ Phone Number: _____

Was the student suspended or expelled from the last school? ____ Yes ____ No

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Phone Number: _____

Are there any particular medical problems your child may be experiencing which his/her teacher should be aware of? ___ Physical Disabilities ___ Allergies ___ Serious Illness ___ Other

Please explain: _____

SPECIAL EDUCATION INFORMATION

Individual Planning Needs

Has your child required an Individual Program Plan in the past? ___ Yes ___ No

Please explain any specialized learning needs your child may have (Includes: Learning Disabilities, Giftedness, Emotional / Behavioral Needs, Physical / Medical Needs, Reading / Mathematics Difficulties, etc.)

CATHOLIC FAITH

Has your child been Baptized Catholic? ___ Yes ___ No

Has your child received their Sacrament of First Reconciliation? ___ Yes ___ No

Has your child received their Sacrament of First Holy Communion? ___ Yes ___ No

Has your child received their Sacrament of Confirmation? ___ Yes ___ No

Father: are you Catholic? ___ Yes ___ No

Mother: are you Catholic? ___ Yes ___ No

Please provide a copy of Certificate of Baptism

Please Note:

All of the schools in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principals of the Gospel and teachings of the Catholic Church, in all aspects of school life, including the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises.

Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

FRANCOPHONE ELIGIBILITY

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

Citizens of Canada

- Whose first language learned and still understood if French; or
- Who have received their primary school instruction in Canada in French 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 school instruction in French in Canada, have the right to have their children receive primary and secondary school instruction in the same language.

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.

A. According to the criteria above as set out in the *Canadian Charter of Rights and Freedoms*, are you eligible to have your child receive a French first language (Francophone) education? (Please place an X in the appropriate box.)

_____ Yes _____ No _____ Do not know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

_____ Yes _____ No

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.

ENGLISH AS A SECOND LANGUAGE INFORMATION

Please check below if you are eligible for ESL programming (One criteria is that your child’s mother tongue is not English).

ESL eligible _____

I hereby declare I have read and understood the information contained on this form and the information I have provided is correct.

Date: _____ **Parent’s Signature:** _____

If you have any questions regarding this request for individual student information and about our use or disclosure of students information, please **contact Living Waters Catholic Regional Division’s No.42’s FOIP Coordinator, Jo-Anne Lanctot**. The phone number is (780) 778-5666 and the fax is (780) 778-2727. The e-mail address is jo-anne.lanctot@livingwaters.ab.ca



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Living Waters Catholic Regional Division No. 42

NOTICE FORM

Freedom of Information and Protection of Privacy Act (FOIP Act) **Collection of Personal Information Notice under s. 34 of the *FOIP Act***

The *FOIP Act*, which came into effect for school boards on September 1, 1998, 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 related 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 Learning for the purpose of carrying out programs, activities, or policies under his/her administration (e.g. research, statistical analysis).

Once the information is collected and compiled, Living Waters Catholic Regional Division No. 42 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 transit/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, a separate and specific consent will be required. You will be contacted prior to this event taking place. 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, a separate and specific consent will be required. You will be contacted prior to this event taking place.
- The use of students' names on artwork or other creative work or material of students displayed at school or school board sites or at a school board sponsored display in the community, provided the attached copyright release form is properly completed. [Note that this related 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 Living Waters Catholic Regional Division No. 42's FOIP Coordinator at (780) 778-5666.



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LIVING WATERS CATHOLIC REGIONAL DIVISION NO. 42

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS

SCHOOL ACTIVITIES CONSENT

The information collected on this form as part of the school process is personal information as referred to in the Freedom of Information and Protection of Privacy (FOIP) Act, which became effective for all Alberta School Jurisdictions on September 1, 1998. This personal information is collected pursuant to the provisions of the School Act and its regulations, and pursuant to Section 32 © 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. The FOIP Act requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act.

Living Waters Catholic Regional Division No. 42 believes that the activities listed below are part of the normal operation of a school. The following items describe activities where student information may be used. These activities listed below are part of normal operation of a school. These activities are most important to the operation of a school and require your consent. Please read this list of activities carefully and complete the consent section of the following page.

SCHOOL ACTIVITIES CONSENT LIST

1. Individual photos that are taken;
2. Photos and /or videos of classroom and school activities that are taken and used in the school calendar, school yearbook or for other purposes within the school, as well as video monitoring used in schools and buses;
3. Class and team photos that are taken and used within the school;
4. Student name, photograph, and write-up that are included in school yearbook (if one is produced);
5. Student name and description of activities that are used in the school newsletter and other school communications;
6. Student names that are included in an honor roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;

7. Media photographs or videos of classrooms and school activities, where individual students cannot be identified, may be taken and used by the media. (Before an individual student is identified by the media, a media consent form will be completed by the parent/guardian).
8. Student names that are used on artwork, written material, or other items to be displayed in the school;
9. The use of student names, related contact information and phone numbers for classroom reps;
10. The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards, grants, or scholarships, in the event the board applies on a student's behalf;
11. Photographs or videos taken by the media or any other organization where individual students are identified or instances where students are interviewed. (It is the responsibility of the school administration to approve the access of the media to school activities);

NOTE: 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 restrict such activity at public events.

12. Photographs or videos taken by the Division where the material will be used outside of the school;
13. Copyright for artwork or creative writing which will be reproduced for use outside of the school;
14. The circulation of information on a "need to know" basis regarding students who have severe or life-threatening medical conditions, and those who require immunization, communicable disease control, speech and dental services. (You may be contacted by the Regional Health Authority for these services); and
15. Other similar activities within the school community.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS

SCHOOL ACTIVITIES CONSENT FORM

Indicate your consent to enable Living Waters Catholic Regional Division No. 42 to continue the activities in the School Activities Consent List by signing ONE of either A or B.

SECTION A

I have read and understand the uses that will be made of ALL of the personal information as listed and described in the School Activities Consent List and hereby consent to the collection and use of this information:

Y as they related to my child
(If Parent/Guardian)

Y as they relate to myself
(if Sr. High School/Independent Student)

Full Name of Student

Full Name of Student

Signature of Parent/Guardian

Signature of Sr. High School/Independent Student

Date

Date

SECTION B

I have read and understand the uses that will be made of the personal information as listed and described in the school Activities Consent List and I hereby consent to the collection and use of this information EXCEPT for the following activities:

Number: _____	Specify concern: _____
Number: _____	Specify concern: _____
Number: _____	Specify concern: _____
Number: _____	Specify concern: _____

Y as they related to my child
(If Parent/Guardian)

Y as they relate to myself
(if Sr. High School/Independent Student)

Full Name of Student

Full Name of Student

Signature of Parent/Guardian

Signature of Sr. High School/Independent Student

Date

Date

Vanier Community Catholic School School Computer Network and Internet Policy

1. Computer knowledge and experience are valuable assets in today's world. Students are encouraged to learn computer, network and Internet skills through a state of the art network linked to the Internet.
2. Students must complete this form to obtain access to the School Computer Network and the Internet.
3. Homeroom teachers will review the contents of this document with their classes.
4. School use of the School Computer Network and the Internet will be supervised by a school staff member.
5. All classroom usage of the Internet will be related to staff planned activities.
6. Students will use only those programs which have been authorized by the supervisor, i.e., Programs which are available through the Start Button or the Netware Application Launcher.
7. Students are responsible for following all Vanier Community Catholic School Computer Network and Internet Guidelines as applicable.

Note: Student use of e-mail is restricted to the use of the school's private e-mail servers. Use of other e-mail servers such as Hotmail is not permitted. The only Internet Browser to be used is Internet Explorer.

Vanier Community Catholic School School Computer Network and Internet Guidelines

A. Personal Safety

- ✓ Never share your Password with others; have it changed if it becomes known by others.
- ✓ Do not give out personal information over the internet, i.e., address, telephone numbers, parents' work address or telephone number, or name and location of your school, without parental consent and supervisor's permission.
- ✓ Never agree to get together with someone you "meet" on-line without first checking with parents and supervisor.
- ✓ Never send a personal picture or anything else personal over the Internet without first checking with parents and supervisor.
- ✓ If you come across any information which makes you uncomfortable, do not respond. Tell your parents and supervisor immediately.

THINK ALWAYS OF YOUR OWN PERSONAL SAFETY. PROTECT YOUR PRIVACY AND THAT OF OTHERS.

B. Courteous Use:

You are communicating with other people, not with computers. Be careful what you say about others, as your messages reflect upon you and our school community. Use humor where appropriate, but be sure the other person knows your meaning as humorous. Do not be critical of others' spelling or grammar; you will make such errors too. Do not use capital letters as this is considered shouting on the internet.

It is NOT acceptable:

- to give out your login/password account information;
- to share your account with someone else;
- to use another person's account
- to use your account to harass someone;
- to send nuisance messages;
- to attempt unauthorized access to any resource; and/or
- to use the network to hurt another.

Be polite and considerate at all times as you use the communications tools available on the School Computer Network and the Internet.

C. Expectations of Students:

Students will not:

- Install software on the local PC or the network unless specifically authorized.
- Engage in illegal or unethical acts through the network.
- Send messages and/or files containing any form of digital information or encoding that is likely to result in loss or disruption of the recipient's work or system.
- Gain unauthorized access to the School Computer Network or Internet resources.
- Transfer commercial software or other copyrighted materials. It is the user's responsibility to remove "shareware" from their computer if it is not registered.
- Place unlawful information on any computer system accessed through Living Waters Catholic Regional Division #42 network.
- Engage in activities which in some way degrade network performance or waste network resources.
- Send messages considered unacceptable within our school community.
- Download unacceptable material.
- Reveal personal information of others or invade their privacy on the network.
- Plagiarize information obtained over the Living Waters Catholic Division #42 network.
- Play on-line games on the system.

Vanier Community Catholic School - Authorization and Agreement to Comply

Please complete this portion and return immediately, as it permits your son/daughter to use the school's computers. Your son/daughter will not be able to access the school computers unless this form is signed and on file with our System Administrator. Your child's signature is required.

STUDENT ACCESS TO THE SCHOOL COMPUTER NETWORK: (Grade 4-6 Students ONLY)

I have read and I understand the policy and guidelines for responsible network use as outlined on the preceding pages and agree to comply. Failure to comply may result in my being denied access to the School Computer Network through Living Waters Catholic Regional Division #42 at Vanier Community Catholic School.

Student's Name (please print): _____

Student's Signature: _____ Date: _____

PARENT OR GUARDIAN CONSENT FOR SCHOOL COMPUTER NETWORK ACCESS:

As the parent or guardian of the above named student, I have read and understand the attached guidelines for responsible network use. I understand that it is impossible for boards of education and schools to restrict access to all controversial or objectionable material and I will not hold them responsible for materials acquired on the network. I hereby give permission for my son/daughter to have access to the School Computer Network through Living Waters Catholic Regional Division #42.

Parent or Guardian (please print): _____

Signature: _____ Date: _____

STUDENT ACCESS TO THE INTERNET AND E-MAIL: (Grade 4-6 Students ONLY)

I have read and I understand the policy and guidelines for responsible network use as outlined on the preceding pages and agree to comply. Failure to comply may result in my being denied access to the School Computer Network through Living Waters Catholic Regional Division #42 at Vanier Community Catholic School.

Student's Name (please print): _____

Student's Signature: _____ Date: _____

PARENT OR GUARDIAN CONSENT FOR INTERNET AND E-MAIL:

As the parent or guardian of the above named student, I have read and understand the attached guidelines for responsible network use. I understand that it is impossible for boards of education and schools to restrict access to all controversial or objectionable material and I will not hold them responsible for materials acquired on the network. I hereby give permission for my son/daughter to have access through the School Computer Network to the following:

Internet _____ School E-Mail Account _____ (check mark permitted items)

Parent or Guardian (please print): _____

Signature: _____ Date: _____

Please Note: The Internet is used in most of our computer classes as an important educational tool. Students access sites as directed by the teacher and/or Technology Facilitator. School E-mail will only be used if it is required by the classroom teacher for special projects and will be monitored accordingly.

(Please do not complete if you child is attending our PALS or Kindergarten Program)



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Living Waters Catholic Regional Division No. 42

Website Name & Photo Release

Schools in our division have created school websites to showcase student work, projects, or activities that students are involved in. Student names, work (art or literary), and photographs often are included on the website and may be posted for an undetermined period of time during the school year.

In order to protect your child(ren) and their identity, Living Waters Catholic Regional Division No. 42 has developed content guidelines for division and school websites in this regard. The following points will be addressed by the school before any student names, work, or photographs are posted on a website.

- The full name, address, phone number, or email address of a student will never be provided on a school website. Students will only be identified by their initials and class. For example, John Smith from Ms. Smith's grade one class would be J.S. from class 1A.
- Photographs of large groups of students may be posted on a school website without parental permission as long as individual students are not singled out or identified in any way (e.g. a school assembly, sporting activity, or music festival).
- Parental permission must be obtained before photographs of individual children or small groups of children (e.g. class photos) are posted on a school website.

Please complete and return this form to your child's teacher

SCHOOL: _____

TEACHER: _____

STUDENT NAME(S): _____

- Permission IS granted to display my child(ren)'s art or literary works accompanied by their initials on the school or division website.
- Permission IS granted to display photographs of my child(ren) on the school or division website.

Parent/Guardian Signature: _____ -

Date: _____



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vanier@livingwaters.ab.ca



Date: _____

Dear Principal:

Please forward cumulative data on the following student(s) who is/are now enrolled in the Living Waters Catholic Regional Division #42 at the Vanier Community Catholic School.

Student's Name	Grade	Birth Date

Please include transcript of grades and explanation of marking system, achievement and aptitude test scores, pertinent health information and any psychological or other individual assessments.

This information release has been approved by the parent as indicated by the signature below.

Previous School Attended: _____

Address of School: _____

Parent's Signature: _____

Mrs. Betty Churchill
Principal

Mrs. Dawn Melnyk
Assistant Principal

OFFICE USE ONLY

Date Cumulative Record Received: _____



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LIVING WATERS CATHOLIC REGIONAL DIVISION NO. 42

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS

OF HEALTH SERVICES INFORMATION FORM

In accordance with section 5 (4) of the Student Record Regulation Living Waters Catholic Regional Division No. 42 will disclose specific student and parent/guardian information to the Regional Medical Officer of Health upon written request. This information will be used for the purposes of contacting parents regarding voluntary health programs, (immunization, dental health, vision and hearing screening) and for communicable disease control purposes.

You may wish to provide other health information to the school and Regional Health Authority for safety and health purposes.

Y My child has the following medical conditions (check where applicable):

- Y Rheumatic Fever
- Y Epilepsy or Convulsion
- Y Congenital heart conditions
- Y Heart murmur
- Y Allergies (Please Specify) _____
- Y Other (Please Specify) _____

The information, which will be kept in confidence by the School Division and the Regional Health Authority, is required for the purposes of immunization, communicable disease control and speech and dental services.

Print Name

Signature

Mailing Address

Telephone Number



COMMUNITY HEALTH SERVICES

Faxed To:		# Pages		Date:	
From:		Community Health Services		Phone #:	
				Fax #:	
Return to:		Signature:			

****IF HEALTH INFORMATION IS BEING TRANSMITTED, CHECK OFF THE APPLICABLE BOX; OTHERWISE LEAVE BLANK****

Information is being disclosed according to the *Health Information Act*.

- s.33 (to the individual or to the person acting on behalf of the individual)
 s.34(1) (the individual has consented to the disclosure)
- s.35(1) (for the purpose of continuing care)
 other: _____

REQUEST FOR IMMUNIZATION INFORMATION

In order to assist Community Health Services to locate and request your child(ren)'s immunization records, please fill in the following information and return the completed form to the school or Aspen Community Health Services Office. Please list all your children on this form.

Child's Full Name:		Birthdate:		M / F	
School:		Grade:		Personal Health #	
Child's Full Name:		Birthdate:		M / F	
School:		Grade:		Personal Health #	
Child's Full Name:		Birthdate:		M / F	
School:		Grade:		Personal Health #	
Mother/Guardian:		Phone (work)			
Father/Guardian:		Phone (work)			
Mailing Address:		Phone (Home)			
Town:		Phone (Cell)			
Postal Code:		Phone (Other)			
***Please Include any other Names the Family or Child May Have Used:					

Please list in order, all the places you have lived in the past 5 years starting with the most recent and sign the consent for release of your child's immunization record from previous place of immunization. Kindly attach a duplicate copy of your child's immunization record if you have one.

**** If your child(ren) do not receive any immunizations, please indicate that on this form so we may update our records.**

Town/City	School Attended (or nearest Community Health Services Office)
1.	
2.	
3.	
I hereby consent to the release of my child(ren)'s immunization records to Aspen Regional Health.	
Date	Signature of Parent or Legal Guardian

If you have any questions or need assistance in completing this form, please call your local Aspen Community Health Services Office and ask to speak with a Public Health Nurse.

CONSENT FOR AN OUT OF PROVINCE THIRD PARTY TO DISCLOSE IMMUNIZATION RECORDS TO ASPEN REGIONAL HEALTH AUTHORITY

***** Please complete this form when you would like Aspen Regional Health Authority to obtain your child(ren) immunization records from an Out of Province Health Provider/Clinic. *****

I, _____, who is a parent/guardian of those
First Name
Last Name

listed on Side A, am hereby authorizing _____
Name of the Out of Province Health Provider/Clinic

to disclose any and all immunization records, of those listed on side A, to Aspen Regional Health Authority, for ongoing treatment and care purposes.

I understand:

- that the information on this form is collected under the Alberta's *Health Information Act* and will be used to comply with this request to disclose the above specified individually identifying health information,
- why I have been asked to disclose my individually identifying health information, and am aware of the risks and/or benefits of consenting, or refusing to consent to the disclosure of this information,
- **that my consent will be valid from this day forward, without any expiry date and that it may be rescinded at anytime as long as it is in writing by myself or my authorized representative,** and
- a photocopy or facsimile of this form shall be deemed as valid as an original.

 Signature of Parent or
 Authorized Representative
 (if authorized representative, please
 attach a copy of authority to act)

 Home Telephone Number

 Date

 Signature of Witness

 Name of Witness

 Date



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Living Waters Catholic Regional Division No. 42 Student Safety Consent – Elementary

Class: _____ Student's Name: _____

Teacher's Name: _____ Room: _____

I am learning to be a good scientist. I know that to learn science best I must be neat, organized, and well behaved. I promise to:

- Be prepared for science activities
- Listen to directions and make sure that I understand them before I start
- Follow directions; I will do each step in order and I will not try unknown things
- Observe carefully; I will be calm and quiet so that I can learn more
- Keep good records; I will write down what happens
- Care for equipment; I will handle it carefully and put it away when I am done
- Clean up afterwards; I will wash and return all things to their rightful place, then wash my workspace and my hands
- Follow all safety rules

I will do all these things to be a good investigator at school.

Student (*signature*): _____ Date: _____

Parent (*signature*): _____ Date: _____