



2017-2018

***If your child is interested in registering at Donnan School in the Sports Alternative Programs, it is very important to understand that it is a 2 STEP PROCESS.***

***You must register both at Donnan School AND with the Sport Program through Academics & Athletic Development (AAD).***

### **Step 1 - Registering at Donnan School**

- 1) ***If your child is currently at an EPSB school***, the pre-enrollment process is done through SchoolZone from March 13th - April 18th. In Edmonton Public Schools, all parents **MUST** use SchoolZone as the tool to register their child for the 2017-2018 school year.
- SchoolZone opens to *parents* on **Monday, March 13 at 9 a.m.**
  - SchoolZone closes to *parents* on **Tuesday, April 18 at 4 p.m.**

**When parents sign in to their parent account, they can:**

- choose the "Next Year" tab
- select the name of the child they are pre-enrolling
- follow the instructions to select their child's preferred school for next year
- change the preferred school selection until **4 p.m. on April 18, 2017** (SchoolZone will track each change)

Please see Schoolzone for more information. After April 18th, please contact our school office (780)466-8573 for more information

- 2) ***If your child is NOT currently at another EPSB school***, then you must complete a EPSB registration form. The completed registration form must be handed in to the main office along with
- a) Copy of your child's most recent progress report
  - b) Confirmation of address for the student's parent/guardian (Driver's license, Utility bill, etc)
  - c) Legal proof of the child's name, citizenship and birth date (Birth Certificate, Passport, etc)

### **Step 2 - Registering in the Sport Program with AAD**

**For AAD's online registration, please follow the steps listed below to complete your application:**

Go to <https://secure.aadie.ca>

Click "Sign Up" in the left menu

Create your username and password by filling in the text boxes on that page. (please write down this username and password as you will be using it everytime you login to the system)

Once that is completed and submitted, an AAD administrator will approve your account, an email will be sent to the email you provided (please add admin@aadie.ca to your safe sender list so this email does not go into your junk folder), and you will be able to login to your account.

Go back to <https://secure.aadie.ca> and use your username and password to login

You will now be on the welcome screen which shows your account with students and their programs, payment plans etc.

Click "Contacts" on the left menu and create a mother/father/emergency contact (all fields with a red star are required), make sure to click "Save and Create Contact" to save each contact

Then, click "Students" section on the left menu

Fill in the information in the text boxes and click "Save and Create Student" for each student you would like to register

Click "Registrations"

Select your newly created student from the student pull-down menu on that page, select the program they will be registered for in the Program pull-down menu, leave the start/end dates, "New" in the Status just means they are new to our online registration, and in the notes section, if applying for hockey, please just put in tier/division and position played, for all other programs just leave blank. click "Submit" to register the student in the program

Do the same for any other students you would like to register with AAD.

Then, Click "Payment Setup"

You will be asked to agree to our payment policy, please read this and click agree to continue.

On this page you will be asked for either a credit card number or bank account information using a cheque. Please be assured that our encryption is comparable to that of your bank's, so your private info is safe. Please make sure to click "Submit" before continuing.

Click "Payment Plan"

On his page will be options for a payment plan for your fees, the chart will show you the deposit for each program that is being applied for, as well as the cost for quarterly, monthly or full payment plans.

Please choose the payment plan you would like , making sure the credit card or Electronic Fund Transfer you would like is selected in the "payment method" box, and click "submit" to continue.

At this point, that is all you need to fill out, later you can log back in to check on your payments, to get statements or to register for any other programs or events that your student would like to participate in.

I hope this helps, if there are any other issues, please contact our support person  
[travis.bouchard@epsb.ca](mailto:travis.bouchard@epsb.ca)

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM**

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). This form is used to enrol a student who is new to Edmonton Public Schools, or who is returning to the District.

<b>Office Use Only</b>			
EPS #	ASN #	Program	
School	Grade	Room	First Day of School
			Month   Day   Year

<b>STUDENT INFORMATION</b>	Print the student's legal surname (last name) and given names below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first or last name, there is a space for <i>preferred name</i> .
Student's Legal Last Name	
Student's Legal First Name	Desired Program (Regular, French Immersion, etc.)
Student's Legal Middle Name	Date of Birth <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>
Preferred First Name	Preferred Last Name
Student's Residence	
Address	City Province Postal Code
Mailing Address (if different than Student's Residence – mail-outs from school will be sent to this address)	
Address	City Province Postal Code
Primary Phone (with area code)	Student Cell Phone - <i>Optional</i> (with area code)

<b>SCHOOL HISTORY</b>	Has the student ever registered at an Edmonton Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES - Previous EPSB School:	Edmonton Public Schools ID number (if applicable):
IF NO - Previous Non-District School:	City: Province/Country:

<b>CITIZENSHIP STATUS</b>	<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Child of a Canadian citizen
What is the citizenship or immigrant status of the student?	<input type="checkbox"/> Lawfully admitted to Canada for permanent residence (student)	<input type="checkbox"/> *Child of an individual lawfully admitted to Canada for permanent or temporary residence
*Supporting documentation required; see page 4 for Citizenship Information.	<input type="checkbox"/> Temporary Resident: Expiry Date Required (International Students only):	<input type="checkbox"/> *Step-child of a Canadian or Temporary Foreign Worker
	Month   Day   Year	

**FRANCOPHONE RIGHTS – SECTION 23 (Optional)**

According to the *School Act* and section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/legal guardian is a resident of Alberta and: French was the first language learned, and is still understood, by at least one parent; or, one or more of the parents, or one or more of their children have received, or are receiving instruction in a French first language program or school in Canada (this does not include a French immersion program).

Do you claim entitlement to a francophone education under the terms of the *School Act*?  Eligible  Ineligible

If eligible, provincial Student Record Regulation requires Edmonton Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

**DISCLOSURE RESTRICTIONS**

A parent or legal guardian may have their right to access information about a student removed by a legal process.

Please indicate if a legal document exists which restricts access to information about this student:  Yes  No

If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

## PARENT/LEGAL GUARDIAN INFORMATION

If there are two parents or guardians, it is important to fill in both sections below, whether or not the parents or guardians are living together. A guardian is defined in section 20 of the Family Law Act, or a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or section 23 of the Family Law Act.

**\*NOTE:** It is very important that you indicate whether or not **each** parent/guardian or independent student is Roman Catholic or not Roman Catholic. Under the terms of the *School Act*, the residency status of a student is based on religion and where the parent(s) or legal guardian(s) live. A student is a **resident** of Edmonton Public Schools if at least one of the parents or guardians live in Edmonton and is not Roman Catholic.

<b>Parent/Legal Guardian</b>	Relationship to Student ( <i>select one</i> ) <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> biological or adoptive father <input type="checkbox"/> legal guardian		
	Last Name		
	First Name		Mr., Mrs., Ms., Dr., etc.
	Address ( <i>if different from student's</i> )		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	Province    Postal Code
	Primary Phone ( <i>with area code</i> )		Secondary Phone ( <i>with area code</i> )
	Other Phone ( <i>with area code</i> )		Email
Religious Declaration ( <i>check one</i> ) *See note above <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Roman Catholic			

<b>Parent/Legal Guardian</b>	Relationship to Student ( <i>select one</i> ) <input type="checkbox"/> biological or adoptive father <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> legal guardian		
	Last Name		
	First Name		Mr., Mrs., Ms., Dr., etc.
	Address ( <i>if different from student's</i> )		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	Province    Postal Code
	Primary Phone ( <i>with area code</i> )		Secondary Phone ( <i>with area code</i> )
	Other Phone ( <i>with area code</i> )		Email
Religious Declaration ( <i>check one</i> ) *See note above <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Roman Catholic			

<b>OPTIONAL - Other Relevant Adult</b>	Relationship to Student ( <i>select one</i> ) <input type="checkbox"/> step-father <input type="checkbox"/> step-mother <input type="checkbox"/> other: _____		
	Last Name		
	First Name		Mr., Mrs., Ms., Dr., etc.
	Address ( <i>if different from student's</i> )		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	Province    Postal Code
	Primary Phone ( <i>with area code</i> )		Secondary Phone ( <i>with area code</i> )
	Other Phone ( <i>with area code</i> )		Email

<b>OPTIONAL - Other Relevant Adult</b>	Relationship to Student ( <i>select one</i> ) <input type="checkbox"/> step-father <input type="checkbox"/> step-mother <input type="checkbox"/> other: _____			
	Last Name			
	First Name	Mr., Mrs., Ms., Dr., etc.		
	Address ( <i>if different from student's</i> )		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	City	Province	Postal Code
	Primary Phone ( <i>with area code</i> )		Secondary Phone ( <i>with area code</i> )	
Other Phone ( <i>with area code</i> )		Email		

**FAMILY CIRCUMSTANCES**    Are there any family circumstances about which you wish the school to be aware?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>EMERGENCY/MEDICAL INFORMATION</b>	An emergency contact is someone who may be contacted if the student's parent/legal guardian is unavailable.
<b>EMERGENCY CONTACTS (<u>NOT</u> STUDENT'S PARENT/LEGAL GUARDIAN)</b>	
Emergency Contact #1	
Primary Phone of Emergency Contact #1 ( <i>with area code</i> )	Other Phone ( <i>with area code</i> )
Emergency Contact #2	
Primary Phone of Emergency Contact #2 ( <i>with area code</i> )	Other Phone ( <i>with area code</i> )

**MEDICAL INFORMATION (*Optional*)**

You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student. Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:

Diabetes     Epilepsy     Allergies (*please specify*)     Haemophilia     Heart Condition     Asthma     Other (*please specify*)

Medical Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Alberta Health Care Number: \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)**

The personal information collected on this form is part of the District registration process and is authorized under the provisions of the *School Act* and its regulations and also under Section 33(c) of the FOIP Act. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions or concerns regarding the collection or intended use of this information please contact the school principal.

## ADDITIONAL ENROLMENT INFORMATION

### CITIZENSHIP DOCUMENTATION

Citizenship Documentation: Expiry Date (if applicable):

Parent Work Visa/Permit	Month	Day	Year
Parent Study Visa/Permit	Month	Day	Year
Confirmation of Permanent Residency	Month	Day	Year
Permanent Residency (Card)			
Temporary Residency			
Citizenship Card			

Birth Country

The following questions are asked to assist in program placement and to assist in communication in an emergency.

Is English the student's first language?  Yes  No

What language is mainly spoken at home?

### STUDENT PROTECTION

An individual may be forbidden contact with the student by way of a legal process.

Please indicate if a legal document exists which forbids an individual from having contact with this student:  Yes  No

If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

### ABORIGINAL SELF-IDENTIFICATION (Optional)

If you wish to identify yourself as an Aboriginal person, please specify:

Status Indian/First Nations  Non-Status Indian/First Nations  Métis  Inuit

For further information, please refer to <http://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 Edmonton Public School's First Nations, Métis, and Inuit Education unit at 780-429-8580.

### INDEPENDENT STUDENT STATUS

The *School Act* defines an independent student as someone who is: (i) 18 years of age or older, or, (ii) 16 years of age or older, and (a) who is living independently, or, (b) who is a party to an agreement under section 57.2 of the Child, Youth and Family Enhancement Act.

Are you claiming status as an **Independent Student** under the definition of the *School Act*?  Yes  No

Religious Declaration (check one) \*See note on page 2  Not Roman Catholic  Roman Catholic

## DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

Further, I recognize that it is my responsibility to notify my child's school should the above information change.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Office Use Only

A copy of any student identification documentation should be placed in the Student Record. **Bolded documents** will be accepted in the event of an enrolment audit. More than one document may be required to verify student identification and residency or to prove right to education in Alberta.

LEGAL STUDENT IDENTIFICATION VERIFICATION DOCUMENT

Select applicable documentation(s):

CHILD DOCUMENTS	
<input type="checkbox"/>	<b>Alberta Adoption Order</b>
<input type="checkbox"/>	<b>Alberta Birth Certificate</b>
<input type="checkbox"/>	<b>Canadian Birth Certificate outside Alberta</b>
<input type="checkbox"/>	<b>Canadian Citizenship Certificate</b>
<input type="checkbox"/>	<b>Canadian Permanent Resident Card</b>
<input type="checkbox"/>	Confirmation of Permanent Residency (if not expired)
<input type="checkbox"/>	Canadian Passport (if not expired)
<input type="checkbox"/>	For Canadian citizens – Registration Form (with Temporary Declaration)

PARENT DOCUMENTS	
<i>In addition to below, a document <b>must</b> be provided to verify child's name and age</i>	
<input type="checkbox"/>	Canadian Birth Certificate
<input type="checkbox"/>	Study Permit (if not expired)
<input type="checkbox"/>	Canadian Temporary Resident Work Visa (if not expired)
<input type="checkbox"/>	Canadian Passport (if not expired)
<input type="checkbox"/>	Canadian Permanent Resident Card
<input type="checkbox"/>	Confirmation of Permanent Residency (if not expired)

ADDRESS VERIFICATION  
More than one document may be required. Select applicable documentation(s):

<input type="checkbox"/>	Operator's License
<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Lease Agreement
<input type="checkbox"/>	Property Tax Bill
<input type="checkbox"/>	Other:

Address verification documents are NOT part of the student record. Do not retain at the school.

DONNAN  
SPORTS ALTERNATIVE PROGRAMS  
HOCKEY, LACROSSE, SPORT FIT, JIU JITSU & ELITE

**2017-2018**

**PLEASE PRINT AND FILL IN THE FOLLOWING INFORMATION:**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade : \_\_\_\_\_ Address: \_\_\_\_\_

City : \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please circle the Sports Program of Choice:**

**Hockey**

**Lacrosse**

**Sport Fit**

**Jiu Jitsu**

**Elite**

**Students who require specialized supports and services**

Is your child currently identified as requiring specialized supports and services, or identified as special education needs?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, what is the Alberta Education coding? \_\_\_\_\_

Does your child currently have (or have had in the past) a Learner Support Plan (formerly Individualize Program Plan – IPP)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*I acknowledge that the above information to be true, correct and complete and verify that all information contained in the EPSB Registration Form is correct. I consent to the release of information to allow school authorities to fulfil their obligation under the School Act.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## A.A.D. FOIP AND MEDIA CONSENT

Academic Athletic Development (A.A.D.) may be contacted by the media agencies (newspaper, radio, television) for access to student athletes for quotes or interviews. These audio and video images may be published or aired in a variety of locations, including television, radio, newspapers and websites or used for publications.

In addition, A.A.D. may wish to include a student athlete's pictures and/or quote in A.A.D.'s publications (brochures, program booklets or newsletters) that will be shared with the general public. A.A.D. might also include a student's picture on the program's website, promotional poster or brochure. A.A.D. may wish to publish the names of students whom are recipients of awards or scholarships on websites or other promotional media. Names, pictures, audio and/or quotes may be used in subsequent years after student athletes are no longer enrolled in A.A.D. for promotional use or alumni lists both on websites and in A.A.D. publications.

A.A.D. may work in collaboration with Edmonton Public Schools in promotional activities and student athlete's picture and/or quote maybe used in these joint activities. A.A.D. will not share any information with other organizations without prior consent of a parent or guardian.

**Please indicate by checking off the following items to indicate your consent for your child to be:**

### Website

- Photographed for the A.A.D.'s websites
- Student athletes' name and grade posted on A.A.D. websites
- Photographed, interviewed or quoted for A.A.D. publications, advertisements and promotional materials

### Media

- Audio taped and identified for radio
- Videotaped and identified for television or film
- Quoted, photographed and identified in newspapers, newsletters or promotional media

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I do not want my child's information used

Students name: \_\_\_\_\_ (please print)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

This consent maybe revoked at anytime by written letter. Please contact A.A.D. Executive Director for further information



**ACKNOWLEDGEMENT, WAIVER OF RIGHTS, RELEASE OF LIABILITY  
AND INDEMNITY AGREEMENT**

The undersigned, \_\_\_\_\_, (the "**Participant**") and his parent or lawful guardian, for themselves, their heirs, executors, administrators, successors and assigns, acknowledge that the **Academic & Athletic Development Institute of Edmonton ("AAD")** is a non-profit, limited liability society incorporated under the laws of the Province of Alberta, and that the activities of the said society will include athletic and recreational programs, and related events and activities, in which the risk of loss or damage to property and serious injury, including, but not limited to: death or permanent paralysis is significant.

The undersigned agree that, in consideration of being allowed to participate in the activities of **AAD**, they knowingly and freely assume all risks and perils in relation to any and all of the activities of **AAD**, and that **AAD**, its officers, directors, servants, agents, volunteers and/or any other parties contracting with it (including without limiting the generality of the foregoing, professional advisers, school boards and other boards and agencies, sponsors, advertisers, owners and occupants of any premises used for activities and their respective officers, directors, servants, agents and/or any other parties contracting with them) as well as other participants in the activities of **AAD**, shall not be held responsible for and are hereby remised, released and forever discharged and held harmless and indemnified in respect of any and all liability whatsoever connected with or resulting from any death, injury, loss or damage to the undersigned, or any other person, or property resulting from participation in, or presence at, or use of equipment and/or premises in relation to, the activities of **AAD** whosoever and whatsoever.

The undersigned agree that **AAD** or its officers, directors, servants, agents, volunteers and/or any other parties contracting with it (including without limiting the generality of the foregoing, professional advisers, school boards and other boards and agencies, sponsors, advertisers, owners and occupants of any premises used for activities and their respective officers, directors, servants, agents and/or any other parties contracting with them) as well as other participants in the activities of **AAD**, are not held responsible for any items that may become lost or stolen.

The undersigned hereby give consent for medical and/or dental treatment and admission to any facilities for those purposes in the event of accident or injury to any person.

The undersigned hereby grants **AAD** complete access to all personal information collected for programming purposes. Some uses of this personal information by **AAD** include:

- use of the participant's name, photo, or comments in **AAD** newsletter, website or other publications
- use of individual or group photos for promotional purposes
- use and disclosure to the public of participant's names in regard to awards or achievements related to the activities of the program

The undersigned acknowledges that they can have access to facilities not part of the training program based upon scheduled availability.

The undersigned have read and understand this agreement and confirm that it is signed freely and voluntarily and without any compulsion or inducement. The undersigned agree that signatures on this document delivered electronically shall be fully effective and enforceable as if signed and delivered in original (wet) form.

Dated at the City of Edmonton, in the Province of Alberta, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print name of Participant

\_\_\_\_\_  
Participant's Signature

I, as parent or legal guardian of the above named minor Participant, for myself and on behalf of the said Participant, do consent and agree to the above terms and conditions.

\_\_\_\_\_  
Print name of Parent or Legal Guardian  
(For participants under 18 years of age)

\_\_\_\_\_  
Parent or Legal Guardian's Signature  
(For participants under 18 years of age)