



# Student Registration Form

This form must be completed for all students who are registering in the Greek Community School

## STUDENT INFORMATION (Please print)

<b>Student's Legal Name</b> Surname _____ First Name _____ Middle Name _____		<b>If known, please provide student's name in Greek</b> Επώνυμο: _____ Όνομα: _____		<b>Name the student celebrates on their Name Day and the date.</b> Name: _____ Date: _____	
<b>Student's AKA Name (name by which the student is commonly known in the family and community)</b> AKA Surname _____ AKA First Name _____				<b>Birthdate</b> _____	
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer not to disclose			<b>Alberta Education ID Number (if known):</b> _____		
<b>Address</b> _____		<b>City</b> _____		<b>Postal Code</b> _____	
<b>Home Phone Number</b> _____		<b>Student's Grade in Daily School</b> _____			
<b>Greek School Program Option (Student is committed to this choice for the entire school year)</b>					
<b>Level in Greek School</b> _____		<b>Day of Greek School Classes</b> _____			

## SIBLING INFORMATION

<i>The provision of sibling information is only required for children that are to attend the Greek School</i>		
<b>Do you have other children attending this school?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please list name(s), grade(s) and level(s).</i>		
<b>Name</b>	<b>Grade in Daily School</b>	<b>Level in Greek School</b>
_____	_____	_____
<b>Name</b>	<b>Grade in Daily School</b>	<b>Level in Greek School</b>
_____	_____	_____
<b>Name</b>	<b>Grade in Daily School</b>	<b>Level in Greek School</b>
_____	_____	_____
<b>Name</b>	<b>Grade in Daily School</b>	<b>Level in Greek School</b>
_____	_____	_____

## PARENT/GUARDIAN INFORMATION

This information must be provided. Please provide a minimum of **TWO** emergency contacts.

<b>1</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
	<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian. <input type="checkbox"/> Access		
Is this person an <b>EMERGENCY</b> contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name		First Name	
Address			
City	Province	Postal Code	Country
Home Phone Number		Business Phone Number	
Cellular Phone Number			
Email			

<b>2</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
	<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian. <input type="checkbox"/> Access		
Is this person an <b>EMERGENCY</b> contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name		First Name	
Address			
City	Province	Postal Code	Country
Home Phone Number		Business Phone Number	
Cellular Phone Number			
Email			

<b>3</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
	<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian. <input type="checkbox"/> Access		
Is this person an <b>EMERGENCY</b> contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name		First Name	
Address			
City	Province	Postal Code	Country
Home Phone Number		Business Phone Number	
Cellular Phone Number			
Email			

<b>4</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
	<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian. <input type="checkbox"/> Access		
Is this person an <b>EMERGENCY</b> contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name		First Name	
Address			
City	Province	Postal Code	Country
Home Phone Number		Business Phone Number	
Cellular Phone Number			
Email			

## CUSTODY OR GUARDIANSHIP INFORMATION (only if applicable)

Student <b>PRIMARILY</b> lives with _____ e.g., Mother, Father, Legal Guardian, Stepmother, Stepfather, other (specify)
<i>If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy or the most recent custody document must be placed in the student record.</i>
Name and date of most current legal document _____
Attach copy <input type="checkbox"/>
NAME <span style="float: right;">YYYY/MM/DD</span>

## **Student Acceptable Use Policy for Internet & Computer Use**

The information requested on this form is collected pursuant to the School Act, Section 34 and in accordance with the Freedom of Information and Protection of Privacy Act (FOIP). The information will be used to establish that students, parents and teachers have an understanding of the policy for Acceptable Internet use and consented to the rules and precautions in place for such usage. If you have questions concerning the collection or use of this information please contact your school administrator. This form and your consent will be valid from the day that your child begins attending the Greek Community School until your child withdraws from or completes/graduates from the Greek Community School unless you revoke your consent by notifying the School Principal in writing.

Students in the Greek Community School are provided access to the Internet. The Internet, a network of computer networks, allows our students to interact with hundreds of thousands of networks and computers. Within our school and library, the Internet and e-mail may be used by our students for educational purposes. There is no intent that students use Internet access from Greek Community School computers for personal use. The Internet is similar to other student learning resources such as books, magazines, videos, CD-ROMS and encyclopedias.

### **Conditions and Rules of Use**

The Hellenic Society of Calgary and District and the Greek Community School reserve the right to access, audit and monitor use of all supplied Information Technology (IT) resources for non-compliance to this policy, without prior notice to the user. There is no expectation of privacy on behalf of the user with the regard to information technology resources. It is a general policy that all computers used through the Greek Community School are to be used in a responsible, efficient, ethical and legal manner. Failure to adhere to the policy and guidelines for the use of the network as described below will result in the revocation of access privileges. Unacceptable uses of the network include, but are not limited to:

- Using the network for any illegal activity, including violation of copyright or other laws.
- Using the network in ways which violate school policies and behaviour standards.
- Using the network for financial or commercial gain.
- Degrading or disrupting equipment or system performance.
- Invading the privacy of other individuals by accessing and/or vandalizing their computerized data.
- Wasting technology resources, including bandwidth, file space, and printers by downloading music or video files, except for those identified as legitimate curriculum resources.
- Gaining unauthorized access to resources or entities.
- Using an account owned by other users with or without their permission.
- Posting personal communication, including photos of another person, without that other person's consent.
- Giving one's account and password information to other users.

### **Network Etiquette**

All users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to:

- Being polite in all of your communications to others.
- Using appropriate language.
- In all activities being compliant with municipal, provincial, federal or international law.
- Maintaining the confidentiality of your personal address and phone numbers and those of the students and colleagues.
- Not using the network in such a way that you disrupt the use of the network by others.
- Assuming that all communications and information accessible via the Internet are the private property of those who put it on the Internet

### **Vandalism and Harassment**

Vandalism and harassment will result in cancellation of user privileges. Vandalism is defined as any malicious attempt to harm, modify, or destroy data of another user, the Internet or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creating of computer viruses. Harassment is defined as the persistent annoyance of another user or the interference of another user's work. **"Harassment" is further defined as any unwelcome behaviour, conduct or communication, directed at an individual that is offensive and/or annoying to that individual.**

### **Unacceptable Material**

Because access to the Internet provides connections to other computer systems located all over the world, students (and parents) must understand that neither the Hellenic Society of Calgary and District or the Greek Community School or any of their members or staff control the content of the information available on these systems. Some sites accessible via the Internet may contain material that is inappropriate for educational use in a K-12 setting, such as hate literature, pornography, and information related to immoral or illegal activities. The Hellenic Society of Calgary and District and the Greek Community School does not condone the use of such materials and does not permit usage of such materials in the school environment. The Hellenic Society of Calgary and District and the Greek Community School uses Internet filtering software in addition to teacher supervision to reduce the likelihood of students accessing inappropriate Internet sites. In the event a student inadvertently accesses an inappropriate Internet site, he/she must advise the supervising teacher of the inadvertent access.

### **Penalties for Improper Use**

- Violation of the Hellenic Society of Calgary and District and the Greek Community School's Acceptable Use Policy may result in:
- restricted network access
- loss of network access
- disciplinary action
- legal action

## Required Signatures for Acceptable Use Policy for Internet & Computer Use

### Parent / Guardian

Students under the age of 18 must also have the signature of a parent or guardian who has read this agreement. As the parent or guardian of this student, I have read the Student Acceptable Use Policy and understand that Internet access is designed for educational purposes. I understand that it is impossible for the Hellenic Society of Calgary and District and the Greek Community School to restrict access to all unacceptable materials and I will not hold the Hellenic Society of Calgary and District and the Greek Community School responsible for materials acquired on the Internet. I have reviewed all of the points under Conditions and Rules for Use, Network Etiquette and Vandalism and Harassment with my child. I hereby give my permission for my child to access the Internet.

### Student

I understand that when I am using the Internet I must adhere to all rules of courtesy, etiquette and laws regarding access and copying of information as prescribed by International, Federal, provincial or municipal law and the policies and regulations of the Hellenic Society of Calgary and District and of the Greek Community School. My signature below means that I agree to follow the guidelines of the Student Acceptable Use Policy for Internet Access.

## Acknowledgement of Risk and Consent of Parent or Guardian for an Off-site Activity on Multiple Dates Form

My child will be given the opportunity to participate in the following program or activity:

1. From the date that your child begins attending the Greek Community School until your child withdraws from the Greek Community School or completes/graduates from the Greek Community School, **and only during school hours, the students, supervised by teachers, will have the opportunity on several occasions throughout each school year to go to the park across the street (East of the Greek Community building) for recess. On several occasions throughout the school year, the students, will also go to the small park across the street (North of the Greek Community building) as part of our exiting procedure during our fire drills.**
2. **The Greek Community School will make every reasonable effort to ascertain that:**
  - a) The students who undertake the program or activities will be adequately supervised.
  - b) The location where the activity will take place is appropriate and safe.
3. **Potential hazards may include but are not limited to the following:** Going up/down stairs, exiting the building and crossing the street, using playground equipment.
4. The following means of transportation will be provided: **None**, the children will walk.
5. I am satisfied that I have been informed of my right to obtain as much information about this program, or activity as I feel necessary, including information beyond that information provided to me by the Greek Community School to the extent that I require and am not, in any way, relying solely upon information provided by the Greek Community School respecting the nature and extent of the risks and hazards associated with the program or activity.
6. I freely and voluntarily assume the risks and hazards inherent in nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
7. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
8. In the event that my child fails to abide by the rules and regulations imposed on the student while participation in the program or activities, disciplinary action may either require that he/she not participate in the program or activity.
9. I acknowledge that it is my responsibility to advise the Greek Community School of any medical or health concerns of my child who may affect his/her participation in the stated program or activity.
10. I consent that the Greek Community School, through its employees, agents, and officers at the school may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

### Signature of Parent / Guardian

I, the undersigned, hereby consent the student(s) listed on this registration form has/have my permission to participate in these activities from the date that he/she/they begins attending the Greek Community School until he/she withdraws from the Greek Community School or completes/graduates from the Greek Community School, and only during school hours. I know that I can revoke my consent by notifying the school Principal in writing.

## Alberta's Personal Information Protection Act (PIPA) Release Form

The purpose of this notice is to inform you about the collection and use of student information by the Greek Community school of Calgary. In most cases the information that we are requesting is required under the School Act. We must provide Alberta Education with specific information on each student. In other instances, the information will be collected and used for activities that will take place throughout the school year. Please understand that we will do our utmost to protect the privacy and confidentiality of the students. For more information please visit the following websites:

<http://foip.alberta.ca>

<http://pipa.alberta.ca>

If an occasion should arise when you have a concern about how your child's information will be used, please contact the school and we will discuss your concerns.

The following are examples of how personal information may be used for school related activities. In order to assist the school in maintaining a vital and healthy environment, participation of all students is important and encouraged.

### For communication with the community/public:

1. The use of a student's name, photograph, or comments about the student in the school newsletter, calendar, website, or other school publication.
2. The use of student names on art work or other creative work or material displayed at the school or at school sponsored displays within the community.
3. The use of student names for recognition purposes on honour rolls, other awards, or at ceremonies within or for the school.

### For communication with and between the staff:

4. The use of student names, telephone number, grade, parent's name and related contact information for absenteeism verification, emergencies, field trips and/or other school sponsored activities.
5. The use of student names, address, phone number, parent's name and related contact information.
6. The use of individual, class, or club photos for school purposes and the use of student photos for student records.
7. The use of photos/videos of classroom or other school activities by the school 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 and you will be contacted prior to the disclosure.)
8. The circulation of information on a "need-to-know" basis regarding students who have severe or life-threatening medical conditions.

### Signature of Parent / Guardian

I, the undersigned, have read and understand the information provided on this form. I voluntarily give the Hellenic Society of Calgary and the Greek Community School consent for to use information/photos of my child for all purposes specified above unless I revoke my consent prior to posting or publication by notifying the school Principal in writing

## Fees

Program	Totals
Accreditation (Greek 15, 25 and 35) \$895 per child - Please select number of children in this category	
Preschool to Level 6 \$695 per 1 <sup>st</sup> and 2 <sup>nd</sup> child - Please select number of children in this category	
Preschool to Level 6 \$495 per 3 <sup>rd</sup> and 4 <sup>th</sup> child - Please select number of children in this category	
<b>Total</b>	

I wish to pay the full amount by  
Credit Card

I wish to pay the full amount by  
Cash

I wish to pay in 4 equal installments by Credit  
Card to be paid in full by Dec 31, 2024

If you wish to pay by credit card, we will issue you an invoice by email and you will be directed to our online Squareup site to process the payment. We do not store Credit Card information. Installments are due on Sept 30, Oct 31, Nov 30 and Dec 31st.

## 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

### IMPORTANT:

Our school has a policy of NO refunds for school fees after September 30.

Your child may attend classes only when his/her registration is complete and has been submitted to our school office.

**MEDICAL INFORMATION** (Note: We are not allowed to collect Alberta Health Care numbers as per the *Health Information Act*.)

Do any of the children listed above have any <b>medical or physical conditions</b> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>yes</b> please proceed to filling out the form below. If more than one of your children have any medical or physical conditions, <b>please print off this form again for each child.</b>			
<b>Name of student that this form pertains to</b>			
<b>Family Doctor</b>		<b>Phone Number</b>	
<b>Please check if he/she is subject to any of the following conditions:</b>			
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Ear Problems	<input type="checkbox"/> Hernia	<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Nose Bleeds
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Menstrual Difficulties	<input type="checkbox"/> Tendonitis/Soft Tissue Injury
<b>If not listed above, please describe condition</b>			
<b>How do you usually treat these conditions?</b>			
<b>Chronic conditions, recent illness or surgery of which the staff should be aware of:</b>			
<b>Please list ALL known allergies:</b>			
	<b>Allergy</b>	<b>Reaction</b>	<b>Treatment</b>
1			
2			
3			
4			
In the case of day trips or out of town trips inhalers will be kept in the possession of the student. Please label them clearly with his/her name and instruct him/her about the importance of knowing where it is at all times.			
Is the student currently taking any medication? If yes, please list any medications taken or carried by the student		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Description of Medication</b>	<b>Illness</b>	<b>Dosage and Time Taken</b>
1			
2			
3			
4			

**MEDICAL CONSENT FORM**

I, the undersigned, have the legal authority to authorize and give permission for the authorized First Aid person, or his/her absence the Principal to seek medical attention of the spot or to transmit the above-mentioned student to the nearest hospital for required medical attention should the situation arise that necessitates same. I understand that I will be advised immediately of such medical problems that arise during the school year and permission will be sought verbally over the phone should such situation be deemed necessary	
<b>Signature of Parent / Guardian</b>	<b>Date</b>