



# Student Registration

"Ensuring Personal Excellence For All Students"

## PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

**This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially. Please print clearly. Before a student can be registered by a school, a student registration form must be completed in its entirety and signed by a parent or guardian, or by the student if living independently.**

**The registration form must be accompanied by appropriate documentation:**

- o Canadian Citizen: Proof of Legal Name and Age as registered by Vital Statistics of Province of Birth (I.e. Birth Certificate, Canadian Citizen Document)
- o Non-Resident: Visa or documentation by which the student is lawfully admitted to Canada for permanent or temporary residency, and the expiry date. (I.e. Passport, Work/Study Permits, Student Visa)

**The personal information collected on this form is part of the district registration process and use authorized under the provisions of the School Act and its regulations. All personal information collected during the registration process and during the course of the school year will be used to provide an education program and ensure a safe secure school environment.**

**If you have any questions or concerns regarding the collection and intended uses of this information, please contact the school principal.**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Registration Date: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|  
Day Month Year

Registration for current year  Pre-registration for next year

**Student Information:** Write the student's LEGAL Surname (last name) and LEGAL Given Names below. These are the names as registered with Vital Statistics of the Province of Birth as they appear on the student's birth certificate /adoption papers.

Legal Surname: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Legal First Name: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Legal Middle Name: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Gender: Male  Female

Birthdate: (Day/Month/Year) |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Birth Certificate:  Attached  Not Available  On file already  
Day Month Year

If the student uses a different last name or first name other than what he/she has been legally registered, please indicate "Preferred Names".

Preferred Surname: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Preferred First Name: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Residence Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Rural Students: \_\_\_\_\_ Quarter, Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ West of the \_\_\_\_\_ Meridian

City/Town: \_\_\_\_\_ Province: |\_\_|\_| |\_\_|\_| Postal Code: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Province of Residence: |\_\_|\_| |\_\_|\_|

Home Phone: |\_\_|\_| |\_\_|\_| |\_\_|\_| - |\_\_|\_| |\_\_|\_| |\_\_|\_| - |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Student Cell Phone: (optional) |\_\_|\_| |\_\_|\_| |\_\_|\_| - |\_\_|\_| |\_\_|\_| |\_\_|\_| - |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

**School History:** Has your child ever attended school in LPSD? If so, please indicate the school: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: |\_\_|\_| |\_\_|\_| Country (if other than Canada): \_\_\_\_\_

Has your child ever attended school in Saskatchewan? If so, please indicate the school and City/Town \_\_\_\_\_

If available, please provide SK Learning ID#: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Has your child ever attended school in Alberta? If so, please indicate the school and City/Town \_\_\_\_\_

If available, please provide Alberta Student Number: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

### Medical Information:

SK Provincial Health Care # |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Other Provincial Health Care # |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Prov. |\_\_|\_| |\_\_|\_|

Are there any serious medical conditions about which you wish the school to be aware of?

Allergies: Please specify below  Diabetes  Haemophilia  Epilepsy  Heart Condition  Asthma: On Medication:  Yes  No

Additional Information (hearing, vision, physical needs): \_\_\_\_\_

**Parent or Guardian Information:** Complete all Parent/Guardian Contact information whether or not Parent/Guardians are living together.

In rare instances a student may be designated as "Protected" if a court issued restraining order under the Youth, Child and Family Enhancement Act, the Domestic Relations Act, or the Young Offenders Act.

Please indicate if the school should be aware of any such court order for the protection of the student.  Yes  No

Note: If yes, please make an appointment to discuss this situation with the school administration. You will need to supply legal documentation.

**Student Lives with:**

Both Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  Guardian  Other: Please specify \_\_\_\_\_

**Contact Information 1.** Relationship to Student:  Father  Mother  Other: Please specify \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

Address (if different from student) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Business Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Ext. |\_\_|\_\_|\_\_|\_\_|

Other Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Email: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Contact Information 2.** Relationship to Student:  Father  Mother  Other: Please specify \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

Address (if different from student) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Business Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Ext. |\_\_|\_\_|\_\_|\_\_|

Other Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Email: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Contact Information 3.** Relationship to Student:  Father  Mother  Other: Please specify \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

Address (if different from student) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Business Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Ext. |\_\_|\_\_|\_\_|\_\_|

Other Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Email: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Emergency Contact Information (other than parent)** Relationship to Student:  Other: Please specify \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

**Rural Students:** It is VERY IMPORTANT that we have an *In Town Billet* in case of inclement weather.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

**Transportation:**

Rural Bus Number \_\_\_\_\_ Bus Driver \_\_\_\_\_ Transfer (if applicable) \_\_\_\_\_

City Residents: LPSD Bus Letter: AM |\_\_| PM |\_\_| Transfer (if applicable) |\_\_|

**Aboriginal Ancestry (Optional):** If you wish to declare that you are an Aboriginal person, please specify:

Status Indian/First Nations: Band Affiliation \_\_\_\_\_ Treaty Status No. |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|

Non-Status Indian/First Nations  Metis  Inuit

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 102 Street, Edmonton, AB. T5J 4L5 (780) 427-8501.

**Citizenship and Documentation:**

Birth Language:  English  Other (Specify): \_\_\_\_\_ Current Language (spoken in the home): \_\_\_\_\_

Country of Birth:  Canada  Other (Specify): \_\_\_\_\_

Country of Citizenship:  Canada  Other (Specify): \_\_\_\_\_ Documentation Expiry Date (if applicable)  
Day Month Year

- A Child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not apply to tourists/visitors)  Parent Work Permit |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|
- Lawfully admitted to Canada for permanent resident  Parent/Student Permanent Residency |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|
- A Child of a Canadian Citizen  Student Study Permit |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|
- Study Permit (Parent/Guardian residing in another country)  Citizenship Card |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|
- Temporary Resident |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|
- International Student Visa |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|

**Non Resident Students:** The school is required to obtain a copy of the student documentation as well as a copy of the student passport reflecting Demographics, Canadian Authorization Stamp and Expiry Date.

A copy of the passport has been obtained for the student cumulative record:  Yes  No Authorization Expiry Date  
Day Month Year

**Tuition Fees:** Visiting or Exchange Students (Code 412, 413, 415, 416) are required to pay tuition fees.

Tuition fee explained to parent/guardian as a condition of enrollment?  Yes  No  
Superintendent of Administration notified (only if tuition fee to be invoiced)?  Yes  No Date: |\_\_| |\_\_| |\_\_| |\_\_| |\_\_| |\_\_|  
Day Month Year

**Consent for Student:** Computer Network Acceptable Use and Publishing Student Work and Information

**Computer Network Student Registration: Division Computer Network Acceptable Use for Internet and Electronic Mail**

As a parent or legal guardian, I have read the information about the appropriate use of technology (email and online access). The signatures of the parent/guardian are mandatory before access is granted to the Lloydminster Public School Division Network.

**Publishing Student Work and Information:** When images and names of students are shared with the public, either through school division publications, media coverage, video footage or on websites, the Saskatchewan Local Authority of Freedom of Information and Protection of Privacy Act (LAFOIP) must be followed. We require your informed consent to share personal information about your child. Please see our LAFOIP Information page for more information.

By checking the boxes below, I/we understand this consent shall remain in effect as long as the student remains registered with the Lloydminster Public School Division and that I may be required to complete an additional form should the status of the student enrolment change. I/we also understand that this consent may be withdrawn by myself/us at any given time, upon written notice. I/we have given this consent voluntarily.

**Descriptions and Consent**

- Acceptable Use AP 140:** My child and I have read and understand the LPSD Acceptable Use Policy. By checking this box, I consent that my child may use the email and the Internet while at school according to the rules outlined in the Administrative Procedure 140. Also by checking this box, I am confirming that my child has agreed to comply with the stated rules and to use the network in an educationally constructive manner.
- LAFOIP for Education Purposes in School Community:** I give permission for my child's likeness and/or information being used in the school newsletter and school yearbook.
- LAFOIP for School and Division Based Education Purposes:** I give permission for the school division to create and publish photographs, video recordings and audio recordings of my child, which may be used on the classroom, school or division websites and social media sites that have been registered with LPSD such as Facebook, Twitter and Blogs.
- LAFOIP for Media Coverage:** I give permission for my child to take part in media coverage. I understand this may include photographs, interviews and video recordings for television, radio, newspapers, etc. Once informed consent is given, your child will only be interviewed, etc. by representatives from media outlets only if they are comfortable doing so.

**Name of Siblings (At School)**

\_\_\_\_\_ Gr. \_\_\_\_ School: \_\_\_\_\_      \_\_\_\_\_ Gr. \_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_ Gr. \_\_\_\_ School: \_\_\_\_\_      \_\_\_\_\_ Gr. \_\_\_\_ School: \_\_\_\_\_

**Names of Siblings (At Home)**

\_\_\_\_\_ Age: \_\_\_\_ Year of Birth \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_ Year of Birth \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_ Year of Birth \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_ Year of Birth \_\_\_\_\_

OTHER INFORMATION YOU THINK MIGHT BE HELPFUL TO THE TEACHER: \_\_\_\_\_

**Declaration by Parent, Guardian or Independent Student:**

I hereby certify the above information to be true, correct and complete.

Date: |\_|\_| |\_|\_| |\_|\_|\_|\_|\_|  
          Day   Month   Year

\_\_\_\_\_ *Signature of Parent /Guardian /Independent Student*

For school use only:  
Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Guidance Initial: \_\_\_\_\_ SIRS ID#: \_\_\_\_\_ LPSD Quadrant: \_\_\_\_\_



## Parental Consent Form for Kindergarten Speech and Language Screen

All students entering Kindergarten in the Lloydminster Public School Division complete a short Speech and Language Screening. This activity involves saying words that have particular speech sounds, naming some opposites, retelling a short story, explaining the meanings of some words and pointing to pictures to show understanding of some concepts. The purpose of the screen is to help identify students who may need further assessment. The results of the screening are shared with your child's school for educational purposes.

As the Parent/Legal Guardian of:

\_\_\_\_\_ (name of child), \_\_\_\_/\_\_\_\_/\_\_\_\_ (birthdate)  
Month Day Year

I hereby give consent for the Speech-Language Pathologist, from Lloydminster Public School Division to complete the Kindergarten Speech and Language Screen.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



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## SECTION A: General Use of Technology

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As a student of Lloydminster Public School Division, I value having access to technology to support my learning. I know that along with this privilege comes great responsibility. To demonstrate my commitment and understanding of the level of responsibility that is required, I have read each of the expectations and guidelines listed below. I will abide by the responsibilities and expectations laid out for the use of electronic/computer devices.

- I understand that having access to technology in school is a privilege. I understand that this privilege may be revoked if I fail to fulfill my responsibilities as a user of this technology and that many, but not all, of these responsibilities are outlined below.
- I will only use technology for educational purposes while in school, unless I have been granted permission by a teacher or staff member; and then I will only use the technology within the parameters or guidelines established by them.
- When connected to the internet, I will never use my electronic/computer device to reveal personal information such as my age, address or phone number, or those of other students or persons.
- I understand that Lloydminster Public School Division uses a content filter (Fortiguard) on its internet access, yet I know it is possible that I may encounter inappropriate material, which includes images or text that are pornographic, violent, obscene or offensive to others. I will immediately close the window on the screen that depicts this material. I will then inform my teacher.
- I understand that my personal files and information about every web page I visit may be accessible under the provisions of LAFOIP. I am aware that an individual search may be conducted if there is reasonable belief that I have violated the law or the Division's Student Responsible Use of Technology and Internet Agreement.
- I understand that my actions using electronic/computer devices and accessing the internet reflect on me, my class and the school. I will conduct myself accordingly and exercise good judgment.
- I will not download or install any software, music, movies, or files of any nature unless I have been granted specific permission to do so by my teacher and the copyright holder grants permission.
- I will not share my Student Network Login password or any other user names and passwords.
- I will always log out of the computer and any applications when I have finished using them, or when moving out of sight of my computer. I acknowledge that any actions done on a computer when I am logged in are traceable to me.
- I will not create, use, display, or store any offensive, obscene, inflammatory or defamatory language or images. I will not use the technology in any way that negatively affects any other student or person.

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## SECTION B: Use of Personal Computing Devices at School

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Students at this school may bring their own personal electronic/computing devices which may be able to connect to the school's open wireless network. When using student-owned, personal computing devices at school, all of the General Use of Technology Guidelines (Section A) apply as well as the following:

- I will connect to the school's open wireless network, and NOT to the school's wired network, or any visible network from the neighborhood. The guidelines below apply regardless of the wireless network used.
- In class, I will use the student owned device only with the teacher's expressed permission.
- Where possible, the device I am using will have virus protection software which is up-to-date.



"Ensuring Personal Excellence  
for All Students"

FORM 140-1  
Student Responsible Use of  
Technology and Internet Agreement

- I will turn off all peer-to-peer (music/video/file-sharing) software or web-hosting services on my device while connected to the school's wireless network.
- I understand the security, care and maintenance of my device is my responsibility. I will securely store my device when not in use.
- I understand that the school is not responsible for the loss, theft or damage of my device. I am fully responsible for my property while it is at school.

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## SECTION C: Use of Cloud Based Applications and Google Apps for Education

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**Google Suite for Education** accounts are made for each Lloydminster Public School Division student. The Google account allows students to use online email, calendars, documents, and applications to communicate and collaborate with peers, teachers and others. The tools and resources are provided by Google and all files and information is stored on Google servers which may be located anywhere in the world and subject to the laws of that country. All of the General Use of Technology Guidelines (Section A) apply when accessing resources through Cloud Based Applications and Google Apps for Education accounts, as well as the following:

- I will be provided with an email address (e.g. firstname.lastname@lpsd.ca) to use for school purposes. This address is what gives me secured access to my online file storage, documents, and sites
- I understand that personnel from the Lloydminster Public School Division may access my Cloud Based Apps or Google Apps accounts if there are reasonable grounds to believe that there has been a breach of school rules or discipline policies and that a search of the account would reveal evidence of that breach. This may include, but is not limited to, email messages, gadgets, archived chats, docs, sites, photographs, uploaded documents, etc.



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for All Students"

# CONSENT FORM

## For publishing student work and information

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### DETAILED DESCRIPTIONS

The Lloydminster Public School Division celebrates student successes and accomplishments with our public in a variety of ways. To that end, we share student information to help with communication between home, school and the community. The *Local Authority Freedom of Information and Protection of Privacy Act* requires that we obtain informed consent to share information about your child.

The following are examples of the types of personal information about your child that we may share with the public, if we have your informed consent.

#### ***Education Purposes in School Community:***

##### *School Newsletter*

Shares information about school events and student achievements. This document is brought home by your child or is available on the school's website. Only the first name of your child is used.

##### *School Yearbook*

Shares information about school events and student achievements. This document is not available in an online format. Your child's first and last name is used.

#### ***School and Division Based Education Purposes:***

##### *Videotape and multi-media footage/images created as school-division based projects*

Can be used for educational purposes, at school-wide and division-based events, professional development (such as conferences, in classrooms, at public Board of Education meetings), or posted on the division's public websites and on registered social media accounts.

##### *School Division Publications*

Informational items (such as pamphlets and brochures) and marketing materials that are shared with the general public and can be posted on division websites. Only the first name of your child may be used.

##### *Websites for Educational Purposes*

This includes school and division websites. Can be viewed by anyone with Internet access. Information posted about your child can include the name of their school, information about their activities and awards, and/or individual photos or group photos of children at the school. This includes assigned student work posted online with the approval of the teacher. Only the first name of your child is used.

##### *Social Media accounts for Educational Purposes*

This includes registered social media accounts (Facebook, Twitter, Instagram, YouTube, etc.) for both the schools and division. Can be viewed by anyone with Internet access. Information posted about your child can include the name of their school, information about their activities and awards, and/or individual photos or group photos of children at the school. This includes assigned student work posted online with the approval of the teacher. Only the first name of your child is used.

##### *Report to the Community*

Annual report that highlights achievements in the school division by students, staff and schools. The first and last name of your child is used.

#### ***Media Coverage:***

Includes photographs, interviews and video recordings for television, radio, newspapers, etc. Media coverage typically includes your child's first and last name and the school name. Once informed consent is given, your child will only be interviewed, etc. by representatives from media outlets if they are comfortable doing so.

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