



# KAPAWE'NO FIRST NATION COLLEGIATE

## REGISTRATION PACKAGE 2025/26 SCHOOL YEAR

### Parent information:

The Kapawe'no First Nation Collegiate (KFNC) is collecting personal information about your child with this registration form. The information supports a Lifelong Learning Educational Program for your child and ensures a safe environment for all students and staff. Some of the ways the school may use the collected information are listed below. The *Information and Privacy Commissioner's Office* states that the school does NOT need written consent from you to:

- Share information with Alberta Education.
- Use a student's name, contact information, and phone number in their absence.
- Use a student's name, photo, or video in the newsletter, yearbook, or within the school community.
- Use a student's name on artwork or material displayed at the school.
- Use the student's name and academic information when the school wishes to apply for provincial or federal awards on behalf of the student.
- Provide student information including photos for identification purposes. Student phone numbers will be provided to bus drivers.

This is not a complete list; it merely gives some examples of how the personal information may be used.

Some of the activities we do at our academy besides providing a solid academic program are sporting competitions, concerts, cultural programs, clubs, field trips, graduation, and water or land-based teachings that require students to be on the water or harvesting plants and animals in the wild. We thank you for your support of our academy and look forward to working with your children.

**\*If you need help filling out the form please contact the administration office at 780.751.0008.**

**Kapawe'no First Nation Collegiate - 780-751-0008**

***When children have love, community support, and culture, everything is possible on their educational journey.***

**KFNC Address: PO Box 10, Grouard, Alberta T0G 1C0 Phone: (780) 751-0008**



kiskêyitamowin wîhkâc yahki

Knowledge ever increasing

AB Education ID #: _____ Date Cumulative File Requested: _____ Date Cumulative File Received: _____ **Office Use Only**	<b>Kapawe'no First Nation Collegiate</b>  2025-2026 School year
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## STUDENT INFORMATION

You may submit a copy of one of the following: Birth Certificate or Alberta Health Care Card		
Legal Name As It Appears On Birth Certificate		
Legal First Name:	Last Name:	Middle Name:
Student also known as:		
Birth Date MM/DD/YY:	How do you identify? Gender: Male / Female / Other _____	Grade Entering:
Alberta Health Care #:	Treaty #:	Band Name:
How do you identify? Status Non-status Metis Inuit Other _____		
Contact information: Cell _____		
Mailing address		
Box #:	Town:	Postal Code:
Legal Land Description - Physical Address		
Living on Kapawe'no First Nation: circle YES / NO		Will bussing be required? Yes / No
House #:	Location Description:	
Legal Land Location:		
If other please enter residential address:		
If drop off location is different from pickup please make note here of the name of the resident, house number and contact phone number.		

## PARENT / GUARDIAN INFORMATION

Student resides with: circle one both parents / mother only / father only / joint custody / kokum / mosum / legal guardian		
Legal Custodian #1:		
Name:	Relationship:	
Phone #:	Work phone #:	Cell phone #:
Legal Custodian #2:		
Name:	Relationship:	
Phone #:	Work phone #:	Cell phone #:
Parent Email Address #		

<p align="center"><b>Custody Information</b></p> <p>In rare instances, a child may be designated as "Protected". If a court issues a restraining order under the <i>Child Welfare Act</i>, <i>The Domestic In Other Relations Act</i> or the <i>Youth Criminal Act</i> affecting the custody or access rights to the student, a copy will be required to be placed in the student's record ensuring that the order can be properly enforced. Please discuss the situation with the Kapawe'no First Nation Collegiate (KFNC) administration. <u>Please indicate if any restraining or custody access order exists, circle YES / NO and provide a copy to be kept on file.</u></p>		
<p align="center"><b>Emergency Contact Information</b></p>		
Name:		Relationship:
Phone #:	Work phone #:	Cell phone #:
In the event of an emergency, does the above contact have permission to pick the student up from school? YES / NO		
Name:		Relationship:
Phone #:	Work phone #:	Cell phone #:
In the event of an emergency, does the above contact have permission to pick the student up from school? YES / NO		

## PREVIOUS SCHOOL INFORMATION

Last School Attended:	Last Grade Attended:
Address:	Phone #:
Is the student currently under supervision by another school? Circle YES / NO	
Has the student been expelled from school? Circle YES / NO	
Was the student readmitted? Circle YES / NO	
Special Needs: please identify any special needs, learning difficulties or special education programs your child has or will need.	
<p align="center"><b>MEDICAL INFORMATION</b></p>	
Name of family doctor:	Phone #:
Please identify and explain any special medical conditions, problems or allergies. ( i.e. eyeglasses, hearing aids, diabetes seizures):	
Does your child require medication? Please list:	
*If your child requires medication, please attach a doctor's note naming the medication and dosage*	
*The parent is required to fill out a "Consent to Administer Medication" form so that staff can administer needed medications*	

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## Kapawe'no First Nation Collegiate Jordan's Principle Consent Form

In order to provide all of our students with the opportunities to be successful in their Lifelong Learning Educational Programming, we apply yearly to the federal government for funding using Jordan's Principles. If your child needs secondary level services such as Speech and Language, Occupational Therapy, or Educational Assessments we can provide that service through Jordan's Principle.

Resources that are needed to equip our schools to further support your child such as textbooks, technology, cultural supplies, musical instruments, outdoor education equipment, and additional support staff, we can utilize through Jordan's Principle.

I give consent to have my child(ren) and their personal information to be included in the Kapawe'no First Nation Collegiate (KFNC) Jordan's Principle group application. All information is confidential and will not be released without my consent and only shared with the Government of Canada and/or First Nation Health Council. I also consent to receive/release information to the appropriate outside agency that is relevant to treatment.

Student's Name: \_\_\_\_\_

- ☐ I hereby authorize KFN Collegiate to allow the above-named child to secondary level services through Jordan's Principle. I acknowledge that should I wish to terminate my child's access to second level services through Jordan's Principle; I must do so in writing to the school administration.
- ☐ I do not wish my child to have secondary level services through Jordan's Principle.

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

Parent

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

### **School Use Only:**

\_\_\_\_ Add student to Second Level Services – Jordan's Principle Consent Provided

## STUDENT INFORMATION RELEASE

I hereby consent for (Student Name) \_\_\_\_\_

- \*to have the student's name, photo and comments used in the school calendar, newsletters or other school publications (webpage?)
- \*to have his/her name released for recognition of achievement in academic, athletics or community involvement
- \*to have his/her name address and telephone number in the student record system
- \*to have his/her work on display
- \*to have his/her work reproduced

Which are produced during the current school year for non-profit, educational purposes. I understand such production(s), work(s) may be shown in educational displays during board sponsored open houses, in-service sessions and other school related activities at the school or school board locations. They may also be shown at school or school board sponsored displays in the community or used in the school.

Signature of Parent/Legal Guardian or Student over 18 years: Date: \*This consent is valid for the period during which the above named student is at this school, but may be withdrawn at anytime upon written notice\*

In the case of medical emergency where the parents of designated contact cannot be contacted, permission is given to the Principal to have my child taken to the hospital and/or have emergency treatment administered: Please circle YES / NO

I hereby give permission to the Kapawe'no First Nation School to administer any achievement, diagnostic, screening tests that may be beneficial to the educational planning for my child: Please circle YES / NO If you would like to discuss further please contact the KFN School.

- \*If student is under the age of 16 years only the signature of the parent is required\*
- \*If student is 16 or 17 years of age during the school year, signature of the parent/legal guardian is required\*
- \*If student is 18 years of age or older, signature of the student is required\*

I hereby declare that I have read and understand the information contained in this form and that the information I have provided is correct.

Print Name of Student Signature of Student (18 years of age or older) \_\_\_\_\_

Print Name of Parent or Legal Guardian Signature of Parent or Legal Guardian \_\_\_\_\_

**\*\*PLEASE ADVISE THE SCHOOL IMMEDIATELY OF ANY CHANGE IN THE INFORMATION DURING THE SCHOOL YEAR\*\***

*is possible on their educational journey.*

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## **KAPAWE'NO FIRST NATION COLLEGIATE CONSENT FORMS**

### **Posting of Personal Information to External Websites, Media Access, and Promotional Materials**

First Nation Collegiate PUBLICATIONS: photographed, interviewed, or quoted for academy publications, advertisements, and promotion materials (e.g., school calendar, newsletter, yearbook, graduation book) or other publications, some, or all of which may also be posted on the academy website.

MEDIA: quoted, photographed, and identified in newspapers, audio taped and identified for radio, videotaped, and identified for television or academy's use (e.g., Artsfest, CD Rom compilation). Please note: (1) that photos (including names) and /or videos of academy activities that are open to the public may be taken and used for purposes within and outside of the academy without FOIP consent (e.g., Open houses, community events that students are participating in, and media are invited to. See Public Events); and (2) that graduation pictures will be taken and used for purposes within and outside of the coll(e.g., local newspapers.)

LEARNING WEBSITE(S): photographed for the academy's website. Student's first name and grade posted on school website with student's full name in newsletter posted on academy website. Photographed, Interviewed, or quoted for academy publications and promotional materials that may also be posted on the academy website.

STUDENT WORK: the use of student's names on work or material of students displayed at academy board sites or another academy or academy board sponsored displays in the community. Throughout the school year, your child will be producing a variety of creative assignments (artwork, choral performances, stories, poetry, etc.). Artwork or written work displayed within the school, and performances performed within the academy, do not require consent.

Please note: if student work is to be displayed to the public (Art Displays at the academy or in academy newsletters, community centers, etc. or if student's performances are to be recorded and videotaped as might occur in a commemorative yearbook or from any academy celebration, Parental permission is required. The above relates to the Copyright Act (Canada) not the *FOIP Act*.

**\*I have read and agree to allow the posting of personal information to external websites, media, and promotional materials.**

Student's printed first and last name : \_\_\_\_\_

Parent or Guardian Signature : \_\_\_\_\_

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## Acceptable Computer Use Agreement

Use of the Kapawe'no First Nation Collegiate computer network and internet provides great educational benefits to students. Unfortunately, some material accessible via the internet may contain items that are illegal, defamatory, or potentially offensive to some people. Access to the network and Internet is given as a privilege to students who agree to act in a considerate and responsible manner. We require that Students and Parents / Guardians read and sign the following rules for acceptable online behavior.

1. Students are responsible for good behaviour on the network and Internet just as they are in any Lifelong Learning Facility building. General academy rules for behaviour and communications apply.
2. Network storage areas may be treated like academy lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files will always be private.
3. The following are not permitted.
  - a. Sending or displaying offensive messages or pictures
  - b. Using obscene language
  - c. Harassing, insulting, or attacking others
  - d. Deliberately damaging computers, computer systems or computer networks
  - e. Violating copyright laws
  - f. Using another's password
  - g. Trespassing in another's folders, work, or files
  - h. Intentionally wasting limited resources, including the use of "chain letters" and messages broadcasted to mailing lists or individuals
  - i. Employing the network for commercial purposes
  - j. Revealing the personal address or phone number of yourself or any other person without permission from a teacher
  - k. Violations may result in loss of access as well as other disciplinary or legal actions.
  - l. Inappropriate use of the Indionetwork.com system

**\*I have read the rules of acceptable and unacceptable behaviour.** I understand the rules and agree to comply with the above stated rules. Should I violate the rules, I understand that I may lose network privileges at my academy.

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Student Name

Student Signature

As the legal guardian of the student signing above, **I grant permission** for the above student to access networked computer services such as electronic mail or the Internet. I understand that some materials on the Internet may be objectionable, but I accept responsibility for providing guidance to the above student on Internet use both Inside and outside of the school setting and conveying standards for the above student to follow when selecting, sharing or exploring information and media. **Should my child deliberately damage his/her computer, I may be responsible for the damages.** This agreement is in effect for the duration of this student's enrollment in this school.

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Name of Parent/Guardian

Signature of Parent/Guardian



**KFNC**

## Off-campus Education Acknowledgement of

**Risk** Consent of Parent, Guardian, or Independent Student and "Acknowledgement of Risk"

### PLEASE READ CAREFULLY

I, the parent, or legal guardian of (*name of student*), agree to the participation of ("**my child**") (*name of student*), or as an "Independent Student" under the *School Act* (Alberta), agree to my participation in the Program, including any practicum or workplace training that is part of the Land Based Teaching Program of Kapawe'no First Nation Collegiate and any agency the KFNC contracts as a ("**Program Provider**").

1. In consideration of KFNC accepting my child as a participant in the Program or accepting me (as an Independent Student) participant in the Program; **\*I agree and acknowledge as follows:**
2. The KFNC reserves the right to cancel the Program In whole or part, including prior to the scheduled date of commencement, based upon the security, health, and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
3. I agree, for myself and on behalf of my child, to release the KFNC, its Chief and Council, It's School Board Members, Superintendent, employees, volunteers, contractors , consultants and the Program Provider and its respective directors, governors, officers, employees and agents (collectively, the "**Releases**") from any claims, losses, damages, liabilities and costs ("**Losses**") that I or my child, as the case may be, may incur arising from or in connection with the Program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or wilful acts or omissions of any of the Releases. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special, or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.
4. Without limiting the generality of Section 2(A) above, I, for myself and on behalf of my child, or I, an Independent Student release the Releases from any delays, acts or omissions of any of the Releases in respect of the Program arising from events beyond his, her, it's or their reasonable control, which includes but is not limited to **ACTS OF GOD, WAR, STRIKES OR GOVERNMENT RESTRICTIONS, TERRORIST ACTIVITIES, STRIKES OR WORK STOPPAGES, OR. THE ACTS OR OMISSIONS OF ANY OTHER ORGANIZATION OR INDIVIDUAL, OVER WHOM THE RELEASES HAVE NO DIRECT CONTROL.**
5. I agree, for myself and on behalf of my child (or I, an Independent Student, agree) to pay or reimburse the Releases for any claims, losses; damages and costs arising from any acts or omissions of my child (or of me, as an Independent Student) in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releases.
6. I, on behalf of myself and my child (or I, as an Independent Student) release the Releasees and each of them from any losses, liabilities, damage, and costs that I and/or my child may incur arising from and during transportation to and from the location(s) of the Program, including while embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage, or loss incurred during transportation to and from the location(s) of the Program will not be compensated by the Releases.
7. I freely and voluntarily acknowledge and assume on my behalf and on behalf of the student (or, as an independent Student, I assume) all the risks and hazards, known and unknown, inherent to the nature of the Program and I understand and acknowledge that a student may suffer personal and potentially serious injury, loss, or illness due to unforeseeable or unexpected events.
8. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by KFNC and reserve the right to obtain additional information upon such a basis as I determine.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Freedom of Information and Privacy Act

*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 relating to this activity.

The information collected on this form as part of the school registration process is personal information as referred to in the *FOIP Act* - This personal information is collected pursuant to the provisions of the *School Act* and its regulations (e.g., for the establishment of a student record, determination of residency) and pursuant to section 33(c) of the *FOIP Act* as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment (e.g., program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies). Personal information may also be provided to the Minister of Education or the Minister of Indigenous Services Canada for the purpose of carrying out programs, activities, or policies under their administration (e.g., research, statistical analysis).

If you have any questions or concerns with any of the above, please contact the school office at (780) 751- 0008.

Kapawe'no First Nation Collegiate  
Administration Team

**\*I agree and consent for my child(ren)'s information to be managed by the school according to the protocols and policies of the *Freedom of Information and Privacy Act*.**

Parent or Guardian Signature \_\_\_\_\_

Student Name \_\_\_\_\_

## **Attendance Policy : 80/80 Rule**

A regular school day at Kapawe'no First Nation Collegiate begins at 9:00am. Attendance will be taken at 9:15am. If your child is going to be absent, please notify the office by 8:30am. (780) 751-0008.

Beginning at 10:00 am, calls will be made to parents/guardians regarding unexcused

absences. **Please indicate your preferred method of communication:**

\_\_\_ Home phone \_\_\_\_\_

\_\_\_ Cell phone \_\_\_\_\_

\_\_\_ Text Message \_\_\_\_\_

\_\_\_ Email \_\_\_\_\_

**\*I have read and agree to the KFNC policy for recording attendance and having our teachers and principals monitoring the policy at the Kapawe'no Nehiyiwak School and Buffalo Bay Academy**

_____	_____
Parent or Guardian Signature	Date

**\*\*Please refer to the Student / Parent Handbook for more details on these and other policies\*\***

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P.O. Box 10, Grouard, Alberta T0G 1C0 Tel: (780) 751-0008 Email: admin@kfncollegiate.ca

## STUDENT SCHOOL BUS REGISTRATION FORM

This form is to be completed and returned to our Education Department. All bus run information is developed according to your home address. If you need to make changes to the information provided, please contact the Kapawe'no Administration at (780) 751-0008.

GROUARD | SUCKER CREEK | HIGH PRAIRIE | KAPAWE'NO ON NATION | PEAVINE | GIFT LAKE

PARENT/GAURDIAN NAME \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICAL ADDRESS/HOUSE # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ START DATE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

GRADE	CHILD'S NAME	DATE OF BIRTH	ALBERTA HEALTH CARE

I \_\_\_\_\_ on behalf of myself and my child (or I, as an independent student) Release the Releasees and each of them from my losses, liabilities, damage, and costs that I and/or my child may incur arising from and during transportation to and from location(s) of the program, including while embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage, or loss incurred during transportation to and from location(s) of the program will not be compensated by the Releasees.