

ÉCOLE SECONDAIRE
PAUL KANE

HIGH SCHOOL



GRADE 11

NEW TO DISTRICT REGISTRATION 2021-2022

- Please download this package to your desktop.
- Fill in all information and save the form.
- Save and attach the completed registration package to an email addressed to:
pkschoolregistrations@spschools.org

School Fees will be finalized in September and published on the Paul Kane website. All registrations **MUST** include the following items. Each of the following **fillable forms** are included in this package:

1. ST. ALBERT PUBLIC SCHOOLS NEW TO DISTRICT STUDENT REGISTRATION FORM

- Please be sure each section is filled out in its **ENTIRETY**.
- Ensure **BOTH** Student & Parent/Legal Guardian **EMAIL** addresses are supplied. Incomplete forms will be returned.

2. POLICY SIGNATURE PAGE is signed by both Parent & Student

3. GRADE 11 COURSE SELECTION SHEET

- Students must select **one core course from each of the four core subject areas** and a French Language Arts course if taking French Immersion. Please refer to the subject areas in the **PK Guidebook** for additional guidance on which stream to choose based on Grade 9 marks.
- Students may **request 6 options or electives**. Students should also choose a **PE course and CALM 20** if they have not yet completed these courses in Grade 10.

Once these forms are completed, please return your registration package to **PAUL KANE HIGH SCHOOL**.



NEW TO DISTRICT STUDENT REGISTRATION FORM

REGISTRATION INFORMATION

STUDENT INFORMATION

Student's Legal Last Name:	Student's Legal Given Name(s):	Student's Alberta Student Number:
Student Also-Known-As (if different than above):		
Last Name:	Given Name(s):	Date of Birth: (MM/DD/YYYY)
Street Address:	City:	Province: Postal Code:
Home Phone Number:	Mailing Address (if different than street address):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/>
Citizenship: Canadian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Student's E-mail address (personal):	
Citizenship, <i>if not Canadian</i> : (This section does not need to be filled out if student is Canadian). Permanent Resident/Landed Immigrant <input type="checkbox"/> Child of Canadian Citizen <input type="checkbox"/> Child of Individual Lawfully Admitted to Canada for Permanent or Temporary Residence <input type="checkbox"/> Other <input type="checkbox"/> _____		Student Visa Authorization <input type="checkbox"/> Student Visa Expiry Date: (MM/DD/YYYY) (Attach Copy)
NOTE: The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. A photocopy will be placed in the Student Record.		
Name of Official Document (please specify): _____ Copy Attached <input type="checkbox"/>		

SCHOOL INFORMATION

Name of School at which student is registering: PAUL KANE HIGH SCHOOL	Grade Entering:	Start Date: (MM/DD/YYYY)
Program Requested: (Please check one): Regular English Program <input type="checkbox"/> French Immersion Program <input type="checkbox"/> Advanced Placement <input type="checkbox"/>		
If you require yellow bus transportation services, please contact transportation @ (780-460-3712) or e-mail transportation@spschools.org		
Name of Previous School Attended:	Grade Completed:	School Withdrawal Date: (MM/DD/YYYY)
Address of Previous School:	Phone Number of Previous School:	Fax Number of Previous School:
If registering from Out of District , please provide a copy of the most recent report card.		

LEGAL GUARDIAN INFORMATION

Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____				Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____			
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____				Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____			
Last Name:		First Name:		Last Name:		First Name:	
Street Address (Note "same" if not different from student's – page 1):				Street Address (Note "same" if not different from student's – page 1):			
City:	Province:	Postal Code:	Country:	City:	Province:	Postal Code:	Country:
Home Phone Number:		Business Phone Number:		Home Phone Number:		Business Phone Number:	
Cell Phone Number:		Other:		Cell Phone Number:		Other:	
Email: _____@_____				Email: _____@_____			

CUSTODY/GUARDIANSHIP INFORMATION

<p>Student lives with</p> <p>Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Home <input type="checkbox"/> Independently <input type="checkbox"/></p> <p>Other <input type="checkbox"/> (if other, please explain: _____)</p>
<p>Are there any Court Orders affecting guardianship rights, custody, or access to the student? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, the school must be supplied with a copy of the Court Order (with the court seal evident). A photocopy will be placed in the Student Record.</p> <p>Copy Provided: <input type="checkbox"/></p>

EMERGENCY CONTACTS

It is essential that you provide the names and phone numbers of individuals who have given their permission to be contacted in the case of emergency (other than parents/guardians listed above).				
Name:	Relationship to Student:	Home Phone Number:	Business Phone Number:	Cell Phone Number:
Name:	Relationship to Student:	Home Phone Number:	Business Phone Number:	Cell Phone Number:
Name:	Relationship to Student:	Home Phone Number:	Business Phone Number:	Cell Phone Number:

MEDICAL INFORMATION

Does your child have any medical conditions or allergies the school should know about or that may affect his/her attendance at school?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, please give a brief description: _____
Doctor's Name (optional): _____	Doctor's Phone Number (optional): _____

SPECIAL NEEDS INFORMATION

Does your child have physical, intellectual, behavioral, or emotional needs which would impact our ability to provide an appropriate educational program?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, please explain: _____
Has your child had any previous special/inclusive education testing or assistance?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, please provide program name and contact: _____

DECLARATIONS

INDEPENDENT STUDENT STATUS

Students 18 years of age and older, or "living independently":

The *Education 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 by a board in accordance with section 6, or (b) who is a party to an agreement under Section 57.2 of the *Child, Youth and Family Enhancement Act*.

Do you qualify for status as an "Independent Student" under the definition of the *Education Act*? Yes No If yes, please attach proof of independent status. (If claiming independent student status, you may complete this form and register in the school division without parental consent).

ABORIGINAL SELF-IDENTIFICATION

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

First Nation (Status) First Nation (Non-Status) Métis Inuit

For further information, please refer to <https://open.alberta.ca/publications/aboriginal-student-self-identification-information-for-school-authorities> or contact Alberta Education at 780-427-8501

If you have questions regarding the collection of student information by the school board, please contact the St. Albert Public School Board Superintendent Krimsen Sumners at 780-460-3712

SECTION 23 ELIGIBILITY (FRANCOPHONE EDUCATION)

According to the *Education 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 *Education Act*? Eligible Ineligible

NOTE: In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional Authority. To exercise your Section 23 rights you must enroll your child with a Francophone Regional Authority.

The provincial Student Record Regulation requires St. Albert Public Schools to release certain demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

ADDITIONAL ENROLMENT INFORMATION

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?

DECLARATION BY LEGAL GUARDIAN (OR STUDENT, IF STUDENT IS LIVING INDEPENDENTLY)

I hereby declare I have read and understood the information contained on this Student Registration Form and that the information I have provided above is true, accurate and complete. I accept responsibility to advise the school if there are any changes to this information. (Signature Required)

Name (Please Print):

Signature:

Date (MM/DD/YYYY):



PAUL KANE POLICY SIGNATURE PAGE



St. Albert
PUBLIC SCHOOLS

Student Name: _____ Date _____

Please refer to the Paul Kane website at [Registration - Paul Kane High School](#) where you can read the policies referred to below and/or print them off at your convenience. The policies pertain to technology/computer use, privacy, locker use and student conduct. All policies can be found in our [Paul Kane Student Handbook](#).

Prior to clicking the Policy Package link, be sure you have downloaded this package to preserve your data. Otherwise the form will automatically reset and all data entered will be lost.

ST. ALBERT PUBLIC SCHOOLS POLICY PACKAGE: www.pkhs.spschools.org/registration 2021-22

- FOIP NOTIFICATION
- DRUG FREE SCHOOLS & DRUG FREE PROTOCOL
- CODE OF STUDENT CONDUCT AGREEMENT
- LICENSE TO USE SCHOOL LOCKER
- STUDENT ACCEPTABLE USE OF TECHNOLOGY AGREEMENT
- FROSHING – ASSAULT & ABDUCTION CONTRACT

By signing here, I hereby acknowledge that I have read and understood the **Drug Free Schools & Drug Free Protocol, Code of Student Conduct Agreement, Licence to Use School Locker and Froshing - Assault & Abduction Contract.**

Student Signature: _____

STUDENT ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

Student Section: I have read the Acceptable Use of Technology Agreement. I agree to follow the rules and expectations contained in this agreement. I understand that if I violate the agreement, my account can be terminated and I may face other disciplinary measures. I understand that my computer and network use may be monitored at any time.

Parent/Guardian Section: I have read the Student Acceptable Use Guidelines and have discussed them with my child. I understand that computer access is for educational purposes. I will instruct my child regarding acceptable use, including that which is set forth in the Acceptable Use of Technology Agreement. I will emphasize to my child the importance of following the rules for personal safety. I understand that my child’s computer and network use may be monitored at any time. I understand that some materials on the Internet may be objectionable, and that my child may manage to access those materials despite efforts of the District and its staff. I hereby release St. Albert Public Schools and its personnel from any and all claims and damages arising from my child’s use of, or inability to use, the St. Albert Public Schools’ computer systems. I give permission to allow internet access for my child and certify that the information contained in this form is correct.

Parent/Guardian Signature: _____ Student Signature: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) ACT

Parent/Guardian Section: I have read St. Albert Public Schools FOIP Notification and understand that my child’s personal information will be used to provide an educational program that meets their needs and provides a safe and secure environment.

_____ I give permission to the school to allow my son/daughter to participate in promoting student achievements and activities in public venues, to allow his/her work to be showcased both in the school and in the community, and to be interviewed, photographed and/or videotaped for school related activities. It is my understanding that this promotion can be done by the school, the Board or other outside agencies (e.g. television stations, local newspapers, etc.) for non-profit educational purposes.

_____ No, I would like to decline consent.

Parent/Guardian Signature: _____ Over 18 Student Signature: _____



**ÉCOLE SECONDAIRE PAUL KANE HIGH SCHOOL
GRADE 11 COURSE SELECTIONS 2021-2022**

Last Name: _____

First Name: _____

Student Cell: _____

✓		Credit
GRADE 10 COURSES		
English Language Arts		
	ELA 10-1	5
	ELA 10-1 AP	5
	ELA 10-2	5
French Language Arts		
	French Language Arts 10-1	5
	French Language Arts 10-2	5
Mathematics		
	Math 10C Foundations	5
	Math 10C Pre-Calculus	5
	Math 10C AP	5
	French Math 10C	5
	Math 10-3	5
Science		
	Science 10	5
	Science 10 AP	5
	French Science 10	5
	Science 14	5
Work Experience		
	Work Experience/Rap (if interested)	
For information regarding Work Experience, RAP & Dual Credit Programs, please contact the Work Experience office.		
Social Studies		
	Social Studies 10-1	5
	Social Studies 10-1 AP	5
	Social Studies 10-2	5
	French Social Studies 10-1	5
	French Social Studies 10-2	5
Physical Education/CALM		
	PE 10 Girls	5
	PE 10 Boys	5
	PE (co-ed)/CALM 20	6
	CALM 20	3

✓		Credit
GRADE 11 COURSES		
English Language Arts		
	English 20-1	5
	English 20-1 AP	5
	English 20-2	5
French Language Arts		
	French Language Arts 20-1	5
	French Language Arts 20-2	5
Mathematics		
	Math 20-1	5
	Math 20-2	5
	Math 20-1 AP / 30-1 AP	10
	French Math 20-1	5
	French Math 20-2	5
	Math 20-3	5
Science		
	Science 20	5
	Science 24	5
	Biology 20	5
	Biology 20 AP	5
	Chemistry 20	5
	Chemistry 20 AP	5
	Physics 20	5
	Physics 20 AP	5
	French Biology 20	5
	French Chemistry 20	5
	French Physics 20	5
Social Studies		
	Social Studies 20-1	5
	Social Studies 20 / European History AP	8
	Social Studies 20-2	5
	French Social Studies 20-1	5
	French Social Studies 20-2	5
Physical Education/CALM		
	PE 20 Girls	5
	PE 20 Boys	5
	PE (co-ed)/CALM 20	6
	CALM 20	3

✓		Credit
GRADE 12 COURSES		
English Language Arts		
	English 30-1	5
	English 30-1 AP	5
	English 30-2	5
French Language Arts		
	French Language Arts 30-1	5
	French Language Arts 30-2	5
Mathematics		
	Math 30-1	5
	Math 30-2	5
	Math 31	5
	Math 31 AP / 35 AP	5
	French Math 30-1	5
	French Math 30-2	5
	Math 30-3	5
Science		
	Science 30	5
	Biology 30	5
	Biology 30 / 35 AP	8
	Chemistry 30	5
	Chemistry 30 / 35 AP	8
	Physics 30	5
	French Science 30	5
	French Biology 30	5
	French Chemistry 30	5
	French Physics 30	5
Social Studies		
	Sociology 1000 (see guidebook)	5
	Social Studies 30-1	5
	Social Studies 30-2	5
	French Social Studies 30-1	5
	French Social Studies 30-2	5
Physical Education/CALM		
	PE 30 Girls	5
	PE 30 Boys	5
	PE (co-ed)/CALM 20	6
	CALM 20	3

OPTION AND ELECTIVE COURSES: Choose 6 from the list below, with #1 being your first choice.

#		Credit
	Advanced Acting	5
	Art 10/20/30/31	5
	Choral Music 10/20/30	3
	Communication Technology	5
	Construction & Fabrication	3
	Construction & Fabrication	5
	Cosmetology 10	5
	Cosmetology 20	5
	Cosmetology 30	5
	Chinese (Mandarin) 10	5
	Chinese (Mandarin) 20	5
	Chinese (Mandarin) 30	5
	CrossFit® *pre-req Phys Ed 10	3
	Design Studies	5
	Drama 10	5
	Drama 20	5
	Drama 30	5
	Fashion Studies	5

#		Credit
	Financial Management	3
	Fitness	3
	Food Studies 10	5
	Food Studies 20	5
	Food Studies 30	5
	French 10	5
	French 20	5
	French 30	5
	General Music (Rock & Pop)	5
	Instrumental Music (Band)	5
	Japanese 10	5
	Japanese 20	5
	Japanese 30	5
	Legal Studies	3
	Math Plus	3
	Musical Theatre 15	5
	Musical Theatre 25/35	5
	Paleontology 15 *pre-req Sci 10	3

#		Credit
	Personal Psychology 20	3
	Philosophies of Man	3
	Psychology AP *pre-req required	6
	Robotics	3
	Set Construction	3
	Spanish 10	5
	Spanish 20	5
	Spanish 30	5
	Sports Medicine 10	3
	Sports Medicine 20/30	3
	Sports Medicine 20/30	5
	Study of Film	3
	Technical Theatre	3
	Technical Theatre	5
	Video Production	3
	Wildlife	3
	Yoga	3
TOTAL CREDITS		

Parent Signature _____

Date: _____

Staff Initial: _____