## Northern Gateway Public Schools 2025-26 STUDENT REGISTRATION FORM

# **Registration Checklist:**

- □ Please download and complete the attached form. The form may be printed, completed and signed manually, or completed and signed digitally in Adobe Reader.
- □ Once the form has been completed, please sign and initial the form where indicated.
- Proof of residence is required to register for school. Parents will be required to provide a copy of their legal address to the school. Proof of residence can be verified with any bill or agreement that proves that this location is the student's legal home address (blue or green sign number) or street address. It can be in the form of a tax notice, lease agreement or utility bill that confirms physical address.
- □ Legal proof of a student's name and age is required to register for school. Proof of name and age can be provided via a copy of a birth certificate, permanent residency document, Canadian citizenship document or passport.
- □ If you require bus transportation please apply online at ngps.ca, **<u>Busing and Transportation</u>**.
- Submit your completed registration form including: signed application, proof of residence, and proof of student's name and age to the school. Email, mail or submit your signed application and proof documents in person, to the school.

Intake Appointments: Please be advised that an intake appointment may be required for new students.





## **STUDENT REGISTRATION 2025-26**

#### 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, a student registration form must be completed in its entirety and signed by the parent/legal guardian or by the student (if living independently). The student registration form is used to enroll a student who is new to Northern Gateway Public Schools, who is returning to the division, or who is transferring to a school within the division. A student cannot be registered without a copy of a legal document (birth certificate, permanent residency document, Canadian citizenship document, or passport) that provides proof of legal name and age.

OFFICE USE ONLY					
Student ID #	Α	SN # (9 digits)			
School Grad	le Room	Date of Registration (MM/DD/YYYY			
A copy of the following is attached: Birth Cert	ficate 🔲 Residency Document	Canadian Citizenship Document Passport			
If applicable, a copy of the legal guardianship/cust	ody order is attached: 🛛 Yes 🗌	No			
STUDENT Print the student	's legal surname (last name) and gi	ven name(s) below. These are the names on the student's birth certificate or adoption			
INFORMATION papers. If the stu	dent uses a different first name, th	here is a space at the end of this section for <i>preferred name</i> .			
Student's Legal Last Name		Date of Birth (MM/DD/YYYY)			
Student's Legal First Name		Grade Level			
Student's Legal Middle Name(s)		Language Spoken at Home (if other than English)			
Student's Preferred First Name		Gender			
		Male     Female     Unspecified			
Phone Numbers (with area code) Home Phone		Cell Phone			
Siblings Last Name	First Name	School Age			
Last Name	riscindifie	School Age			
Last Name	First Name	School Age			
Last Name	First Name	School Age			
Physical Address – Proof of Residence required	Dura da el	Destel Code			
Town or Rural blue sign address Town	Province	Postal Code			
Mailing Address (if different than student's reside					
Address or P.O. Box	Town	Province Postal Code			
School History					
Has the student ever registered with NGPS?  Yes No Previous NGPS School					
Previous Non-NGPS School Attended Previo	us School Phone Number	Previous School District Previous School Province or Country			

#### STUDENT INFORMATION (continued)

Student Citizenship Status – Citizenship documents determine whether a student is eligible to attend school in Alberta. What is the student's citizenship or immigrant status?							
	ent's status	Student documents required			Cases If the st	Parent documents required in some Cases If the student's documents do not verify the student's citizenship status	
🗆 Ca	nadian citizen	Provide one of the following student documents:       No parent documents required.         • Canadian birth certificate       • Canadian passport         • Canadian citizenship card or certificate       • Canadian treaty card         • Canadian Citizenship card or certificate       • Canadian treaty card         • Canadian Citizenship card or certificate       • Canadian treaty card         • Canadian Citizenship card or certificate       • Canadian Citizenship card					
🗆 Ca	nadian permanent resident	Provide one of the follow Canadian permanen Canadian Confirmat	ving <b>student</b> docum t resident card	ients:	Parent docu	ments required. <i>See page 6.</i>	
□ Ir	ternational student	Provide both of the follow Canadian study permit <i>E</i> Letter of acceptance from	xpiry date::		No parent d	ocuments required.	
□ C	hild of a Canadian Citizen	Provide one of the follow Foreign birth certific Foreign passport		ients:	Parent documents required. See page 6.		
<ul> <li>Child of an individual admitted to Canada as a permanent or temporary resident</li> <li>Provide one of the following student documents:         <ul> <li>Foreign birth certificate</li> <li>Foreign passport</li> <li>Refugee Protection Claimant Document Expiry date:</li> <li>Notice of Decision from Refugee Protection Division</li> </ul> </li> </ul>					Parent docu	ments required. <i>See page 6.</i>	
Step-child of a Canadian citizen or a permanent resident       Provide one of the following student documents:         • Foreign birth certificate       • Foreign passport				Step-parent <i>See page 6.</i>	documents required.		
	ep-child of a temporary foreign orker	Provide: • Canadian study permit <i>i</i>	Expiry date:			documents required.	
	uage Information helps with program pla	cement and communicating	a with the student in	an emergency			
	glish the student's first language $\square$						
	cal Information (This information					onal)	
	here any serious medical condition					onal)	
	abetes 🗆 Epilepsy 🗆 Allergies (p	-					
Medi	cal Notes (If more space is required	I, please attach additional nc	otes)				
Bus Transportation							
Will the student require transportation on a Northern Gateway Public Schools' bus? For information on student transportation and/or to apply for busing please visit ngps.ca, <u>Busing and Transportation</u> , or contact the Transportation Department via email at <u>transportation@ngps.ca</u> or telephone at 1-888-785-3396. Proof of Residence is required i.e. Utility bill.							
PARENT/GUARDIAN INFORMATION Please identify each of the legal guardian(s) for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian as defined in the Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth, and Family Enhancement Act.							
	Relationship to Student						
IAN	Last Name						
JARD	First Name	Mr., Mrs., Ms., Dr., etc.					
T/GL	Phone Numbers (with area code) Home Phone				Business Phone		
LEGAL PARENT/GUARDIAN	Cell Phone Email Address						
	Is this individual the legal guardian of the student?  Yes No Is this individual allowed to pick up the student from school?  Yes No Does the student reside with this individual?  Yes No Is of address is different than the student's, please complete the section below.						
STLE	Physical Address Town or Rural blue sign address		Town		Province Postal Code		
FIRST	Mailing Address (if different than a Address or P.O. Box	udent's residence) Town			Province	Postal Code	

## PARENT/GUARDIAN INFORMATION (continued)

7	Relationship to Student							
SECOND LEGAL PARENT/GUARDIAN	Last Name							
	First Name					Mr., Mrs., Ms., Dr., etc.		
	Phone Numbers (with	area code)						
	Home Phone			Business Phone				
	Cell Phone				Email Address			
	Is this individual allowe	gal guardian of the stude ed to pick up the student le with this individual?	from school?		If address is differ	ent than the student's, plea	ise complete the section below.	
	Town or Rural blue sig	n address		Town		Province	Postal Code	
U U	Mailing Address (if different than student's residence)							
S	Address or P.O. Box			Town		Province	Postal Code	
	Relationship to Studen	it						
R	Last Name							
GIVI	First Name			Mr., Mrs., Ms., [	Dr., etc.			
RE	Phone Numbers (with	area code)						
CAF	Home Phone			Business Phone				
ARY	Cell Phone			Email Address				
OTHER PRIMARY CAREGIVER	Is this individual the legal guardian of the student?  Yes No Is this individual allowed to pick up the student from school?  Yes No Does the student reside with this individual?  Yes No If address is different than the student's, please complete the section below.							
THE	Physical Address Town or Rural blue sig	n address		Town		Province	Postal Code	
0	Mailing Address (if different than student's residence)							
	Address or P.O. Box		Town		Province	Postal Code		
	Relationship to Student							
Я	Last Name							
GIVE	First Name		Mr., Mrs., Ms., Dr., etc.					
SEC	Phone Numbers (with area code)							
CAF	Home Phone		Business Phone					
ARY	Cell Phone		Email Address					
OTHER PRIMARY CAREGIVER	Is this individual the legal guardian of the student?  Yes No Is this individual allowed to pick up the student from school?  Yes No Does the student reside with this individual?  Yes No If address is different than the student's, please complete the section below.							
ER	Physical Address					ent than the student's, pieu	ise complete the section below.	
ОТН	Town or Rural blue sign Address		Town		Province	Postal Code		
0	Mailing Address (if different than student's residence)							
	Address or P.O. Box		Town		Province	Postal Code		
	EMERGENCY CONTACTS					school, other than the stud guardian is unavailable.	lent's parent or guardian, who can	
	ency Contact #1	-			Relationship to Studen	t		
Home	Phone		Business Pl	hone		Cell Phone		
Emergency Contact #2				Relationship to Studen	t	1		
Home	Phone		Business Pl	hone		Cell Phone		

Guardians of the student must be identified to ensure each party's rights are respected. If an order does exist affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. The court seal must be evident on the order. In rare instances, a child may be designated as "protected" if a court issues a restraining order under the *Child Welfare Act, Divorce Act, Young Offenders Act* or similar legislation.

Does a legal document exist? □ Yes □ No Document Expiry Date (MM/DD/YYYY, if applicable)

Type of Legal Document □ Access and/or Custody □ Parenting □ Guardianship □ Protection

An individual may be subject to contact restrictions with a student through a legal process. Is there a legal document that forbids an individual from having contact with this student?

□ No □ Yes – The school will collect and keep the legal document(s) on the student's record.

Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. Please ensure that the division has copies of all current orders or agreements addressing guardianship rights, responsibilities, and entitlements or otherwise affecting the custody of or access to your child.

#### Family Circumstances

Are there family circumstances you wish to share with the school? 🛛 Yes 🗆 No 👘 If yes, please make an appointment with the principal.

#### 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 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

#### Francophone Rights

According to Section 10 of 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/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/are receiving instruction in a French First Language Program or school in Canada (this does not include a French Immersion program).

If you have answered yes, the Student Record Regulation requires Northern Gateway Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction.

If yes, do you wish to exercise your right to have your child educated in French? 🛛 Yes 🗆 No

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.

#### **Indigenous Self-Declaration**

If you wish to identify that your child has First Nations, Métis or Inuit ancestry, please specify:

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

For further information, please refer to Alberta's First Nations, Métis or Inuit Student Self-Identification 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 Deputy Superintendent at 780-778-2800 or 1-800-262-8674.

**Student Treaty Status and Residency** 

Does this student have treaty status? □ Yes □ No Does this student reside on reserve? □ Yes □ No

Indian Registry Number (IRN – ten digit number)

Name of Reserve

Complete Address on Reserve

#### Digital Citizenship and Technology Use

As a condition of using Northern Gateway Public Schools network resources, I understand that access to division information resources, including access to internet and cloud-based resources, is a privilege and agree to abide by <u>Administrative Procedure 640 – Responsible Use of Technology</u> and the regulations identified in <u>Administrative Procedure 640 – Form 640-1 Technology Use Agreement.</u>

Please initial to indicate that you have read and understood the policies and regulations identified above.

#### **Policies and Regulations**

information from the Internet.

If the hyperlinked documents are unavailable for any reason, information related to the sections above is available at your school in paper format. Please ask your school secretary or principal.

#### Collection and Use of Personal Information Disclaimer

Further details can be found in our FOIP and Media Consent document.

The information requested on this form is being collected pursuant to the School Act, Section 23, A.R. 71/99 and the Freedom of Information and Protection of Privacy (FOIP) Act, Sections 33(c), 39(1)(b), and 40(1)(c). Information acquired through this form is kept secure and access is restricted. In accordance with the Student Record Regulation, this form will be placed in the student's record file.

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the school or Northern Gateway Public Schools' FOIP Coordinator at 1-800-262-8674.

DECLARATION	I am the legal guardian or the independent student referred to in this registration form. I have read and understand the information regarding guardianship and I have identified all guardians for this student. I hereby certify the foregoing information to be true, correct, and complete.					
First Parent/Guardian Print Name		Signature	Date			
Second Parent/Guardian Print Name		Signature	Date			

#### Using and Disclosing Personal Information

Northern Gateway Public Schools recognizes that all procedures for the collection and storing of information by division staff in the course of affairs and procedures regulating the release of information to other parties must follow provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. Access to information is guided by Administrative Procedure 564 - Freedom of Information and Protection of Privacy. Further details can be found in our FOIP and Media Consent document.

Please initial to indicate that you have read and understood the policies and regulations identified above.	

Media Participation

**Consent to Post Personal Information** 

that my signature below indicates my consent.

While under the supervision of Northern Gateway Public Schools, I hereby give Northern Gateway Public Schools and outside organizations permission to photograph, video tape, audio tape, and/or interview my child. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced, and broadcast within NGPS and by the outside organization for displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials.

I hereby give Northern Gateway Public Schools permission to use, publish, display, and copyright any work, written material, or creative work created or authored by my child through school activities. I understand that artwork, written material, or creative work may be used by Northern Gateway Public Schools in division or school displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials. I understand that Northern Gateway Public Schools may make minor edits as deemed appropriate.

I understand that consent can be revoked at any time by written notification provided to my child's school. Further details can be found in our FOIP and Media Consent document.

Northern Gateway Public Schools requests consent to post personal information (including but not limited to first name, last name, grade, photographs, video, audio, award recognition, and school related activities) to external websites, social media, media publications (including yearbooks), and promotional materials. I understand

I understand that once provided, consent, in whole or in part (e.g. last name or photo, etc.), can be revoked at any time by written notification provided to my child's school, acknowledging that although photos/videos will be removed from websites and social media accounts, it may not be possible to remove all traces of personal

Please initial to indicate that you have read and understood the guidelines explained above.

Initials

Initials

Signature

policies and regulations identified above. y

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ADDITIONAL ENROLMENT INFORMATION	(If required, as per Page 2, Student Citizenship Status)					
PARENT/GUARDIAN CITIZENSHIP DOCUMENTS						
If the student's status is one of the following, please provide documents confirming the parent's citizenship.						
Student's status (choose one)	Student's status (choose one)     Parent documents required					
Canadian permanent resident	Provide one of the following <b>parent</b> documents: • Canadian Permanent Resident card • Canadian Confirmation of Permanent Residence document <i>Expiry date:</i>					
A child of a Canadian citizen OR a child of an individual admitted to Canada as a permanent or temporary resident	<ul> <li>Provide one of the following parent documents:</li> <li>Canadian birth certificate</li> <li>Canadian citizenship card or certificate</li> <li>Canadian passport</li> <li>Canadian treaty card</li> <li>Canadian Certificate of Indian Status</li> <li>Canadian Permanent Resident card</li> </ul>	<ul> <li>Canadian Confirmation of Permanent Residence document <i>Expiry date:</i></li> <li>Canadian work permit <i>Expiry date:</i></li> <li>Canadian study permit (with supporting enrolment documents) <i>Expiry date:</i></li> <li>Refugee Protection Claimant Document <i>Expiry date:</i></li> <li>Notice of Decision from Refugee Protection Division</li> </ul>				
A step-child of a Canadian citizen or permanent resident	<ul> <li>Provide one of the following step-parent documents:</li> <li>Canadian birth certificate</li> <li>Canadian citizenship card or certificate</li> <li>Canadian citizenship card or certificate</li> <li>Canadian passport</li> <li>Canadian treaty card</li> <li>Canadian Certificate of Indian Status</li> <li>Canadian Permanent Resident card</li> <li>Canadian Confirmation of Permanent Residence document</li> </ul>	<ul> <li>AND</li> <li>Copy of application for permanent residency for the student and student's biological parents, and the official receipt</li> <li>Copy of parent/guardian marriage certificate or copy of IMM5409 (Statutory of Common Law form)</li> </ul>				
A step-child of a temporary foreign worker	Provide both of the following <b>step-parent</b> documents: • Canadian work permit <i>Expiry date:</i>	• Foreign passport				

# 2025-26 Junior Kindergarten Registration



Completed Registration Forms can be emailed to pathardy@ngps.ca

## FOR OFFICE USE ONLY:

Junior Kindergarten fees.

Birth Certificate Proof of Age Deposit (School Cash Preferred) 2 Day (5 hour) Program - \$27.00/year 4 Day (10 hour) Program - \$109/month (non-refundable) \*Deposit includes September 2025 and May 2026

- □ 3 & 4 Year: Monday/Wednesday am (5 hr)
- □ 3 Year: Tuesday/Thursday am (5 hr)
- □ 4 Year: Monday/Wednesday pm (5 hr)
- $\Box$  4 Year: Tuesday/Thursday pm (5 hr)
- □ 4 Year: Monday-Thursday am (10 hr)
- □ 4 Year: Monday-Thursday pm (10 hr)



### \*Payment Options:

<u>School Cash Online</u> (preferred) in order to use your debit or credit card or <u>post-dated cheques</u> for October-April (September 2025 and May 2026 payments included in deposit)

Parents may also choose to pay the **yearly fee** of \$27.00 (5 hour program) or \$490.50(10 hour program). This includes deposit.

Receipt Number: \_\_\_\_\_\_ Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

NOTE: Withdrawing from the program will require one month's written notice. The deposit will be applied to September 2025 and May 2026 payments. The fee is non-refundable.

Initials:

## 2025-26 Junior Kindergarten Class Preference

Date:\_\_\_\_\_ Child's Last Name:\_\_\_\_\_ Child's First Name:\_\_\_\_\_ Please number your class preferences: 3 & 4 year old - Monday and Wednesday mornings (2 days) 3 year old - Tuesday and Thursday mornings (2 days) 4 year old - Monday and Wednesday afternoons (2 days) 4 year old - Monday and Thursday afternoons (2 days) 4 year old - Tuesday and Thursday afternoons (2 days) 4 year old - Monday to Thursday mornings (4 days) 4 year old - Monday to Thursday afternoons (4 days)

# 2025-26 Junior Kindergarten Registration



Completed Registration Forms can be emailed to pathardy@ngps.ca

HI	EALTH RECORD for					
		Child's Name	e			
Eľ	MERGENCY CONTACTS	6 (other than parents):				
1.	Name:	Relationship	Relationship to Child:			
	Home phone:	Cell Phone:	Work Phone:			
	Home Address:		Postal Code:		_	
2.	Name:	Relationship	to Child:		_	
	Home phone:	Cell Phone:	Work Phone:			
	Home Address:		Postal Code:		_	
MI	EDICAL INFORMATION:					
Fa	mily Doctor:		Phone:		-	
All	berta Health Care Number:		-			
My	y child's immunizations are	up to date per my child's age: Yes	No			
lf ı	not, are you planning to hav	e your child immunized or immunization	updated? Yes	No		
	bes your child have a medic ur child take any medicatior	al condition, allergies (food or environments?	ental), emotional or de	velopmental challe	enges? Does	

#### TOILETING:

\*\*\* Children must be fully toilet trained to participate in the Junior Kindergarten Program.

#### CONSENT FOR EMERGENCY MEDICAL TREATMENT:

In an emergency, my child may need medical or surgical treatment. If an emergency occurs, every reasonable effort will be made to contact the parent. If you cannot be reached, I give permission for emergency medical treatment of my child. Any expenses incurred for emergency medical treatment under this section will be my responsibility.

(Signature of Child's Parent or Guardian)

Year Month Day

(Printed Name of Child's Parent or Guardian)

# 2025-2026 Junior Kindergarten Registration



Completed Registration Forms can be emailed to pathardy@ngps.ca

### COMMUNICABLE DISEASE POLICY:

The following criteria should be used to decide when a child is too ill to attend Junior Kindergarten. Your child should not attend if he/she has any of the following symptoms:

- Diarrhea
- Vomiting
- Cold
- Fever
- Rash
- Pink Eye (Conjunctivitis)
- Ear Infection, Sore Throat, Cough

If a child develops any of the above symptoms while at Junior Kindergarten, you or your emergency contact person will be notified to take the child home.

In the case of a communicable disease (measles, mumps, rubella etc.), or parasitic infestation, those infected may not attend Junior Kindergarten until a clearance from a Doctor or Health Unit is obtained. A child must be on antibiotics for at least 24 hours, and feeling well, to be able to attend Junior Kindergarten.

I, \_\_\_\_\_ (Printed Name of Parent or Guardian) have read and understand Pat Hardy's Junior Kindergarten Communicable Disease Policy.

(Date)

(Signature of Child's Parent or Guardian)

### **RELEASE AUTHORIZATION:**

Please indicate authorized person(s) (other than yourself) to whom the child may be released:

a)\_\_\_\_\_ b) \_\_\_\_\_

Person(s) to whom the child is **NOT** to be released:

a)\_\_\_\_\_ b)\_\_\_\_\_

The above information will be kept in strict confidence and will only be presented to public health officials should they require such information for any reason.

#### JUNIOR KINDERGARTEN DISCIPLINE POLICY:

The goal of Junior Kindergarten is to teach the children to socialize in a positive manner. Fair and appropriate discipline will help them to learn self-control in expressing their emotions. Limits will be stated kindly, but firmly, and consequences for misbehavior will be fair, logical and realistic. Children will stay in the classroom where possible and inappropriate behavior will be redirected into more positive alternatives. Children who are unable to regulate will be removed from the situation and one on one attention will be provided until the child has gained control and can safely return to the classroom.

If, in the professional opinion of the teacher, a child's behavior disrupts the normal operation of the classroom, the teacher will contact the parents and may suggest that a childcare professional assess the child regarding suitability of that child to continue in the program.

Any disciplinary action will be reasonable in the circumstances. Staff will not deny or threaten to deny any basic necessity and will not use or permit the use of any form of physical restraint, confinement or isolation. Physical and verbal degradation or emotional deprivation will not be tolerated and will result in dismissal.

# 2025-26 Junior Kindergarten Registration



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\_\_\_\_\_ (Printed Name of Parent or Guardian), have read and understand Pat

Hardy's Junior Kindergarten discipline policy.

(Signature of Child's Parent or Guardian)

(Date)

## Volunteer Code of Conduct

Volunteers have a special place in schools and assist in many ways including individual, small group and whole class interactions with students in a range of different activities. To assist schools in providing a safe environment and a positive educational climate, volunteers are required to comply with the code of conduct for volunteers when in our schools.

## As a Volunteer, I will:

I,

- Treat everyone with respect, loyalty, patience, courtesy, dignity and consideration;
- · Be flexible in responding to the needs of students;
- · Be prompt, dependable, and contact the school if I am unable to attend at the scheduled time;
- · Be friendly to students, staff and other volunteers;
- · Be supportive of administration and teaching staff;
- · Be willing to discover the interests and strengths of each student and generate enthusiasm about each student;
- Recognize the student's need to improve self-image and independent learning habits;
- Communicate regularly with staff, expressing concerns and questions with the teacher or supervisor;
- Keep all students' information confidential. Any information that indicates that a student may harm her/himself
  or another person must be reported to the teacher or school counselor. If the student reports that he/she has
  been abused, that information must be reported to the teacher or school counselor. This information should
  not be repeated to friends, relatives, coworkers or other acquaintances;
- Refer all potential disciplinary problems to the classroom teacher or appropriate staff member;
- Obey all laws and regulations, including traffic laws;
- Obey all school policies and regulations:

### As a Volunteer, I will NOT:

- Use, possess, or be under the influence of alcohol or illegal drugs at any time while volunteering;
- Pose any health risk to students, staff or other volunteers (i.e. no fevers or other contagious situations);
- Strike, spank, shake or slap students, staff or other volunteers;
- Humiliate, ridicule, threaten, or degrade students, staff or other volunteers;
- Touch a student, staff or other volunteer in a sexual or other inappropriate manner;
- Use profanity in the presence of a student, staff or other volunteer;
- Drive any student without prior approval by the principal in accordance with NGPS procedures.

I, \_\_\_\_\_\_ have read, fully understand and accept the terms and conditions of volunteering as set out in the volunteer Code of Conduct. I agree to abide by Northern Gateway Regional School Division Policies and procedures.

Volunteer Signature: \_\_\_\_\_

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