



# PAUL KANE GRADE 11 COURSE REQUESTS

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ STUDENT CELL \_\_\_\_\_

## CORE COURSES

O English 10-2	5	O English 20-2	5	O English 30-2	5
O English 10-1	5	O English 20-1	5	O English 30-1	5
O English 10-1 AP	5	O English 20-1 AP	5	O English 30-1 AP	5
				O French Language Arts 30-2	5
O French Language Arts 10-2	5	O French Language Arts 20-2	5	O French Language Arts 30-1	5
O French Language Arts 10-1	5	O French Language Arts 20-1	5	O French 30	5
O French 10	5	O French 20	5	O Japanese 30	5
O Japanese 10	5	O Japanese 20	5	O Spanish 30	5
O Spanish 10	5	O Spanish 20	5	O Chinese (Mandarin) 30	5
O Chinese (Mandarin) 10	5	O Chinese (Mandarin) 20	5		
				O Math PLUS (Math 30-1 or 30-2 help)	3
		O Math PLUS (Math 20-1 or 20-2 support)	3	O Math 30-3	5
O Math PLUS (Math 10C support)	3	O Math 20-3	5	O Math 30-2	5
O Math 10-3	5	O Math 20-2	5	O Math 30-1	5
O Math 10C Foundations	5 →	O Math 20-1	5	O Math 31	5
O Math 10C Pre-Calculus	5 →	O Math 20-1 AP / 30-1 AP	10	O Math 31 AP / 35 AP	8
O Math 10C AP	5	O French Math 20-2	5	O French Math 30-2	5
O French Math 10C	5	O French Math 20-1	5	O French Math 30-1	5
		O Science 24	5	O Science 30	5
O Science 14	5	O Science 20	5	O Biology 30	5
O Science 10	5	O Biology 20	5	O Biology 30 / 35 AP	8
O Science 10 AP	5	O Biology 20 AP	5	O Chemistry 30	5
O French Science 10	5	O Chemistry 20	5	O Chemistry 30 / 35 AP	8
		O Chemistry 20 AP	5	O Physics 30	5
		O Physics 20	5	O Physics 30 AP	5
O Social Studies 10-2	5	O Physics 20 AP	5	O French Science 30	5
O Social Studies 10-1	5	O French Biology 20	5	O French Biology 30	5
O Social Studies 10-1 AP	5	O French Chemistry 20	5	O French Chemistry 30	5
O French Social Studies 10-2	5	O French Physics 20	5	O French Physics 30	5
O French Social Studies 10-1	5				
		O Social Studies 20-2	5	O Psychology AP	6
		O Social Studies 20-1	5	O Sociology 1000 (see guidebook)	6
		O Social Studies 20 / European History AP	8	O Social Studies 30-2	5
		O French Social Studies 20-2	5	O Social Studies 30-1	5
		O French Social Studies 20-1	5	O French Social Studies 30-2	5
				O French Social Studies 30-1	5

## ELECTIVES Please include two alternate courses. Bubble in two circles if you would like to take a course in both semesters.

O CALM	3	OO Art 10/20/30	5	O Cosmetology 10	5
O Phys Ed 10 (Girls)	5	O Art 31/31 AP	5	O Cosmetology 20	5
O Phys Ed 10 (Boys)	5			OO Cosmetology 30	5
		O Drama 10	5		
O Phys Ed 20 (Co-ed)	3	O Drama 20	5	O Fashion Studies 10/20/30	3
O Phys Ed 20 (Girls)	5	O Drama 30	5	O Fashion Studies 10/20/30	5
O Phys Ed 20 (Boys)	5	O Adv Acting/Touring Theatre 15/25/35	5		
O Phys Ed 30 (Girls)	5			O Foods 10	5
O Phys Ed 30 (Boys)	5	O Musical Theatre 15	5	O Foods 20	5
		O Musical Theatre 25/35 (after school)	5	O Foods 30	5
O CrossFit 10/20/30	3				
O Fitness 10/20/30	3	O Technical Theatre 15/25/35	3	O Financial Management 10	3
O Yoga 15/25/35	3	O Technical Theatre 15/25/35	5	O Legal Studies 10	3
				O Paleontology 15/25(pre-req Sci 10)	3
		O Choral 10/20/30	3	O Personal Psychology 20	3
O Sports Medicine 10	3	O Instrumental Music 10/20/30	5	O Philosophy 30	3
O Sports Medicine 20/30	3	O Rock & Pop (General Music 10/20/30)	5	O Study of Film 35	3
O Sports Medicine 20/30	5			O Wildlife 10/20	3
		O Communication Tech 10/20/30	5	<b>Alternate Courses</b>	
O Construction & Fab 10/20/30	3	O Design Studies 10/20/30	5	1. _____	___
O Construction & Fab 10/20/30	5	O Robotics 10/20/30	3		
O Set Construction 10/20/30	3	O Video Production 10/20/30	3	2. _____	___

Grade 11 Students must create a full timetable. The equivalent of eight 5-credit courses makes up a full timetable.

**All course offerings are subject to enrollment.**

Return via email: [pk-schoolregistrations@spschools.org](mailto:pk-schoolregistrations@spschools.org)

## Paul Kane School Demographics Update

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:	Student also known as: (If different than above): First Name:	Student's Date of Birth: (DD/MM/YYYY)	
Street Address:	City:	Province:	Postal Code:      Student Email:
Student Home Phone Number:	Student Mailing Address (if different than street address):		Student Gender:
Student's Cell Phone Number:	Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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		

### LEGAL GUARDIAN INFORMATION

#1. Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify)		#1. Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify)	
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss. <input type="checkbox"/>
Dr. <input type="checkbox"/>			
Last Name:	First Name:	Last Name:	First Name:
Street Address: (Note "same" if not different from Student)		Street Address: (Note "same" if not different from Student)	
City:	Postal Code:	City:	Postal Code:
Work Phone Number:	Cell Phone Number:	Work Phone Number:	Cell Phone Number:
Home Phone Number:	Other Phone Number:	Home Phone Number:	Other Phone Number:
Email:		Email:	

### CUSTODY / GUARDIANSHIP INFORMATION

Student lives with:  
 Both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Guardian \_\_\_\_\_ Foster Home \_\_\_\_\_ Independently \_\_\_\_\_

Other (if other, please explain): \_\_\_\_\_

Are there any Court Orders affecting guardianship rights, custody or access to the student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide a copy of the Court Order with the Court Seal evident to be placed in the student's file. Copy Provided \_\_\_\_\_

### EMERGENCY CONTACTS

(other than Parents/Guardians listed above)

Name:	Relationship to Student:	Phone Number:
Name:	Relationship to Student:	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    \_\_\_\_\_ No    If yes, please explain:

#### ABORIGINAL LEARNER DATA COLLECTION

If you wish to declare that your child is an Aboriginal person, please specify:

- \_\_\_\_\_ Status Indian/First Nations  
 \_\_\_\_\_ Non-status Indian/First Nations  
 \_\_\_\_\_ Metis  
 \_\_\_\_\_ Inuit

I declare the information listed above to be accurate and complete. I will advise the school if there are changes to this information.

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date (MM/DD/YYYY)

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# PAUL KANE POLICY SIGNATURE PAGE



Student Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Last, First

Please refer to the Paul Kane website at <https://pkhs.spschools.org/information/registration> 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.

## 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.

Student Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_ Date \_\_\_\_\_

## 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 \_\_\_\_\_ Date \_\_\_\_\_

Over 18 Student Signature \_\_\_\_\_

## LICENSE TO USE SCHOOL LOCKER

I have read the acceptable guidelines and I understand that, if I violate the rules, my account can be terminated and I may face other disciplinary measures.

Student Signature \_\_\_\_\_

## FROSHING – ASSAULT & ABDUCTION CONTRACT

I hereby acknowledge, and have read and understood the Froshing - Assault & Abduction Contract.

Student Signature \_\_\_\_\_

## DRUG FREE SCHOOLS & DRUG FREE PROTOCOL

I hereby acknowledge, and have read and understood the Drug Free Schools & Drug Free Protocol information and notification.

Student Signature \_\_\_\_\_

## CODE OF STUDENT CONDUCT AGREEMENT

I hereby acknowledge, and have read and understood the Code of Student Conduct Agreement.

Student Signature \_\_\_\_\_

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# ÉCOLE PAUL KANE HIGH SCHOOL

## School Fees for 2020-2021

School fees will be finalized in **mid-September** and will be available for payment on **PowerSchool**. Payment will be accepted online (details to accompany invoice) or by cash, cheque, Visa, Mastercard or Interac. Fees must be paid no later than the end of October.

### Basic Fees

<b>Student Union Fee</b>	20.00
<i>(to participate in clubs, sports teams &amp; receive a reduced price for school activities)</i>	
<b>Commencement Fee</b> <i>for Grade 12 candidates for graduation</i>	105.00
<b>Yearbook Fee</b> (optional)	45.00

### Chargeable Courses (depending on student's course selection)

- Art	20.00
- Music (instrument rental)	55.00
- Physical Education 20 (3 credit)	20.00
- Physical Education 20 (5 credit)	40.00
- Physical Education 30	60.00

### Career & Technology Studies:

#### *5 Credit Courses:*

- Communication & Technology	40.00
- Construction & Fabrication	40.00
- Cosmetology	40.00
- Design Studies	40.00
- Fashion Studies	40.00
- Foods	40.00
- Musical Theatre	40.00
- Sports Medicine	40.00

#### *3 Credit Courses:*

- Construction & Fabrication	20.00
- Cross Fit	20.00
- Fashion Studies	20.00
- Sports Medicine	20.00
- Video Production	20.00
- Wildlife	20.00