



STUDENT REGISTRATION FORM

The information requested on this form is being collected pursuant to the School Act, Section 18, A.R. 213/88 & A.R. 175/93 and the FOIP Act, Sections 32(c) & 37(b) & 38 (c) Information acquired is kept secure and access is restricted
Parents are responsible to ensure the accuracy of this information and to report changes.

Name of School: _____

STUDENT INFORMATION			Alberta Student Number:		
Legal Surname:		Legal Given Name(s):		Legal Middle Name:	
Preferred Surname:			Preferred Given Name(s):		
Birth Date:		Phone (h):		Cell:	Gender:
Year	Month	Day	E-Mail Address:		
Last School Attended: (Name of School and City)			Are you registered at: Virtual <input type="checkbox"/> Outreach <input type="checkbox"/> Home School <input type="checkbox"/>		
			If registered at another school, please give name _____		
Has this student been accessed or recommended for intervention services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check all that apply:					
Speech Language Therapy <input type="checkbox"/>		Learning Support <input type="checkbox"/>		Social/Emotional Behavioral Support <input type="checkbox"/>	
Other: _____					

Rural Students - Legal Land Description: ¼ Sec Sec Twtnshp Range 911 Address (blue sign) _____

Urban Students –House Address (including street name, house # and apt. if applicable): _____

Has your child attended a Golden Hills School previously Yes No School Name: _____

Transportation Services: I am requesting transportation services: Yes <input type="checkbox"/> No <input type="checkbox"/>	Citizenship: Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other <input type="checkbox"/>	Independent Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	International Student: Yes <input type="checkbox"/> No <input type="checkbox"/> Student Visa Expiry Date: / / Month Day Year
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PARENT/GUARDIAN INFORMATION					
Parent/Guardian #1 Name:			Relationship to Student:		
Address:		City:		Postal Code:	
Phone (h):	(w):	(c):	E-Mail Address:		
Parent/Guardian #2 Name:			Relationship to Student:		
Address:		City:		Postal Code:	
Phone (h):	(w):	(c):	E-Mail Address:		
Student's Mailing Address if Different from Above Parent/Guardian:					
Address:		City:		Postal Code:	
Phone (h):	(w):	(c):	E-Mail Address:		

EMERGENCY INFORMATION (Contacts other than parents used in emergencies only)					
1. Contact:			Relationship to Student:		
Address:		City:		Postal Code:	
Phone (h):	(w):	(c):	E-Mail Address:		
2. Doctor:					
Medical Conditions if Any:					

For other children in the household, please complete the following.

Name	Gender	Age	Relationship to Student	School Attending
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

Student Lives With:

Parent/Guardian #1 Parent/Guardian #2 Both Other please specify if other: _____
 (Please check all that apply)

Custody:

In rare instances a child may be designated as "Protected" if a court has issued an order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, the Young Offenders Act, the Family Act, or is the subject of a custody or access order. If your child is subject to any such order or agreement, please indicate as directed below and contact the school principal.

Does such an order exist? Yes No

If "yes", please discuss this situation with the school administration. Legal documentation will be required.

If other family circumstances are important for the school to know, please advise the principal.

Questions in this part of the registration form are designed to assist in our effort to maintain good school-home communications. If you have difficulty responding to any of these, please speak to your school principal.

Should school correspondence regarding this child be sent to any other adult who has legal access to this student?

Yes No

If Yes, please fill in the following information:

Name:	Relationship to Student:	
Address:	City:	Postal Code:

Your child is a resident student of the Separate Catholic School Division if his/her parent(s) is/are Catholic.

Is the child's Parent/Guardian #1 Catholic? Yes No Is the child's Parent/Guardian #2 Catholic? Yes No

Child resides with: Parent/Guardian #1 _____ Parent/Guardian #2 _____ Both _____

Pursuant to Section 23 of the *Canadian Charter of Rights and Freedoms*, citizens of Canada,

- whose first language learned and still understood is French; or
- who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or
- of whom any child has received or is receiving primary or secondary school instruction in French in Canada,

have the right to have all their children receive primary and secondary school instruction in the same language.

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.

A. According to the criteria above are you eligible to have your child receive a Francophone education?

Yes No

B. If yes, do you wish to exercise your right to have your child receive a Francophone education?

Yes No

If Student/s resides on a reserve, please provide the following:

Band Number _____ and Treaty Number _____

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

First Nations (status) First Nations (non-status) Metis Inuit

For further information, please refer to: <https://education.alberta.ca/system-supports/results-reporting/> or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by the school board, please contact your school.

Legal Document used to verify registration: (Circle One) PLEASE PROVIDE A COPY with registration

Permanent Resident/Landed Immigrant Documents Passport Official Stats Canada Documents Work or Study Permit
 Canadian Citizenship Document Adoption Papers Birth Certificate Temporary Resident Papers

OFFICE USE ONLY: Declared Residency: _____

I hereby certify the foregoing information given is correct, and complete; to the best of my knowledge and belief.

Parent (Guardian) Signature _____ **Date of Signature** _____