

C.R.P.S. Student I.D.

Alberta Learning Student I.D. Number

Legal Surname

Legal Given Name(s)

Birthdate

Y Y Y Y M M D D

SEX

M/F

Registration Date

Y Y Y Y M M D D

GRADE

Vital Statistics Document:

Type

Number

Student Also Known as:

Surname

Given Name

Student Current Mailing Address:

Address Line 1

Box number

City/Town

Province

Postal Code

Area Code

Phone #

Student Permanent Mailing Address: (if different from above)

Address

City/Town

Province/State

Country

Citizenship if not Canadian:

Medical Information:

Illness / Allergies / Medication

Please Specify: _____

Independent Student Status

The *School Act* defines an independent student as someone how 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 a party to an agreement under 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 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 of their children received, or are receiving instruction in a French first language program or school in Canada (this does not include a French Immersion program).

1. Do you claim entitlement to a francophone education under the terms of the *School Act*? Yes No
2. If YES, do you wish to exercise these rights? Yes No

If YES, please contact the local Francophone School Divisions.

Aboriginal Ancestry

If you wish to declare that you are an Aboriginal person, please specify:

3. Status Indian/First Nations Non-Status Indian/First Nations Métis Inuit

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, program and services to improve Aboriginal learner success.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Alberta Learning, 10155 – 102 Street, Edmonton, AB. T5J 4L5

English as a Second Language (ESL) Eligibility: ESL students are identified as Canadian-born or foreign students.

A Canadian student is eligible for ESL support when the primary language spoken at home is a language other than English.

4. Is your Child within this category? ____ Yes ____ No. If Yes, what language is spoken at home _____

A Foreign-born student is eligible for ESL support when the student has recently immigrated to Canada.

5. Is your Child within this category? ____ Yes ____ No. If Yes, what language is spoken at home _____

Citizenship / Immigration Status (A copy of the student's birth certificate, passport, or visa / immigration documentation is required.)

Canadian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, check appropriate box below.)	
Birth country, if not Canada:	Office Use Only
<input type="checkbox"/> Temporary Resident (student has a study permit) International Student Fees Apply Student Visa Expiry Date: Month Day Year	Citizenship Code: 5 Enrolment Codes: In Canada: 415 Outside Canada: 416
<input type="checkbox"/> A child lawfully admitted to Canada for permanent residency. Student presents permanent resident card.	Citizenship Code: 2
<input type="checkbox"/> A child living in Canada with a biological or adopted parent who is a Canadian Citizen.	Citizenship Code: 6
<input type="checkbox"/> A child living in Canada with a biological or adopted parent who has Landed Immigrant Status or Study Permit or Work Permit. Proof of parent's documentation and copy of child's passport required.	Citizenship Code: 7
<input type="checkbox"/> A step-child of a Canadian; student presents passport and study permit. Biological or adopted parent provides passport and proof of application for permanent residency and fee payment to Citizenship and Immigration Canada.	Citizenship Code: 9 Enrolment Code: 417
<input type="checkbox"/> A step-child of a Temporary Foreign Worker; student presents passport and study permit. Biological or adopted parent provides passport; step-parent provides passport and work permit.	Citizenship Code: 9 Enrolment Code: 418

Parent/Guardian Information:

Resides with

Relationship

Mother's Name

Mother's Address (only if different from student's address)

Mother's Employer & Phone Number

Father's Name

Father's Address (only if different from student's address)

Father's Employer & Phone Number

E-Mail Address _____ Cell Numbers _____

Emergency Information (other than parents):

Emergency Contact #1 and Phone Number

Street Address

Emergency Contact #2 and Phone Number

Street Address

Doctor / Phone #

AB Health Care #



Additional Registration Information

Child's Name _____

Select the appropriate custodial arrangement that applies to your situation

Please initial

_____ Biological/adoptive parents residing together (consent can be signed by either parent)

_____ Biological/adoptive parents not residing together – sole custody (consent signed by sole custody parent, document must be attached)

_____ Biological/adoptive parents not residing together – joint custody (consent signed by both parents)

_____ Legal guardian - court order (consent signed by court appointed legal guardian; documentation needed)

I/we _____ and _____
(print parent/guardian name) (print parent/guardian name)

(signature)

(date)

(signature)

(date)

The following information is very useful in our understanding of your child.

6. What are your child's special interests? (For example, sports, music, hobbies, community groups):

7. Has your child been involved with any special services (i.e. Speech Therapy, Counseling, Special Education Assistance): YES _____ NO _____ Please explain _____

Transfers in only:

8. Name of School last attended _____

9. Address of last School _____

10. Grade Entering _____

Permission for Transferring of Student Files
(to be completed by parent/guardian of students transferring in from another school)

Permission is granted to send confidential files and any other information regarding:

Student Name: _____

Parent/Guardian/Independent Student Signature: _____

Date: _____

DECLARATION BY PARENT/GUARDIAN/INDEPENDENT STUDENT

I hereby certify the foregoing information to be true, correct, and complete.

Signature of Parent/Guardian/Independent Student : _____

Freedom of Information and Protection of Privacy Act (FOIP)

The personal information collected on this form is part of the district registration process and is authorized under the provisions of the *School Act* and its regulations and also under Section 33(c) of the *FOIP Act*. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions regarding the collection or intended uses of this information please contact the school principal.