

# Student Registration

Alberta Education ID#: \_\_\_\_\_

The information requested on this form is being collected pursuant to the School Act, Section 23, A.R.225/2006 and the FOIP Act, Sections 33(c), 39 (1)(b) and 40 (1)(c). Information acquired through this form is kept secure and access is restricted.

All items within a dark line border are to be completed by school office staff.

School: **Redwater School**

School ID#: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Program Placement: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

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

Legal First Name \_\_\_\_\_

Gender:  Female  Male Grade: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_

If student does not normally go by their legal name, indicate:

Preferred Surname: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

911 (Physical) Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_

Home Phone No. ( ) \_\_\_\_\_

Name and Location of Previous School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this student ever attended a school in Sturgeon

School Division:  Yes  No

If yes, name of school: \_\_\_\_\_  
\_\_\_\_\_

### Vital Statistics Document Verification

Legal Name Verified Document: \_\_\_\_\_

Citizenship Verified Document: \_\_\_\_\_

Date of Birth Verified Document: \_\_\_\_\_

**NOTE:** A Vital Statistics Document must be presented to the school **within four weeks of registration** to verify the student's legal name, citizenship and birth date.

Vital Statistics Documents include: Canadian Birth Certificate, Canadian Citizenship Certificate, Canadian Adoption Certificate, Canadian Marriage Certificate, Passport, Visa, or Permanent or Landed Immigrant/Residence Document.



"...where great things are happening"

## Parent/Legal Guardian Information

**STUDENT LIVES WITH:** \_\_\_\_\_

### Legal Father's Information:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

**Address (if different than student):**

Street/Box No. \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Work

Cell

E-mail address (optional) \_\_\_\_\_

### Legal Mother's Information:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

**Address (if different than student):**

Street/Box No. \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Work

Cell

E-mail address (optional) \_\_\_\_\_

### Legal Guardian's Information:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

**Address (if different than student):**

Street/Box No. \_\_\_\_\_

Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Work

Cell

E-mail address (optional) \_\_\_\_\_

### Children Services Information:

**Legal Signing Authority** \_\_\_\_\_

**Guardianship Order**

Permanent     Temporary     Other

Social Worker Name: \_\_\_\_\_

Office: \_\_\_\_\_ Phone \_\_\_\_\_

Foster Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

## Medical/Emergency Contact Information

### Emergency Contact Information:

In case of illness, inclement weather or emergency school closure and the student's parent/legal guardian is not available, please indicate alternate emergency contacts:

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime/Work \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: \_\_\_\_\_ Daytime/Work \_\_\_\_\_ Cell \_\_\_\_\_

*Please make sure the emergency contacts are advised that their names have been used for this purpose.*

Additional contact information can be attached to this form.

### Student's Medical Information:

Does this student have any medical concerns/special needs/family circumstances of which the school should be aware?

Yes     No

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Alberta Health Care Number** \_\_\_\_\_

Parents are not required to provide this information, however Alberta Health Care numbers may be requested for activities such as field trips.

**Custody/Court Order Information:**

Code the student with a "yes" if the following applies:

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, The Domestic Relation Act, The Divorce Act or the Young Offenders Act.

Please indicate if the school administration should be aware of any such court order for the protection of your child.

Yes  No

If YES, please make arrangements to discuss this situation with the school administration. You will be expected to provide legal documentation to support your requests.

## Alberta Education Grant Code Information

**Section 23 Francophone Education Eligibility Declaration:**

Pursuant to Section 10 of the *School Act* and 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 as set out in the *Canadian Charter of Rights and Freedoms*, are you eligible to have your child receive a French first language (Francophone) education:

Yes  No  Do not know (Please place an X in the appropriate box.)

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?  Yes  No

**English as Second Language (ESL) Eligibility**

ESL Students can be Canadian-born or Foreign-born.

Is your child  Canadian born or  Foreign-born?

If Foreign-born - Birth Country:

Student's first language learned (specify):

Student's primary home language (specify):

**Citizenship (check one)**

AB ED

Code:

- 1  Canadian citizen
- 2  Permanent resident
- 5  Temporary Resident (student) (e.g. Study Permit or visiting student)
- 6  Child of Canadian Citizen (student not Canadian citizen)
- 7  Child of an individual lawfully admitted to Canada for permanent or temporary residence.
- 9  Other/Unknown (includes Step-child of a Canadian or Temporary Foreign Worker)

### Special Needs/Schooling

Has your child received specialized services or programming?  Yes  No

Type of Program: \_\_\_\_\_

### Aboriginal Learner

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

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

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (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, programs and services to improve Aboriginal learner success. Alberta school boards are also collecting this information pursuant to the same section in conjunction with section 2(1) (t) of the Student Record Regulation and for the same purposes. This information will also be used to determine the provincial First Nations, Métis and Inuit Funding Allocation provided to school authorities.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Strategic Services Division, Alberta Education, 10155 – 102 Street, Edmonton AB, T5J 4L5, (780) 427-8501. If you have questions regarding the collection activity by Sturgeon School Division, please contact the Sturgeon School Division Superintendent at 780-939-4341.

### Non Resident

Please check(✓) if you are a non resident

Resident Board : \_\_\_\_\_

1. If you are not a resident of Sturgeon School Division this registration does not guarantee a placement in a Sturgeon School Division School.
2. Where there is a need to provide special education services, the sending Board must be approached by the parent/guardian for sponsorship through a tuition agreement according to our placement practice.
3. There is a wait time of up to five days to determine student need.
4. Permission to access student records is required (cumulative record request form).

### Declaration and Consent

I hereby affirm that I have read this registration form and the accompanying Student Information Booklet and understand how this information will be used. I affirm that the information given on this registration form is complete and correct. As indicated by my signature below, I hereby freely and voluntarily consent to have the information provided by me accessible as indicated.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Independent Student

\_\_\_\_\_  
Date

*If you have any questions related to the information being requested on this form, please feel free to contact the school office for assistance.*





Freedom of Information and  
Protection of Privacy Provisions

## Consent to Disclose Student's Personal Information

This consent form is to be completed in the following circumstances.

- When photos and/or videos are taken, at non-public events, by the media or an outside organization or when interviews are undertaken where individual students are identified by name or face.
- When photos and/or videos are taken by a Board employee where individual students are identified by name or face and the material is to be used for purposes outside the school system.
- When photos are placed on a web site on the Internet for promotions and report purposes (i.e. School Newsletters). It is understood that the picture may be used in conjunction with the first name of the student.

I hereby give consent for \_\_\_\_\_  
Name of Student

to be:  Interviewed  Videotaped  Photographed  Tape recorded

by the local newspapers/media personnel for the purpose of recognizing students at events sponsored by the school (including sport activities, academic achievements, musical performances, Open House).

I hereby release, discharge and agree to save harmless Sturgeon School Division, its legal representatives or assigns, and all persons acting under its permission or authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in taking of said pictures or in any processing tending towards the completion of the finished product.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Student if 18 Years or  
Older or Independent Student

\_\_\_\_\_ Signature of Parent/Legal Guardian

I hereby give consent for my child's picture and name to be used on the Sturgeon School Division or the individual School's web site on the Internet.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Student if 18 Years or  
Older or Independent Student

\_\_\_\_\_ Signature of Parent/Legal Guardian

For further information, please contact your school principal or Karen Parasynchuk, FOIPP Coordinator at (780) 939-4341 or [kparasyn@sturgeon.ab.ca](mailto:kparasyn@sturgeon.ab.ca)

See Sections 1(1)(m) and 1(3) of the School Act for the definitions and rights of an independent student @ [www.qp.alberta.ca](http://www.qp.alberta.ca)