

# Student Registration

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

The information requested on this form is being collected pursuant to the provisions of the School Act and its regulations, 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: \_\_\_\_\_

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

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

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

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

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

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

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

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

**Is transportation required?**  Yes  No

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

Public 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"

## Legal Guardian Information

# 1. Father  Mother  Guardian   
Other  (please specify): \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss  Dr.

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

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

Address:

(Note "same" if not different from student's – page 1):

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

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

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

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

Home

Cell

Work/Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

# 2. Father  Mother  Guardian   
Other  (please specify): \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss  Dr.

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

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

Address:

(Note "same" if not different from student's – page 1):

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

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

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

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

Home

Cell

Work/ Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### STUDENT LIVES WITH:

Both Parents  Mother only  Father only  Guardian  Foster Home  Independently

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

### CHILDREN SERVICES INFORMATION:

Guardianship Order:  Permanent  Temporary  Other

Legal Signing Authority: \_\_\_\_\_

Social Worker Name & Contact Information: \_\_\_\_\_

## 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

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

<i>First Nation (status)</i>	<i>First Nation (non-status)</i>	<i>Métis</i>	<i>Inuit</i>

For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://www.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 the School Board Superintendent at 780-939-4341.

**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 is not a Canadian citizen)
- 7  Child of an individual lawfully admitted to  
Canada for permanent or temporary  
residence.
- 9  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: \_\_\_\_\_

## 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

## Non Resident

Please check(✓) if you are a non resident

Resident Board :

1. If you are not a resident of Sturgeon Public School Division this registration does not guarantee a placement in a Sturgeon Public 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.***