## **NEW Student Registration Form 2020-2021**

Ashmont Elementary Ashmont Secondary École Mallaig École Racette Junior École St Paul Elemen	☐ F.G. Mille ☐ Glen Avor High ☐ Heinsburg	r Jr/Sr High	New Myrnam Regional High St Paul Alternate Education Two Hills Mennonite Two Hills
	Date of Regi	stration:	
Before a student can be registe		rm must be completed	ate and complete. I in its entirety and signed by the before registration can proceed.
Legal Last Name:	Legal First Name	:	Middle Name:
AKA Last Name:	AKA First Name:		_
Birthdate: Ag	ge:	Gender:	2020-2021 Grade:
Mailing Address:	City:	Province:	Postal Code:
Home Phone:	Student Cell Phor	ne:	
Rural Address (New County Addre	ess):		Bus #:
Legal Land Description: Bus Driver:		Bus Driver:	
Students Home Address if (distrect:			Postal Code:
Student Permanent Address (if d			
<b>If from another school:</b> Prev			Report Card Submitted e: Last Year Attended:
			d Programming? ☐ Yes ☐ No
	□ Father □ M her □ Shared		ardians
Name:	Home Phone:		Work Phone:
Relationship:	Cell Phone:		Email:
Name:	Home Phone:		
Relationship:	Cell Phone:		Email:
Student Joint custody Address (in		•	
EMERGENCY INFORMATION (LOC	CAL Emergency Contacts of	other than parents/guard	dians)
Name:	Home Phone:		Work Phone:
Relationship:	Cell Phone:		
Name:	Home Phone:		Work Phone:
Relationship:	Cell Phone:		

MEDICAL INFORMATION: (Note: A doctor's letter is required if medication needs to be adm	inistered to your child)		
Alberta Health Number: Family Doctor:	City:	Phone	Number:
Are there any medical problems or allergies your child may b  Yes NO Allergies:			
Special Medical Considerations:			
☐ Life Threatening Allergy/Condition ☐ A	Illergies	nysical Disabi	lity
☐ Serious Illness ☐ Medication to be adm	ninistered		
Please specify/explain:			
MEDICAL CONSENT: I hereby give permission for this child to be referred to a	a doctor for emergenc	y medical trea	atment.
Parent/Guardian Signature:		Date:	
LEGAL DOCUMENTATION REQUIRED			
A student cannot be registered without a copy of a legal and citizenship or immigration status. Any of the follow Birth Certificate, Adoption papers, permanent resident parent study permit.	ing documents are ac	ceptable to co	opy: Canadian
Legal Documentation on file:			
Birth Certificate Last 4 Numbers:	Passport		Landed Immigrant
☐ Adoption/Custody Orde ☐ Canadian Citizensh	☐ Permanent R	esident $\square$	Status Card
Document:  Student Visa/Study Permit	Other (specif	y):	
CUSTODY			
If an order exists affecting guardianship rights or corequired to be placed in the student's file. Circumsta "PROTECTED" if a court issues a restraining order un the Domestic Relations Act, the Divorce Act or the You	ances may be such t der the Child Youth a	hat a child b and Family Er	e designated as
Please indicate if the School Administration should be avecourt Order for the protection of the student.	vare of any such	☐ Yes	□ No
If Yes, please make arrangements to discuss this situated administration. Is a copy in the student file?	tion with the school	☐ Yes	□ No
Document Expiry Date (if applicable):	(Month/Day/Year)		
Does this student meet the in-care status as defined by Youth and Family Enhancement Act?	the Child	Yes	□ No
If Yes, please supply name of worker and agency:			

CITIZENSHIP/STATUS	
1.Canadian Citizen	Birth Country if not Canada:
2.Permanent Resident	Date of arrival in Canada:
5.Study Permit	Visa/Work Permit/Study Permit Expiry Date:
6.Child of a Canadian Citizen	
7.Child of an individual lawfully adm	nitted to Canada for permanent or temporary residence
9.Step-child of a Canadian citizen of	r Temporary Foreign Worker
Other Jurisdiction / Resident Board	(specify):
Indigenous Students living on and	off Reserve
☐ First Nations Living on Reserve? ☐	Yes No Treaty Number:Band:
Band of Residency:	Band of Financial Responsibility:
If you wish to declare that the stud	ent is Aboriginal, please select one:
☐ First Nations (Status) ☐ First Na	tions (Non-Status)
For further information, please refer to contact Alberta Education at 780-427-8	: <u>www.education.alberta.ca/system-supports/results-reporting</u> or 8501.
If you have questions regarding the col School Board Superintendent at 780-64	lection of student information by the school board, please contact the 5-3323.
Notice to Parent or Guardian of Re	ligious Permeation
	school to give notice to a parent or guardian when courses of study, rials, instruction or exercises include subject matter that deals primarily
Francophone Education Eligibility D	eclaration
Citizens of Canada	
<ul> <li>whose first language learned and</li> </ul>	d still understood is French; or
children receive primary and sec	•
	or is receiving primary or secondary school instruction in French in all of their children receive primary and secondary school instruction
In Alberta, parents can only exercise th (Francophone) program offered by a Francophone	is right by enrolling their child in a French first language ancophone Regional authority.
	ant to Section 23 of the Canadian Charter of Rights and Freedoms, ve a French first language (Francophone) education?  No  Do not know
B. If Yes, do you wish to exercise your education?  Yes	right to have your child receive a French first language (Francophone)  No
	one education under these terms, St Paul Education may be required d on this form to the local Francophone Education Board, upon

English as a Second Language (ESL) Eligibility (Optional)					
ESL students can be Canadian-born or Foreign-born					
Is your child: Canadian-born Foreign-born					
Student's first language learned (specify):					
Student's primary home language (specify):					
Siblings					
Name: Grade: School:					
The information requested on this form is being collected pursuant to the School Act, Section 23, S.R.R.A.R. 225/06 and Section 33(c) of the FOIP Act. Information acquired through this form is kept secure and access is restricted.					
If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the Superintendent of Schools or the FOIPP Coordinator at:					
St. Paul Education Regional Division No. 1 4313 48 Ave St. Paul, AB TOA 3A3  Phone Number: (780) 645-3323 Fax Number: (780) 645-5789					
I hereby declare that the information I have provided is correct and that I have read and understood the information contained on this form.					
Parent/Guardian Signature Date (month/day/year)					

## **Please Note:**

This registration form is subject to the conditions of the course/classroom enrollment capacities at the school in or at which you wish to register. A current report card from the last school you attended is required prior to acceptance. Filling out this registration form does not guarantee acceptance.