



## Student Registration

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM**

This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or guardian, or by the student (if living independently, see last page for definition). This form is used to enrol a student who is new to Grasslands Public Schools, or who is returning to the Division. Use this form to record important changes, such as the student identification (legal name, date of birth, gender, identification document type and document number), legal relationship of student and parent/guardian, francophone rights or Aboriginal Self-Identification.

**STUDENT INFORMATION**

Print the student's legal surname (last name) and given names below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first or last name, there is a space at the end of this section for *preferred name*.

Student's Legal Last Name \_\_\_\_\_

Student's Legal First Name \_\_\_\_\_ Student's Legal Middle Name \_\_\_\_\_

Student's Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female  
Month Day Year

Student's Residence Address (physical) \_\_\_\_\_  
City Prov Postal Code

Mailing Address (if different than Student's Residence) \_\_\_\_\_  
City Prov Postal Code

Rural Address (Blue 911 Emergency Address) \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Preferred Last Name \_\_\_\_\_

**Academic History** Has the student ever registered at a Grasslands Public School?  Yes  No  
 Does the student have an IPP?  Yes  No  
 Has the student ever been out of school for more than 2 months?  Yes  No  
 If yes, how long \_\_\_\_\_ Why: \_\_\_\_\_

**Last School Attended** \_\_\_\_\_  
School City Prov

**Office Use Only**

ASN # \_\_\_\_\_ First Day of School \_\_\_\_\_  
Month Day Year

School \_\_\_\_\_ Grade \_\_\_\_\_

Legal Name Verification Document:	Last Four Digits:	Address Verified by:
<input type="checkbox"/> Alberta Adoption Order	<input type="checkbox"/> Canadian Passport	<input type="checkbox"/> Operator's License
<input type="checkbox"/> Alberta Birth Certificate	<input type="checkbox"/> Canadian Permanent Resident Visa	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Alberta Health Care Card	<input type="checkbox"/> Canadian Study Permit	<input type="checkbox"/> Lease Agreement
<input type="checkbox"/> Alberta Identification Card	<input type="checkbox"/> Canadian Temporary Resident Visa	<input type="checkbox"/> Property Tax Bill
<input type="checkbox"/> Alberta Change of Name Certificate	<input type="checkbox"/> Canadian Work Visa	<input type="checkbox"/> Other:
<input type="checkbox"/> Alberta Operator's License	<input type="checkbox"/> Foreign Birth Certificate	
<input type="checkbox"/> Canadian Birth Certificate outside Alberta	<input type="checkbox"/> Foreign Marriage Certificate	
<input type="checkbox"/> Canadian Certificate of Indian Status	<input type="checkbox"/> Passport issued outside Canada	
<input type="checkbox"/> Canadian Citizenship Certificate	<input type="checkbox"/> Registration Form (temp declaration)	
<input type="checkbox"/> Canadian Marriage Certificate		

\* **Bolded** documents will be accepted for funding claims and a copy kept on file in the Student Record.

**CITIZENSHIP INFORMATION**

What is the citizenship or immigrant status of the student? <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Lawfully admitted to Canada for permanent resident (student) <input type="checkbox"/> Temporary Resident (student) <input type="checkbox"/> Child of a Canadian citizen <input type="checkbox"/> Child of an individual lawfully admitted to Canada for permanent or temporary residence <input type="checkbox"/> Refugee Code: <input type="checkbox"/> Step-child of a Canadian or Temporary foreign Worker	Citizenship Documentation:	Expiry Date (If applicable)		
	<input type="checkbox"/> Parent Work Visa			
	<input type="checkbox"/> Parent Student Visa			
	<input type="checkbox"/> Permanent Residency			
	<input type="checkbox"/> Temporary Residency			
	<input type="checkbox"/> Citizenship Card			
	<input type="checkbox"/> Temporary (International) Student Visa			
		Month	Date	Year
Birth Country, if NOT Canada _____				

The following questions are asked to assist in program placement and to assist in communication in an emergency.  
 Is English the student's first language?  Yes  No What language is mainly spoken at home?

**SECTION 23 – FRANCOPHONE RIGHTS (Optional)**

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 or more of their children have received, or are receiving instruction in a French first language program or school in Canada (this does not include a French immersion program).

Do you claim entitlement to a francophone education under the terms of the *School Act*?  Eligible  Ineligible

If eligible, provincial Student Record Regulation requires Grasslands Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

**GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS**

Guardians of the student must be identified to ensure each party's rights are respected. If an order exists affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed on the student record. In rare instances a child may be designated as **protected** if a court issues a restraining order under the Child Welfare Act, the Divorce Act, the Young Offenders Act or similar legislation.

Please indicate if any such document(s) exist:  Yes  No

Type of legal document:  Access and/or Custody  Parenting  Guardianship  Protection

Copy in Student Record:  Yes  No Document Expiry Date (if applicable): \_\_\_\_\_

Month Day Year

**ABORIGINAL SELF-IDENTIFICATION (Optional)**

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

First Nation (status)  First Nation (non-status)  Métis  Inuit

**For further information, please refer to: [www.education.alberta.ca/system-supports/resultsreporting](http://www.education.alberta.ca/system-supports/resultsreporting) 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 403-793-6700.**

**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 or concerns regarding the collection or intended use of this information please contact the school principal.

**PARENT/GUARDIAN INFORMATION**

If there are two parents or guardians, it is important to fill in both sections below, whether or not the parents or guardians are living together. A guardian is defined in section 20 of the Family Law Act, or a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or section 23 of the Family Law Act.

Relationship to Student ( <b>select one</b> )				<input type="checkbox"/> biological or adoptive mother	<input type="checkbox"/> step-mother	<input type="checkbox"/> other:
Last Name		First Name		Mr., Mrs., Ms., Dr., etc.		
Language Spoken		Country of Birth		Interpreter Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address (if different from student's) Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address		City		Prov		Postal Code
Home Phone			Employer & Business Phone			
Other Phone			Email			
Religious Declaration (check one)			<input type="checkbox"/> Not Roman Catholic	<input type="checkbox"/> Roman Catholic		

Relationship to Student ( <b>select one</b> )				<input type="checkbox"/> biological or adoptive father	<input type="checkbox"/> step-father	<input type="checkbox"/> other:
Last Name		First Name		Mr., Mrs., Ms., Dr., etc.		
Language Spoken		Country of Birth		Interpreter Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address (if different from student's) Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address		City		Prov		Postal Code
Home Phone			Employer & Business Phone			
Other Phone			Email			
Religious Declaration (check one)			<input type="checkbox"/> Not Roman Catholic	<input type="checkbox"/> Roman Catholic		

Relationship to Student ( <b>select one</b> )						
<input type="checkbox"/> biological or adoptive mother	<input type="checkbox"/> step-mother	<input type="checkbox"/> biological or adoptive father	<input type="checkbox"/> step-father	<input type="checkbox"/> other:		
Last Name		First Name		Mr., Mrs., Ms., Dr., etc.		
Language Spoken		Country of Birth		Interpreter Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address (if different from student's) Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address		City		Prov		Postal Code
Home Phone			Employer & Business Phone			
Other Phone			Email			
Religious Declaration (check one)			<input type="checkbox"/> Not Roman Catholic	<input type="checkbox"/> Roman Catholic		

Family Information	Sibling(s) Name:	Age	Grade	School
	Others who reside at same location (example: grandparents)			

### INDEPENDENT STUDENT STATUS

The *School Act* defines an independent student as someone who 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

Religious Declaration (*check one*)  Not Roman Catholic  Roman Catholic

**FAMILY CIRCUMSTANCES** Are there any family circumstances about which you wish the school to be aware?

### EMERGENCY/MEDICAL INFORMATION

#### EMERGENCY CONTACTS

An **emergency contact person** is someone other than the student's parent or guardian.

Emergency Contact #1:	Relationship:
Home Phone of Emergency Contact #1 ( <i>with area code</i> )	Other Phone ( <i>with area code</i> )
Emergency Contact #2:	Relationship:
Home Phone of Emergency Contact #2 ( <i>with area code</i> )	Other Phone ( <i>with area code</i> )

#### MEDICAL INFORMATION (*Optional*)

You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student. Are there any serious medical conditions about which you wish the school to be aware? Please circle below:

Diabetes   Epilepsy   Haemophilia   Heart Condition   Asthma   Other (*please specify*) \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Student's Alberta Health Care Number: \_\_\_\_\_

### DECLARATION BY PARENT, GUARDIAN, OR INDEPENDENT STUDENT

I hereby certify the above information to be true, correct, and complete. I have identified all guardians for this student.

By signing this form, I declare to be the legal guardian of this child, as defined in the Family Law Act.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

IF INFORMATION PROVIDED ON THIS FORM CHANGES, PLEASE CONTACT THE SCHOOL IMMEDIATELY.