



STUDENT REGISTRATION FORM (K – 12)

(PLEASE PRINT)

REGISTRATION INFORMATION

STUDENT INFORMATION

Student's Legal Last Name:		Student's Legal Given Name(s):		Student's Alberta Student Number:	
Student Also-Known-As (if different than above)					
Last Name:		Given Name(s):		Date of Birth: (MM/DD/YYYY)	
Street Address:		City:	Province:	Postal Code:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/>
Home Phone Number:		Mailing Address (if different than street address):			Student's Cell Phone Number Jr/Sr High Only if Applicable:
Citizenship: Canadian? Yes <input type="checkbox"/> No <input type="checkbox"/>		Student's E-mail address:			
Citizenship, <i>if not Canadian</i> : (This section does not need to be filled out if student is Canadian). Permanent Resident/Landed Immigrant <input type="checkbox"/> Child of Canadian Citizen <input type="checkbox"/> Child of Individual Lawfully Admitted to Canada for Permanent or Temporary Residence <input type="checkbox"/> Other <input type="checkbox"/> _____				Student Visa Authorization <input type="checkbox"/> Student Visa Expiry Date: (MM/DD/YYYY) (Attach Copy)	
NOTE: The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. A photocopy will be placed in the Student Record.					
Name of Official Document (please specify): _____ Copy Attached <input type="checkbox"/>					

SCHOOL INFORMATION

Name of School at which student is registering:		Grade Entering:	Start Date: (MM/DD/YYYY)
Program Requested: (Please check one) Regular English Program <input type="checkbox"/> French Immersion Program <input type="checkbox"/> Special Education <input type="checkbox"/> Logos Program <input type="checkbox"/> Cogito <input type="checkbox"/> Late French Immersion <input type="checkbox"/> International Baccalaureate <input type="checkbox"/> Advanced Placement <input type="checkbox"/>			Kindergarten Preference: a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> full-day <input type="checkbox"/>
If you require yellow bus transportation services, please contact transportation @ (780-460-3712) or e-mail transportation@spschools.org			
(If Applicable) Name of Previous School Attended:	Grade Completed:	School Withdrawal Date: (MM/DD/YYYY)	
Address of Previous School:		Phone Number of Previous School:	Fax Number of Previous School:
A copy of the student's most recent report card would be appreciated. Yes, I have attached one <input type="checkbox"/> No, I have not attached one <input type="checkbox"/>			

LEGAL GUARDIAN INFORMATION

#1. Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (please specify):				#2. Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (please specify):											
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Dr. <input type="checkbox"/>		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/>		Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Dr. <input type="checkbox"/>					
Last Name:				First Name:				Last Name:				First Name:			
Street Address (Note "same" if not different from student's – page 1):								Street Address (Note "same" if not different from student's – page 1):							
City:		Province:		Postal Code:		Country:		City:		Province:		Postal Code:		Country:	
Home Phone Number:				Business Phone Number:				Home Phone Number:				Business Phone Number:			
Cell Phone Number:				Other:				Cell Phone Number:				Other:			
Email: _____@_____								Email: _____@_____							

CUSTODY/GUARDIANSHIP INFORMATION

Student lives with Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Home <input type="checkbox"/> Independently <input type="checkbox"/> Other <input type="checkbox"/> (If other, please explain):
Are there any Court Orders affecting guardianship rights, custody, or access to the student? Yes* <input type="checkbox"/> No <input type="checkbox"/> * If Yes, the school must be supplied with a copy of the Court Order (with the court seal evident). A photocopy will be placed in the Student Record. Copy Provided <input type="checkbox"/>

EMERGENCY CONTACTS

It is essential that you provide the names and phone numbers of individuals who have given their permission to be contacted in the case of emergency (other than parents/guardians listed above).				
Name:	Relationship to Student:	Home Phone Number:	Business Phone Number:	Cell Phone Number:
Name:	Relationship to Student:	Home Phone Number:	Business Phone Number:	Cell Phone Number:
Name:	Relationship to Student:	Home Phone Number:	Business Phone Number:	Cell Phone Number:

MEDICAL INFORMATION

Does your child have any medical conditions or allergies the school should know about or that may affect his/her attendance at school?	
Yes <input type="checkbox"/>	No <input type="checkbox"/> If yes, please give a brief description:
Doctor's Name (optional):	Doctor's Phone Number (optional):

SPECIAL NEEDS INFORMATION

Does your child have any physical, intellectual, behavioral or emotional needs which would impact our ability to provide an appropriate educational program? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please, please explain:	
Has your child had any previous special needs testing or assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide program name and contact:	

DECLARATIONS

INDEPENDENT STUDENT STATUS

Students 18 years of age and older, or “living independently”:

The *Education 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 by a board in accordance with section 6, or (b) who is a party to an agreement under Section 57.2 of the *Child, Youth and Family Enhancement Act*.

Do you qualify for status as an “Independent Student” under the definition of the *Education Act*? Yes No If yes, please attach proof of independent status. (If claiming independent student status, you may complete this form and register in the school division without parental consent).

ABORIGINAL SELF-IDENTIFICATION

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 <https://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 St. Albert Public School Board Superintendent Krimsen Sumners at 780-460-3712

SECTION 23 ELIGIBILITY (FRANCOPHONE EDUCATION)

According to the *Education 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/legal 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 *Education Act*? Eligible Ineligible

NOTE: 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. To exercise your Section 23 rights you must enroll your child with a Francophone Regional Authority.

The provincial Student Record Regulation requires St. Albert Public Schools to release certain demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

ADDITIONAL ENROLMENT INFORMATION

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?

DECLARATION BY LEGAL GUARDIAN (OR STUDENT, IF STUDENT IS LIVING INDEPENDENTLY)

I hereby declare I have read and understood the information contained on this Student Registration Form and that the information I have provided above is true, accurate and complete. I accept responsibility to advise the school if there are any changes to this information.

(Signature Required)

Name (Please Print):

Signature:

Date (MM/DD/YYYY):