

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: **Morinville Public 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

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

Aboriginal Learner Data Collection Initiative (ALDCI):

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:
Office of the Director, Aboriginal Policy, Strategic Services Division, Alberta Education, 10155 – 102 Street, Edmonton AB, T5J 4L5, at (780) 427-8501 or dial 310-0000 to be connected toll-free from anywhere in Alberta.

If you have questions regarding the collection activity by the Sturgeon School Division, please contact the Sturgeon School Division 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.

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- 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 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.