



# STUDENT REGISTRATION FORM

The information requested on this form is being collected pursuant to the School Act, Section 18, A.R. 213/88 & A.R. 175/93 and the FOIP Act, Sections 32(c) & 37(b) & 38 (c) Information acquired is kept secure and access is restricted  
**Parents are responsible to ensure the accuracy of this information and to report changes.**

**Name of School:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

STUDENT INFORMATION			Alberta Student Number:		
Legal Surname:		Legal Given Name(s):		Legal Middle Name:	
Preferred Surname:			Preferred Given Name(s):		
Birth Date:			Phone (h):	Cell:	Gender:
Year	Month	Day	E-Mail Address:		Grade:
Last School Attended: (Name of School and City)			Are you registered at: Online <input type="checkbox"/> Outreach <input type="checkbox"/> Home School <input type="checkbox"/>		
			If registered at another school, please give name _____		
Has this student been accessed or recommended for intervention services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check all that apply:					
Speech Language Therapy <input type="checkbox"/>		Learning Support <input type="checkbox"/>		Social/Emotional Behavioral Support <input type="checkbox"/>	
Other: _____					

Rural Students - Legal Land Description:      ¼ Sec      Sec      Twtnshp      Range        911 Address (blue sign) \_\_\_\_\_

Urban Students –House Address (including street name, house # and apt. if applicable): \_\_\_\_\_

Has your child attended a Golden Hills School previously      Yes       No       School Name: \_\_\_\_\_

<b>Transportation Services:</b> I am requesting transportation services: <a href="http://www.ghsd75.ca/Transportation">http://www.ghsd75.ca/Transportation</a> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Language</b> Primary Spoken:	<b>Citizenship:</b> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<b>Independent Student:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>International Student:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	Student Visa Expiry Date:    /    / Month    Day    Year

PARENT/GUARDIAN INFORMATION					
Parent/Guardian #1 Name:			Relationship to Student:		
Address:		City:		Postal Code:	
Primary #	Alternate #	Work #	E-Mail Address:		
Parent/Guardian #2 Name:			Relationship to Student:		
Address:		City:		Postal Code:	
Primary #	Alternate #	Work #	E-Mail Address:		
Student's Mailing Address if Different from Above Parent/Guardian:					
Address:		City:		Postal Code:	
Primary #	Alternate #	Work #	E-Mail Address:		

EMERGENCY INFORMATION (Contacts other than parents used in emergencies only)					
1. Contact:			Relationship to Student:		
Address:		City:		Postal Code:	
Primary #	Alternate #	E-Mail Address:			
2. Doctor:			Phone #		
Medical Conditions (if any):					

For other children in the household, please complete the following.

Name	Gender	Age	Relationship to Student	School Attending
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

**Student Lives With:**

Parent/Guardian #1  Parent/Guardian #2  Both  Other  please specify if other: \_\_\_\_\_  
 (Please check all that apply)

**Custody:**

In rare instances a child may be designated as "Protected" if a court has issued an order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, the Young Offenders Act, the Family Act, or is the subject of a custody or access order. If your child is subject to any such order or agreement, please indicate as directed below and contact the school principal.

Does such an order exist? Yes  No

If "yes", please discuss this situation with the school administration. Legal documentation will be required.

If other family circumstances are important for the school to know, please advise the principal.

Questions in this part of the registration form are designed to assist in our effort to maintain good school-home communications. If you have difficulty responding to any of these, please speak to your school principal.

Should school correspondence regarding this child be sent to any other adult who has legal access to this student?

Yes

No

If Yes, please fill in the following information:

Name:	Relationship to Student:	
Address:	City:	Postal Code:

Your child is a resident student of the Separate Catholic School Division if his/her parent(s) is/are Catholic.

Is the child's Parent/Guardian #1 Catholic? Yes  No  Is the child's Parent/Guardian #2 Catholic? Yes  No

Child resides with: Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_ Both \_\_\_\_\_

Pursuant to 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 are you eligible to have your child receive a Francophone education?

Yes

No

B. If yes, do you wish to exercise your right to have your child receive a Francophone education?

Yes

No

If Student/s resides on a reserve, please provide the following:

Band Number \_\_\_\_\_ and Treaty Number \_\_\_\_\_

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

First Nations (status)

First Nations (non-status)

Metis

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 your school.

**Legal Document used to verify registration: (Select one.) PLEASE PROVIDE A COPY with registration**

Permanent Resident/Landed Immigrant Documents      Passport      Official Stats Canada Documents      Work or Study Permit  
 Canadian Citizenship Document      Adoption Papers      Birth Certificate      Temporary Resident Papers

**OFFICE USE ONLY:** Declared Residency: \_\_\_\_\_

**I hereby certify the foregoing information given is correct, and complete; to the best of my knowledge and belief.**

**Parent (Guardian) Signature** \_\_\_\_\_ **Date of Signature** \_\_\_\_\_