

Student Registration

Alberta Education ID#: _____

The information requested on this form is being collected pursuant to the School Act, Section 23, A.R. 71/99 and the FOIPP 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 in cooperation with school administration staff.

School: **Lilian Schick School**

School ID#: _____

Date of Registration: _____
(YY/MM/DD)

Program Placement: _____

Legal Last Name: _____

Birth Date: _____ (YY/MM/DD)

Legal First Name _____

Gender: Female Male Grade: _____

Legal Middle Name(s): _____

If student does not normally go by their legal name, indicate:

Preferred Surname: _____

Preferred First Name: _____

Street Address: _____

Box No: _____

Town/City: _____

Province/Postal Code: _____

Land Description: _____

Use New 911 Location Address

Home Phone No.: () _____

Name and Location of Previous 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"

Parent/Legal Guardian Information

Legal Father's Information:

Surname: _____

First Name: _____

Address (if different than student):

Street/Box No. _____

Town/City: _____

Postal Code: _____

Phone: _____
Work Cell

E-mail address (optional) _____

Legal Mother's Information:

Surname: _____

First Name: _____

Address (if different than student):

Street/Box No. _____

Town/City: _____

Postal Code: _____

Phone: _____
Work Cell

E-mail address (optional) _____

Legal Guardian's Information:

Surname: _____

First Name: _____

Address (if different than student):

Street/Box No. _____

Town/City: _____

Postal Code: _____

Phone: _____
Work Cell

E-mail address (optional) _____

Children Services Information:

Legal Signing Authority _____

Guardianship Order

Permanent Temporary Other

Social Worker Name: _____

Office: _____ Phone _____

Foster Parents Name: _____

Address: _____ Home Phone _____

_____ Work Phone _____

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.

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

Francophone Eligibility:

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, the following applies:

- (1) Citizens of Canada
 - (a) whose first language learned and still understood is French, or
 - (b) who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary school instruction in French.
- (2) Citizens of Canada of whom any child has received or is receiving primary or secondary school instruction in French in Canada have a right to have all their children receive primary and secondary instruction in the same language.

According to this criteria, are you **eligible** to have your child educated in French?

Yes Ineligible

If yes, do you wish to exercise your right to have your child educated in French?

Yes No

English as a Second Language (ESL)

Yes No

Code the student with a “yes” if the following applies:

- Foreign-born students eligible for ESL funding:
 - have recently immigrated to Canada and
 - are non-English speaking.
- Canadian-born students eligible for ESL funding:
 - have homes in which the primary spoken language is not English and
 - are non-English speaking.

Citizenship (check one)

- Canadian citizen (1)
- Permanent resident (2)
- Study Permit (5)
Expiry date: _____
(YY/MM/DD)
- Child of Canadian Citizen (student not Canadian citizen (6)
- Child of an individual lawfully admitted to Canada for permanent or temporary residence (7)
- Unknown (9)

Special Needs/Schooling

Has your child received specialized services or programming? Yes No

Type of Program: _____

Aboriginal Learner

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 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.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 10155 – 102 Street, Edmonton AB, T5J 4L5, (780) 427-8501.

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.