



NEW Student Registration Form 2021-2022

Ashmont Elementary
Ashmont Secondary
Elk Point Elementary
Elk Point Outreach
F.G. Miller Jr/Sr High

Glen Avon
Heinsburg Community
Myrnam Outreach & Homeschool
New Myrnam School

Regional High School
St Paul Alternate Education
Two Hills Mennonite
Two Hills

Alberta Education ID#: \_\_\_\_\_ Date of Registration: \_\_\_\_\_ Specialized Programming
(mm/dd/yyyy)

This Registration form is a legal document. It must be accurate and complete.
Before a student can be registered by a school, this form must be completed in its entirety and signed by the
parent/guardian/independent student. Proof of residency may be required before registration can proceed.

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

AKA Last Name: \_\_\_\_\_ AKA First Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Birthdate: (mm/dd/yyyy) Age: \_\_\_\_\_ Gender: \_\_\_\_\_ 2021-2022 Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Rural Address (New County Address): \_\_\_\_\_ Bus #: \_\_\_\_\_

Legal Land Description: \_\_\_\_\_ Bus Driver: \_\_\_\_\_

Student Street Address (if different from above):

Student Joint custody Address (if different from above):

Student Permanent Address (if different from above):

If from another school: Report Card Submitted
Previous School attended: \_\_\_\_\_
City: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

Resides with: Both Parents Father Mother Shared Custody Independent
Mother/Stepfather Father/Stepmother Guardians

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY INFORMATION (LOCAL Emergency Contacts other than parents/guardians)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ can pickup from school:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ can pickup from school:

**CUSTODY**

If an order exists affecting guardianship rights or custody access rights, a copy of the order will be required to be placed in the student's file. Circumstances may be such that a child be designated as "PROTECTED" if a court issues a restraining order under the Child Youth and Family Enhancement Act, the Domestic Relations Act, the Divorce Act or the Youth Criminal Justice Act.

Please indicate if the School Administration should be aware of any such Court Order for the protection of the student. Yes  No

If Yes, please make arrangements to discuss this situation with the school administration. Is a copy in the student file? Yes  No

Document Expiry Date (if applicable): \_\_\_\_\_ (Month/Day/Year)

Does this student meet the in-care status as defined by the Child Youth and Family Enhancement Act? Yes  No

If Yes, please supply name of worker and agency:  
\_\_\_\_\_

**Siblings**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_


**MEDICAL INFORMATION:**

**(Note: A doctor's letter is required if medication needs to be administered to your child)**

Alberta Health Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there any medical problems or allergies your child may be experiencing which the school should be aware of?

Yes  NO  Allergies: \_\_\_\_\_

Special Medical Considerations: \_\_\_\_\_

Life Threatening Allergy/Condition	Allergies	Physical Disability
Serious Illness	Medication to be administered	

Please specify/explain: \_\_\_\_\_

**MEDICAL CONSENT:**

I hereby give permission for this child to be referred to a doctor for emergency medical treatment.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ (mm/dd/yyyy)

**CITIZENSHIP/STATUS**

1. Canadian Citizen Birth Country if not Canada: \_\_\_\_\_
2. Permanent Resident Date of arrival in Canada: \_\_\_\_\_
5. Study Permit Visa/Work Permit/Study Permit Expiry Date: \_\_\_\_\_ (mm/dd/yyyy)
6. Child of a Canadian Citizen Effective Date: \_\_\_\_\_ (mm/dd/yyyy)
7. Child of an individual lawfully admitted to Canada for permanent or temporary residence
9. Step-child of a Canadian citizen or Temporary Foreign Worker
- Other Jurisdiction / Resident Board (specify): \_\_\_\_\_

**LEGAL DOCUMENTATION REQUIRED**

A student cannot be registered without a copy of a legal document that provides proof of legal name, age and citizenship or immigration status. Any of the following documents are acceptable to copy: Canadian Birth Certificate, permanent resident card, student study permit, parent work permit or parent study permit.

**Legal Documentation on file:**

- |                                |                       |                             |
|--------------------------------|-----------------------|-----------------------------|
| Birth Certificate              | Last 4 Numbers: _____ | Passport                    |
| Canadian Citizenship Document: |                       | Permanent Resident Document |
| Status Card                    |                       | Landed Immigrant            |
| Student Visa/Study Permit      |                       | Other (specify): _____      |
| Custody Order                  |                       |                             |

**First Nations**

First Nations Living on Reserve? Yes No Treaty Number: \_\_\_\_\_ Band: \_\_\_\_\_

Band of Residency: \_\_\_\_\_ Band of Financial Responsibility: \_\_\_\_\_

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

First Nations (Status) First Nations (Non-Status) Metis Inuit None

For further information, please refer to: [www.education.alberta.ca/system-supports/results-reporting](http://www.education.alberta.ca/system-supports/results-reporting) or contact Alberta Education at 780-427-8501.

**Notice to Parent or Guardian**

The Alberta Human Rights Act requires a school to give notice to a parent or guardian when courses of study, educational programs, instructional materials, classroom instruction or exercises include subject matter that deals primarily and explicitly with religion.

## Francophone Education Eligibility Declaration

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 of 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 pursuant to Section 23 of 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

B. If Yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

Yes

No

If you claim entitlement to a Francophone education under these terms, St Paul Education may be required to release personal information provided on this form to the local Francophone Education Board, upon written request of that jurisdiction.

## English as a Second Language (ESL) Eligibility (Optional)

ESL students can be Canadian-born or Foreign-born

Is your child:

Canadian-born

Foreign-born

Student's first language learned (specify): \_\_\_\_\_

Student's primary home language (specify): \_\_\_\_\_

**The information requested on this form is being collected pursuant to the School Act, Section 23, S.R.R.A.R. 225/06 and Section 33(c) of the FOIP Act. Information acquired through this form is kept secure and access is restricted.**

**If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the Superintendent of Schools or the FOIPP Coordinator at:**

St. Paul School Division  
4313 48 Ave  
St. Paul, AB T0A 3A3

Phone Number: (780) 645-3323  
Fax Number: (780) 645-5789

**I hereby declare that the information I have provided is correct and that I have read and understood the information contained on this form.**

\_\_\_\_\_  
**Parent/Guardian Name**  
(print clearly)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date** (mm/dd/yyyy)

### Please Note:

This registration form is subject to the conditions of the course/classroom enrollment capacities at the school you wish to register at. A current report card from the last school you attended is required prior to acceptance. Filling out this registration form does not guarantee acceptance.