



# STUDENT REGISTRATION FORM

The personal information requested on this form is being collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP), the Education Act and its regulations, and the Canadian Charter of Rights and Freedoms, Section 23.  
**Parents are responsible to ensure the accuracy of this information and to report changes.**

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

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

<b>STUDENT INFORMATION</b>			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 received or required additional supports for learning? 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"/>	
Individual Program Plan and/or Individual Support Plan <input type="checkbox"/>			Other: _____		

Rural Students - Legal Land Description:     ¼ Sec      Sec      Twnshp      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 Spoken:</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
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<b>PARENT/GUARDIAN INFORMATION</b>					
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:	
<b>EMERGENCY INFORMATION (Contacts other than parents used in emergencies only)</b>					
1. Contact:			Relationship to Student:		
Address:			City:		Postal Code:
Primary #	Alternate #	E-Mail Address:			
List Any Life Threatening Medical Conditions:					

**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 Youth and Family Enhancement Act, the Divorce Act or the Youth Criminal Justice Act or is the subject of a parenting time restriction. As per the Education Act, where a person claims to be a parent or guardian or claims the existence of any limitation on the authority of a parent or guardian, the onus is on that person to provide proof of the claim.

**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.

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**

Birth Certificate  Permanent Resident/Landed Immigrant Documents  Passport  Official Stats Canada Documents

Work or Study Permit  Canadian Citizenship Document  Adoption Papers  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** \_\_\_\_\_