

Student Registration Form

The information requested on this form is being collected pursuant to the School Act, Section 18, A.R. 213/88 and A.R. 175/93 and the F.O.I.P.P. Act, Sections 32(c), 37(b) and 38(c). Information acquired through this form is kept secure and access is restricted.

Date of Registration _____	School _____	School Year 20 ____ / ____
Program Registering For: _____	Documentation: _____	Notes: _____

For Office Use Only

Student Information			
Legal Last Name _____		Legal First Name _____	Legal Middle Name(s) _____
AKA or Preferred Last Name _____		AKA or Preferred Given Name(s) _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
DOB _____ <small>mm/dd/yyyy</small>	Age _____	Grade Entering _____	Has attended: <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> Pre-School
Home Phone (with area code) <input type="checkbox"/> Home <input type="checkbox"/> Mobile _____		Student Cell Phone _____	Home Email _____
Physical Address			
Apt/Suite _____		House Number _____	Street _____
If County, please provide Rural address and Legal Land Description _____			
Rural (911) Address _____		Legal Land Description (e.g. SW-12-72-11-W6) _____	
City _____		Province _____	Postal Code _____
Mailing Address			
<input type="checkbox"/> Same as Physical Address or:			
Apt/Suite-Street, Box or RR Address _____			
City _____		Province _____	Postal Code _____

Religion			
Notice to Parent or Guardian of Religious Permeation: The Alberta Human Rights Act requires a school to give notice to a parent or guardian when courses of study, educational programs, instructional materials, instructions or exercises include subject matter that deals primarily and explicitly with religion. All of the schools in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily with religion.			
Is Student Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Father Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Legal Guardian Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Religion of Student: Catholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sacraments Celebrated (Please check all that apply) Baptism <input type="checkbox"/> First Communion <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/>		
If your child has been baptized in the Catholic Church, please attach a copy of Baptismal Certificate			
If Religion is other than the Catholic faith, please sign the following acknowledgement: I hereby acknowledge that I am aware of the values and philosophy of a Catholic school and that my child will participate in the prayer life, church and church related activities, religious courses and instruction and exercises in which Catholic ethical and moral standards are taught. Additionally, I am aware that my child is being admitted to this school as a non-resident student, and because of this, the District accepts the responsibility for my child's education until such a time as my child finishes his or her program in this school, voluntarily withdraws, or is expelled from the District.			
Parent/Guardian Signature _____			

School History	
Does this student have sibling(s) that are or may be attending this school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name(s): _____	
Has student ever been registered in Grande Prairie Catholic Schools: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name School _____	Year / Grade _____
Name School _____	Year / Grade _____
Name, address, city, and country of last school attended (if different from above)	

English As A Second Language (ESL) Eligibility

A student may be eligible for *ESL support when the language spoken at home is a language other than English. ESL students can be Canadian born or Foreign born.

My Child is: <input type="checkbox"/> Canadian Born	<input type="checkbox"/> Foreign Born	Birth Country if other than Canada: _____ Date Arrived in Canada : _____
Student's first language learned: _____ Student's primary home language(s): _____ Student would benefit from *ESL Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Citizenship / Immigration Status

Legal Verification – A student cannot be registered without a copy of a legal document that provides proof of legal name, age and citizenship. Any of the following documents are acceptable:

Student Citizenship (Check one)	Supporting Documentation (Required)
<input type="checkbox"/> [1] Canadian Citizen	Student: Canadian Birth certificate, or Canadian Passport, or Canadian Citizenship Certificate or Canadian Citizenship Card
<input type="checkbox"/> [2] Lawfully admitted to Canada for Permanent Residence (Student)	Student: Birth Certificate AND Permanent Resident Card or Confirmation of Permanent Residence Document
<input type="checkbox"/> [6] Child of a Canadian Citizen	Student: Birth Certificate AND Parent: Canadian Birth Certificate or Canadian Citizenship Document or Canadian Passport. Marriage Certificate (If applicable) Adoption Order (if applicable)
<input type="checkbox"/> [7] Child of a Resident	Parent: Permanent Resident Card or work or study permit or acknowledgement of Convention *Refugee Claim AND Student: Birth Certificate Marriage Certificate (If applicable) Adoption Order (if applicable)
<input type="checkbox"/> [5] Temporary Resident – Student	Student: Birth Certificate AND study permit /visa or authorization VISA EXPIRY DATE: MONTH ___/DAY ___/YR ___
<input type="checkbox"/> [9] Step-Child of a Canadian Citizen	Student: Birth Certificate, passport and study permit AND Parent: Passport and proof of application for permanent residency and fee payment to CIC. AND Step-Parent: Canadian Birth Certificate or Canadian Citizenship Documents or Canadian Passport
<input type="checkbox"/> [9] Step-Child of a Temporary Foreign Worker	Student: Birth Certificate, Passport and study permit. AND Parent: Passport AND Step Parent: Passport and work permit.
<input type="checkbox"/> [9] Exchange Student	Student from another province or territory in Canada 412 Student from outside Canada 413
Involved in an approved reciprocal exchanged program (does not include Rotary exchanges)	
<input type="checkbox"/> *Refugee – Status Granted _____ Expiry Date if applicable <input type="checkbox"/> *Refugee – Granted Permanent Residency	

Francophone – Section 23 Eligibility

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 school instruction in French.

According to the criteria set out in the Canadian Chart of Rights and Freedoms, are you eligible to have your child receive a French first language (Francophone) education? Yes (Y) No (B)

First Nation, Metis and Inuit Declaration

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

First Nation (status) First Nation (Non-status) Métis Inuit

For further information, please refer to www.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 the Superintendent of Schools at (780) 532-3013

Student Treaty Status and Residency

Does this student have treaty status? Yes No Does this student reside on reserve? Yes No

Name of Reserve: _____ Treaty No. _____ Band No. _____ Family No. _____ Child Position No. _____

Complete Address on Reserve: _____

Parent / Guardian Information

1	<input type="checkbox"/> Male	<input type="checkbox"/> Parent	<input type="checkbox"/> Permanent Guardian	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Female	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Relative	<input type="checkbox"/> Temporary Guardian
<input type="checkbox"/> Receives Mail		<input type="checkbox"/> Student resides with	<input type="checkbox"/> Responsible for this student	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Sister
<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle	<input type="checkbox"/> Brother
		<input type="checkbox"/> Foster Mother	<input type="checkbox"/> Billet	<input type="checkbox"/> Legal Guardian
		<input type="checkbox"/> Foster Father	<input type="checkbox"/> Other	
Title	Surname		First Name	
Mailing Address <input type="checkbox"/> Same as Student				
City			Province	Postal Code
Phone #1	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #2	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email(s)				

2	<input type="checkbox"/> Male	<input type="checkbox"/> Parent	<input type="checkbox"/> Permanent Guardian	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Female	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Relative	<input type="checkbox"/> Temporary Guardian
<input type="checkbox"/> Receives Mail		<input type="checkbox"/> Student resides with	<input type="checkbox"/> Responsible for this student	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Sister
<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle	<input type="checkbox"/> Brother
		<input type="checkbox"/> Foster Mother	<input type="checkbox"/> Billet	<input type="checkbox"/> Legal Guardian
		<input type="checkbox"/> Foster Father	<input type="checkbox"/> Other	
Title	Surname		First Name	
Mailing Address <input type="checkbox"/> Same as Student				
City			Province	Postal Code
Phone #1	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #2	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email(s)				

3	<input type="checkbox"/> Male	<input type="checkbox"/> Parent	<input type="checkbox"/> Permanent Guardian	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Female	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Relative	<input type="checkbox"/> Temporary Guardian
<input type="checkbox"/> Receives Mail		<input type="checkbox"/> Student resides with	<input type="checkbox"/> Responsible for this student	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Sister
<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle	<input type="checkbox"/> Brother
		<input type="checkbox"/> Foster Mother	<input type="checkbox"/> Billet	<input type="checkbox"/> Legal Guardian
		<input type="checkbox"/> Foster Father	<input type="checkbox"/> Other	
Title	Surname		First Name	
Mailing Address <input type="checkbox"/> Same as Student				
City			Province	Postal Code
Phone #1	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #2	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email(s)				

4	<input type="checkbox"/> Male	<input type="checkbox"/> Parent	<input type="checkbox"/> Permanent Guardian	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Female	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Relative	<input type="checkbox"/> Temporary Guardian
<input type="checkbox"/> Receives Mail		<input type="checkbox"/> Student resides with	<input type="checkbox"/> Responsible for this student	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Mother	<input type="checkbox"/> Step Mother	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Aunt	<input type="checkbox"/> Sister
<input type="checkbox"/> Father	<input type="checkbox"/> Step Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Uncle	<input type="checkbox"/> Brother
		<input type="checkbox"/> Foster Mother	<input type="checkbox"/> Billet	<input type="checkbox"/> Legal Guardian
		<input type="checkbox"/> Foster Father	<input type="checkbox"/> Other	
Title	Surname		First Name	
Mailing Address <input type="checkbox"/> Same as Student				
City			Province	Postal Code
Phone #1	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #2	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	Phone #3 <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Email(s)				

Custody and Guardianship Information / Protected Status

Are there any family circumstances about which you wish the school to be aware:

Are there any Court Orders affecting guardianship rights, custody, or access to the student? *Yes No

* If **Yes**, the school must be supplied with a copy of the of the most recent custody document or Court Order

A photocopy will be placed in the Student Record. Copy Provided

Custody and Access Order Legal Restraining Order Parenting Order Contact Order

Inclusive Education

Has the student been enrolled in any Inclusive Programming? *Yes (Please Indicate) No

PUF Life skills Modified Program Literacy Support OT/PT

Speech ESL Knowledge and Employability KAE Other:

Has the student ever had an Individual Program Plan (IPP) / Individual Education Plan (IEP)? Yes No

Has the student ever had an Individual Behavioral Plan? Yes No

Emergency Contact (Different from Parent / Guardian Information on page 3)

Name (Last, First)	Relationship	Phone	Type (Home, Cell, Work)

Medical Information

Doctor OPTIONAL

name phone number

Dentist OPTIONAL

name phone number

AHC (Alberta Health Care number) OPTIONAL

Allergies:

Special Medical Considerations

Consent

Email

I hereby give my permission to release my email address to the school for purposes of distributing school-based information (newsletters, etc.) to our household.

Yes No

Field Trip

I hereby give my permission for my child to attend field trips within school hours.

Yes No

Transportation (if transportation is required, please fill out Form 604)

I require my son/daughter to be transported on a bus.

Yes No

Note: You may be required to pay annual transportation fees depending on eligibility.

Network Resources "Acceptable Use Protocol"

I agree to follow the conditions of the Acceptable Use Protocol "Form 140B"

Yes No

Freedom of Information and Protection of Privacy Act (FOIP Act) & Collection of Personal Information

The information collected on the Student Enrolment Application (Form 305A) is personal information as referred to in the FOIP Act. It is collected as per the School Act and section 32(c) of the FOIP Act. The Grande Prairie & District Catholic Schools believes this information is necessary and relates directly to our obligation to provide students with: an education program that meets their needs and the provision of a safe and secure school environment.

I am aware and give Grande Prairie & District Catholic Schools permission to allow my child's picture to be used, display my child's work and release my child's information in accordance with the conditions set out under Form 170A in compliance with the FOIP Act.

Yes No

Declaration

The information provided on this form is true and correct and the parent or guardian accepts the responsibility to advise the school if there are any changes.

Parent/ Guardian Signature

Date