

ENROLLMENT APPLICATION

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.

Student Registration Form

Office Use Only:		Has attended: <input type="checkbox"/> Pre-Kindergarten <input type="checkbox"/> Pre-School	
ASN _____	School _____		
Last School _____	City/Prov _____	Phone _____	Email _____

Student Information

A copy of student's birth certificate or visa/immigration documentation is required for all students new to GPCSD.

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		
Home Phone		Student Cell Phone		Home Email		

Physical Address

Apt/Suite		House Number		Street		
102		10020		91A ST		
If County, please provide Rural/Legal Land Description						
<small>Lot = L6 Block = B7 Quarter = SE Section = 11 Township = 71 Range = 56 Meridian = W6 Other</small>						
City			Province		Postal Code	

Mailing Address
 Same as Physical Address or:

Apt/Suite-Street, Box or RR Address						
<small>Examples: 102-10020 91A ST BOX 728 SITE 15 COMP 3 RR 1</small>						
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.

Religion of Student: Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No		Religion of Mother: Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No		Religion of Father: Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No		Religion of Guardian: Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No	
Catholic Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No		Baptismal Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Reconciliation <input type="checkbox"/> Yes <input type="checkbox"/> No		Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Does this student have sibling(s) that are or may be attending this school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Name _____		Grade/Age _____	
				Name _____		Grade/Age _____	
				Name _____		Grade/Age _____	

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 _____

Citizenship / Immigration Status

Legal Verification – a student cannot be registered without a copy of a legal document that provides proof of legal name and age. Any of the following documents are acceptable: birth certificate, permanent residency document, Canadian citizenship document, or student visa.

Birth Country	Date of Arrival in Canada mm/dd/yyyy
First Language Learned	Language(s) Spoken at Home

Office Use Only

Description	Code	Documentation Required	Document # <small>last 4</small>	Issue Date <small>mm/dd/yyyy</small>	Enrollment Code
Canadian Citizen	<input type="checkbox"/> 1	Birth certificate or Canadian Citizenship Document			
Permanent Resident	<input type="checkbox"/> 2	Student Permanent Resident Card			
Temporary Resident – Student	<input type="checkbox"/> 5	Student study permit or authorization. <i>(non funded)</i> ENTER CODE 5 EXPIRY DATE ON AB PAGE			In Canada <small>outside AB</small> 415 Outside Canada 416
Child of a Canadian Citizen	<input type="checkbox"/> 6	Parent Canadian Birth Certificate or Canadian Citizenship Document			
Child of a Resident	<input type="checkbox"/> 7	Parent Permanent Resident Card or work or study permit or acknowledgement of Convention *Refugee Claim			
Step-Child of a Canadian	<input type="checkbox"/> 9	Student passport and study permit, Parent passport and proof of application for permanent residency and fee payment. Step-Parent Canadian Birth Certificate or Canadian Citizenship Documents. <i>(funding case by case)</i>			417
Step-Child of a Foreign Worker	<input type="checkbox"/> 9	Student passport and study permit. Parent passport. Step Parent passport and work permit. <i>(funding case by case)</i>			418
Other/Unknown	<input type="checkbox"/> 9	Code used as place holder. School to determine correct citizenship codes with documentation. <i>If documentation is not provided, student cannot be claimed and tuition fees are payable.</i>			

*Refugee Claimant _____ Expiry Date (mm/dd/yyyy)
 *Refugee – Status Granted
 *Refugee – Granted Permanent Residency

Exchange Student	<input type="checkbox"/>	Involved in an approved reciprocal exchanged program (does not include Rotary exchanges)	Student from another province or territory in Canada	412
			Student from outside Canada	413

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)

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?
 Yes No

English As A Second Language (ESL) Eligibility

Student may qualify for ESL Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Code Start Date <small>mm/dd/yyyy</small>
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Aboriginal Self- 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: _____

Special Education

Has the student been enrolled in any Inclusive Programming? Yes No

If Yes, please indicate:

PUF Lifeskills 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 Behavioural Plan? Yes No

Parent Guardian Information			
Mother		<input type="checkbox"/> Resides with	<input type="checkbox"/> Responsible for
		<input type="checkbox"/> Contact Not Allowed	
Title <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Surname	First Name	
Mailing Address	Apt/Suite-Street, Box or RR Address <i>Examples: 102-10020 91A ST BOX 728 SITE 15 COMP 3 RR 1</i>		
City	Province	Postal Code	
Home Phone	Cell Phone	Work Phone	Ext
Email			

Father		<input type="checkbox"/> Resides with	<input type="checkbox"/> Responsible for
		<input type="checkbox"/> Contact Not Allowed	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Dr	Surname	First Name	
Mailing Address	Apt/Suite-Street, Box or RR Address <i>Examples: 102-10020 91A ST BOX 728 SITE 15 COMP 3 RR 1</i>		
City	Province	Postal Code	
Home Phone	Cell Phone	Work Phone	Ext
Email			

3rd Parent/Guardian		<input type="checkbox"/> Resides with	<input type="checkbox"/> Responsible for
		<input type="checkbox"/> Contact Not Allowed	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Surname	First Name	
Mailing Address	Apt/Suite-Street, Box or RR Address <i>Examples: 102-10020 91A ST BOX 728 SITE 15 COMP 3 RR 1</i>		
City	Province	Postal Code	
Home Phone	Cell Phone	Work Phone	Ext
Email			
Relationship <input type="checkbox"/> Aunt <input type="checkbox"/> Billet <input type="checkbox"/> Brother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/> Other Relative <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Uncle			

4th Parent/Guardian		<input type="checkbox"/> Resides with	<input type="checkbox"/> Responsible for
		<input type="checkbox"/> Contact Not Allowed	
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Surname	First Name	
Mailing Address	Apt/Suite-Street, Box or RR Address <i>Examples: 102-10020 91A ST BOX 728 SITE 15 COMP 3 RR 1</i>		
City	Province	Postal Code	
Home Phone	Cell Phone	Work Phone	Ext
Email			
Relationship <input type="checkbox"/> Aunt <input type="checkbox"/> Billet <input type="checkbox"/> Brother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/> Other Relative <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Uncle			

Protected Status	
Are there any Court Orders affecting access to the student? Yes <input type="checkbox"/> No <input type="checkbox"/>	Protected Student Yes <input type="checkbox"/> No <input type="checkbox"/>
Office: Please note <i>Court Order terms, The Act</i> under which the order was issued, any <i>issue/expiry date(s)</i> and <i>who signed Court Order</i> .	
<input type="checkbox"/> Custody and Access Order <input type="checkbox"/> Parenting Order	<input type="checkbox"/> Legal Restraining Order <input type="checkbox"/> Contact Order <input type="checkbox"/> Copy on File

Emergency Medical**Contact 1** Phone Phone Type Cell Home Work

Contact Name (Last, First)

Relationship

 Aunt Billet Brother Father Foster Parent Grandfather Grandmother Guardian
 Legal Guardian Other Other Relative Mother Sister Step Father Step Mother Uncle
Contact 2 Phone Phone Type Cell Home Work

Contact Name (Last, First)

Relationship

 Aunt Billet Brother Father Foster Parent Grandfather Grandmother Guardian
 Legal Guardian Other Other Relative Mother Sister Step Father Step Mother Uncle

Doctor

Dentist

Allergies

*name**phone number**name**phone number*AHC (Alberta Health Care number) *OPTIONAL*

Special Medical Considerations

Medical Alert Text

Alert Expires

*(0/0/0 to never expire)***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 **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