

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/guardians are responsible to ensure the accuracy of this information and to report changes.

OOL DIVIS									
Name of School:					School Year:				
STUDENT INFORMATION:			Alberta Student Number:						
Legal Surname:			Legal Giv	ven Name(s):		Legal Middle Name:			
Preferred Surname:					Preferred Given Name:				
Birth Date: / / Year / Month / Day	Gender:	Grad	le:	Student's Pł	nysical Address:				
Student Email Address:					City:		Postal Code:		
Primary Phone Number:					Student Cell (if applicable):				
Does this student have any life-threatening medical conditions (please list):									
Has this student received or required additional supports for learning?					\Box Yes \Box No If Yes,	□No If Yes, please check all that apply			
□Speech Language Therapy □Learning Support				ort	Social/Emotional Behavioural Support				
□ Individual Program Plan and/or Individual Support Plan □ Othe				n 🗌 🗆 Oth					
Language Primary Spoken:	Canadian Permanent Temporary	Citizenship:CanadianPermanent ResidentTemporary ResidentOther (please specify)			Temporary or Permanent Resident: Immigration Document Expiry Date: / / Year / Month / Day		dependent Student:]Yes □No		
Has your student previously attended a Golden Hills School?			Last School Attended (na	me of scho	ool and city):				

PARENT/GUARDIAN INFORMATION: Information for <u>ALL</u> parents/legal guardians must be provided							
Parent/Guardian #1 Name:				Relationship to Student:			□ Has Custody
				□Lives With			
Mailing Address:				City: Postal Code			
Rual Students – Legal Land Description: ¼ Sec Sec Twnshp				Range	911 Adress (blu	e sign)	
Phone (home):	Phone (cell):	Phone (work)	:	Email Address:		
Parent/Guardian #2 Name:				Relationship to Student:			□Has Custody □Lives With
Mailing Address:				City:		Postal Code	
Rual Students – Legal Land Description: ¼ Sec Sec Twnshp				Range	911 Adress (blu	e sign)	
Phone (home):	home): Phone (cell):		Phone (work):		Email Address:		
EMERGENCY CONTACT INFORMATION: (Contact other than parents - used in emergencies only)							
Contact #1:				Relationship to Student:			
Phone (home): Phone (cell):				Email Address:			
Contact #2:			Relationship to Student:				
Phone (home): Phone (cell):			Email Address:				

STUDENT LIVES WITH:

□ Parent/Guardian #1 □ Parent/Guardian #2 □ Both □ Other - please specify: (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? \Box Yes \Box 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
- B. If yes, do you wish to exercise your right to have your child receive a Francophone education? 🗌 Yes

If you wish to declare the student is First Nations	s, Métis or Inuit please select	one:		
□ First Nations (status)	\Box First Nations (non-status)	🗆 Métis	🗆 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.

If student resides on a reserve, please provid	e the following:
Band Number:	Treaty Number:
Legal Document used to verify registration:	(select one) PLEASE PROVIDE A COPY with registration:
🗆 Birth Certificate 🛛 Permanent/Tempora	ary Resident Documents 🛛 Passport 🖓 Official Stats Canada Documents
🗆 Work or Study Permit	Canadian Citizenship Document Data Adoption Papers
I hereby certify the foregoing information	h is correct, and complete, to the best of my knowledge and belief.

by certify the foregoing information is correct, and complete, to the best of my knowledge and be This is confirmation that I have provided information for <u>ALL parents/legal guardians of the student.</u>

Parent/Guardian Signature:_____

Date: _____