PALLISER REGIONAL SCHOOLS
Student Registration Form

FOR OFFICE USE ONLY
Local ID: _____
ASN: _____
ENTRY DATE: _____

STUDENT INFORMATION
(Please Print Clearly)

School: _____ **Resident school board:** _____ (if other than Palliser)

Legal Name: _____
First Middle Last

Preferred first name (if different)**:** _____ **Preferred last name** (if different)**:** _____

Birthdate: _____ YYYY/MM/DD **Home phone:** _____

Gender: ☐ M ☐ F Birth Certificate: ☐ Yes ☐ No **Student is:** ☐ Canadian Citizen ☐ Perm. Resident ☐ On Student Visa
☐ Child of a Canadian Citizen ☐ Child of Individual Lawfully Admitted for Permanent or Temporary Residence

(Photocopies of birth certificate and residency documents required.) Expiry date of residency document: _____ YYYY/MM/DD

Language: First language spoken at home, if not English: _____

Mailing address: _____
(House and Street or Box Number) (City/Town) (Province) (Postal Code)

911 Emergency Services address (if different): _____

If no 911 address, provide Legal Land Description: _____-_____-_____-_____
Qtr. Sect. Twnshp Range

Last school attended: _____ Location (City/Town/Province): _____

School jurisdiction: _____ Grade: _____ last completed or _____ current

PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

_____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Contact 2 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

_____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Student is living with (check all that apply) ☐ Contact 1 ☐ Contact 2 ☐ Other _____

If school staff are required to enforce a custody or restraining order, a copy MUST be submitted to the school.

MEDICAL INFORMATION

Medical information (allergies, medical conditions, etc.): _____

If school staff will be required to administer medication, please request the appropriate form from the school office.

EMERGENCY CONTACT INFORMATION

First & last names: _____

Relationship to student: _____

Address: _____

_____

Home phone: _____

Cell phone: _____

In the event the parents/guardians listed as Contact 1 and 2 are unavailable, please provide an emergency contact person. Please ensure the contact person you provide is advised that their name has been provided for this purpose.

Business phone: _____

FRANCOPHONE ELIGIBILITY

According to Section 10 of the School Act and 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 (this means instruction in a French only school, not a French immersion program) have the right to have their children receive primary and secondary school instruction in French.
Citizens of Canada of whom any child has received or is receiving primary or secondary school instruction in French in Canada have a right to have all their children receive primary and secondary instruction in the same language.
According to this criteria, are you eligible to have your child educated in French? ☐ Yes ☐ No
If yes, do you wish to exercise your right to have your child educated in French? ☐ Yes ☐ No
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. Contact the school office for a listing of Francophone authorities.

FIRST NATIONS/METIS/INUIT

Indian Affairs Information Band: _____ Treaty: _____

If you wish to declare that you are an Aboriginal person, please specify:

☐ Status Indian/First Nations ☐ Non-Status Indian/First Nations ☐ Metis ☐ Inuit

Living on Reserve: ☐ Yes ☐ No

Alberta Education is collecting this personal information pursuant to Section 33(3) of the Freedom of Information and Protection of Privacy Act, as the information relates directly to and is necessary to meet its mandate to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. For further information, or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 9th Floor, Commerce Place, 10155 102 Street, Edmonton, AB T5J 4L5, Phone: 780-427-5151.

SIBLING INFORMATION

If the student has siblings attending other schools in Palliser, please list name, birthdate (YYYY/MM/DD) and school:

_____

_____

_____

_____

CERTIFICATION

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief. I also certify that I have received and read the brochure explaining the implications of the Freedom of Information and Protection of Privacy (FOIPP) Act, and I am aware of the uses that will be made of personal information collected herein:

_____ _____

Signature of Parent/Legal Guardian/Independent Student Date

"Together we will ensure learning success for all students to develop their unique potential as caring citizens in a changing world."