

## **Greater St. Albert Catholic Schools**

Serving St. Albert, Morinville, Legal and parts of Sturgeon County

School Year: <b>2019-20</b>	
Classroom:	

### STUDENT REGISTRATION FORM (K-12)

**Please Print** 

The information collected on this registration form is required in order to allow the board, through its administrator to make such decisions as are necessary in order for it to fulfill its obligation to provide a safe and secure environment, to protect the student's rights and to determine eligibility for particular programs and the funding available both under the *School Act* and it's regulations and through the *Charter of Rights and Freedoms*. The information will be made available to employees of Greater St. Albert Catholic Schools, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the children or the students in school and to Alberta Education on a need to know basis. The information will be used for authorized programs and activities that are a part of normal school life. Information on this form is protected under the *Freedom of Information and Protection of Privacy Act*. We realize that there may be occasions where you have concerns relating to the safety of your child with respect to any of the uses of this information. In this case, please contact the school where your child attends.

### Please complete all Sections of this Form

<b>Students Personal Informa</b>	tion:			
School:				
Religion of Parent:	Catholic	Other		
Religion of Child:	Catholic	Other		
If Catholic, and you wish to s Sacraments student has cele	1 1		please indicate	
Baptism	Reconciliation	Eucharist	Confirmation	
Alberta Student Number: (AS	SN)			
Legal Last Name:	Legal Last Name:Legal Given Names:			
Preferred Name: (if different	from above)			
Birthdate:				
Grade:	(MM/DD/Y Gendo	YYY) er:		
Student Also Known As: (if				
Last name:				
Student Contact Information	on:			
Box/Apt. Number:	Street Address:			
City/Town:				
<b>Home</b> Phone Number:	<b>Cell</b> P	hone Number:	(0.11	
Student Physical Address:			(Optional)	
Street Address/Box/ Apt. Nu	mber:			
Province: Postal Coo	de:Rural Legal	Land Description:		

#### Parent/Guardian Contact Information:

The School Act defines a parent as a legal guardian of the child. A guardian is defined in sections 20 and 23 of the Family Law Act and Part 1, Division 5 of the Child, Youth and Family Enhancement Act. A parent/legal guardian is someone who has the right and responsibility to care for and make decisions on behalf of the child. If there are questions as to whether an individual is a parent or guardian pursuant to legal definitions, please contact the school principal for assistance.

First Contact Mandatory (Parent/Legal Guardian) First Contact Name:\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_ Home Phone Number:\_\_\_\_\_\_ Wk Phone Number:\_\_\_\_\_ **Cell** Phone Number: Address:(if different from student) City:\_\_\_\_\_\_Province:\_\_\_\_\_\_Postal Code:\_\_\_\_\_ Email: **Resides With Student:** Yes No Yes Would Like To Receive Correspondence: Second Contact Optional (Parent/Legal Guardian) Second Contact Name:\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Wk Phone Number: \_\_\_\_\_ Cell Phone Number:\_\_\_\_\_ Address:(if different from student) City:\_\_\_\_\_\_Province:\_\_\_\_\_Postal Code:\_\_\_\_\_ Email: Resides With Student: Yes No Would Like To Receive Correspondence: Yes Third Contact Optional (Other Relevant Adult such as Step-Parent) Relationship to Student:\_\_\_\_\_ Third Contact Name: **Wk** Phone Number: Home Phone Number: Cell Phone Number: Address:(if different from student) City: \_\_\_\_\_\_Province: \_\_\_\_\_Postal Code: Email: **Resides With Student:** Yes No Would Like To Receive Correspondence: Fourth Contact Optional (Other Relevant Adult such as Step-Parent) Relationship to Student:\_\_\_\_\_ Fourth Contact Name:\_\_\_\_\_ Home Phone Number:\_\_\_\_\_ Wk Phone Number:\_\_\_\_\_ Cell Phone Number:\_\_\_\_\_ Address:(if different from student) City:\_\_\_\_\_\_Province:\_\_\_\_\_Postal Code:\_\_\_\_\_ Email: **Resides With Student:** Yes No Would Like To Receive Correspondence: No

Emergency Contact In	nformation:			
<b>Emergency</b> Contact Name	<u>:</u>	Relationship to Student		
<b>Alternate</b> Contact Name:_		Relationship to Student	:	
<b>Home</b> Phone Number:		<b>Wk</b> Phone Number:		
<b>Cell</b> Phone Number:				
Rahveittar/Daveara Nam	e:			
	.c			
		<u> </u>		
Medical/Emergency	Information:			
Please identify any serious	s medical concerns:			
· ·	lication which the school pe	rsonnel should be made av	vare of?	
_	Yes No			
	te Medical Information form			
First Nations, Metis, l		,		
If you wish to declare the	e student is Aboriginal, plo	ease select one:		
First Nation (status)	First Nation (non-status)	Metis	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 School Board Superintendent, David Keohane at 780-459-7711.				
Alexander First Nation E Only Applicable in Morinville	lligibility: (Must live on rese	erve)		
Living on Alexander First I	Living on Alexander First Nation Reserve: Yes No			
If Yes, Treaty#				
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# Francophone Education Eligibility: The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the *School Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exist: Either parent's first language learned and still understood is French, **or** Either parent has received their primary school instruction in Canada, in French, or One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada According to the criteria above as set out in the *Canadian Charter of Rights and Freedoms*, are you eligible to have your child receive a French first language (Francophone) education? Do Not Know Yes No If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education? Yes **Citizenship or Immigrant Status:** Is this student a Canadian citizen? Yes No If no, please check one of the following: Permanent Resident/Landed Immigrant Child of a Canadian Citizen Child or step-child of an individual lawfully admitted to Canada for permanent or temporary residence. Student Authorization - Study permit Visa Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ **Note:** Student Authorization - subject to foreign fees. **Options of Acceptable Documentation:** Birth Certificate (Canadian), Valid Canadian Passport, Alberta Government Identification Card, Immigration Papers (including Refugee, Treaty Card (Number), Permanent Resident Card, Temporary Resident Papers, Legal Guardianship (Court Order), Valid Parent's Work or Study Permit, Parent's Citizenship. Student registration cannot be completed without a copy of a legal document from one of the above ten options that provide proof of legal name, age and citizenship or immigration status. English as a Second Language (ESL) Eligibility: My Child was born in Canada: Yes If your child was born outside of Canada, please indicate country of birth: Date Child Arrived in Canada: (MM/DD/YYYY) What was your child's first language spoken: English Yes If No please specify: What languages are spoken in your home:

Previous School:	dod:
	led:Last Grade:
	ol is outside of the district, please complete the remaining information:
	Phone Number:
Town/City:	Province: Postal Code:
Program Selection Only Applicable in Morin	
Kindergarten Pro Kindergarten progran	ogram: n options vary by school. Please contact school for availability and clarification on programs.
-	riously attended Pre-Kindergarten: Yes No
Has the child prev	riously attended Kindergarten? Yes No
If ye	es, where:
	Within Alberta Outside of Alberta
Program Selection	ons: Please check all you are interested in and rank according to preference 1-3.
[	Regular Kindergarten. Student may be placed in AM or PM depending on school needs. (475 hours, no additional registration fees apply)
	My preference is: (please select one) AM PM
	*Full Day Kindergaten (950 hours, additional registration fees apply)
	*Progressive Kindergarten (617.5 hours, additional registration fees apply)
*Fee Commitment for	m must be completed and submitted to the school.
<b>IMPACT</b> regular m	<b>Deam Legislation (CASL)</b> came into effect July 1, 2014. This legislation <b>DOES NOT</b> nessages sent from the Schools or the District for informational purposes (e.g. notice of ting or a student's progress, etc.). These emails will continue to be sent to Greater St. hool families.
involves any activi including events li dent photos, and s are providing expi	es require schools to obtain consent for "commercial electronic messages" (CEM) that ity associated with the sale or purchase of goods or services (whether for profit or not), like fundraising alerts and volunteer recruitment for same, yearbook sales, sales of stuckhool newsletters that contain commercial information. By your indication below, you ress consent to receive these types of messages from Greater St. Albert Catholic Schools. Incribe are available in each communication of this nature and can be expressed at any
-	d confirmation below, please provide your consent (or not) for the purpose of receiving onic messages (outlined above)
Parent/Guardian 1:	YES, I consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools
	NO, I do not consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools
Parent/Guardian 2:	YES, I consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools
	NO, I do not consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools
Parent/Guardian 3:	YES, I consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools
	NO, I do not consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools
Parent/Guardian 4:	YES, I consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools
	NO, I do not consent to receiving such emails (CEMs) from Greater St. Albert Catholic Schools

PARENTAL COURT ORDERS:
<b>Note:</b> If a parenting order or any other legal document governing the access, custody, contact, protection or guardianship of your child exists, a copy must be provided for the student record.
Legal Name Of Document:
Provided and on File: Yes No
" NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION"
"The Alberta Human Rights Act requires a school board to give notice to a parent or guardian when courses of study, educational programs, instructional material, instruction or exercises include subject matter that deals primarily with religion."
All of the schools in the St. Albert Ward are Catholic Separate Schools, for which the essential purpose is to fully permeate Catholic theology philosophy, practices and beliefs, the principles of the Gospel, and the 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 instructional materials, instruction and exercise, will at all times include subject matter that deals primarily with faith and/or Catholic religion.
Greater St. Albert Catholic Schools accepts students of all faiths as per the following acknowledgment:
I hereby acknowledge and accept the values and philosophies exemplified in a Catholic school. I agree that my child will participate in the prayer life, religious education programs, and other instructional opportunities in which ethical and moral standards are taught. Additionally, if my religion is other than Catholic, I am aware that my child is being admitted to this school as a <b>non-resident</b> student as of grade 1 and beyond. Residency does not apply to Pre-Kindergarten and Kindergarten children; Residency begins in grade 1 or at point of entry to the District (in grade 1-12). The District accepts the shared responsibility for my child's education until such time the student is no longer enrolled.
I/We declare that the information provided on this registration form, which is a legal document, is accurate and complete to the best of my/our knowledge and belief(s). I/We have read and am aware of the religious permeation in District Schools, and agree to notify the school of any changes to the information on this form.
Signature:2nd Signature:
Date:Date:
As this is a legal document, only ONE Registration per child is accepted by the District. If more than one Parent/Legal Guardian prefer to sign the Registration Form, all details must be agreed upon by both parties, as declared.
A transportation application, if required, must be completed in addition to the school registration form.