



**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 its regulations and through the *Charter of Rights and Freedoms*. The information will be made available to employees of the 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 students in schools 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

#### PERSONAL INFORMATION:

School: \_\_\_\_\_

Religion of parent: ☐ Catholic ☐ Protestant ☐ Other

Religion of child: ☐ Catholic ☐ Protestant ☐ Other

If Catholic, enter name of parish \_\_\_\_\_ and indicate  
Sacraments student has celebrated by checking all that apply:

☐ Baptism ☐ Reconciliation ☐ Eucharist ☐ Confirmation

Alberta Education Number: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

(mm/dd/yyyy)

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

#### Student Also Known As: (if different from above)

Last Name: \_\_\_\_\_

#### Student Current Mailing Address

Box/Apt: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_

#### Student Physical Address: (if different from above)

Street/Address/Box/Apt.# \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Rural Legal Land Description \_\_\_\_\_

#### PARENT/GUARDIAN CONTACT INFORMATION

Contact Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from student)

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Resides with: \_\_\_\_\_ Yes \_\_\_\_\_ No

Receives Correspondence: \_\_\_\_\_ Yes \_\_\_\_\_ No

Contact Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from student)

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Resides with: \_\_\_\_\_ Yes \_\_\_\_\_ No

Receives Correspondence: \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Alternate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*\*Please note babysitter or daycare if different from emergency number.*

Babysitter/Daycare Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical/Emergency Information:**

Please identify any serious medical concerns: \_\_\_\_\_

Is this student on any medication which school personnel should be made aware of? ☐ Yes ☐ No

If yes, please complete the Medical Information form at this school.

**In the event of an Emergency the school will contact the appropriate medical personnel****First Nations, Métis, Inuit:** ☐ Does not Apply (Proceed to the Next Section)

Alberta Education provides additional funding to school districts based on the number of self-identified Aboriginal students. This funding is used to develop programs and resources to enhance supports for education. The self-identification information will be used to support your child's success in learning.

**Self-Identification:** If you wish to declare that you are an Aboriginal person, please specify:☐ Status Indian/First Nations ☐ Non-Status Indian/First Nations ☐ Métis ☐ Inuit*Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet its mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. Alberta school boards are also collecting this information pursuant to the same section in conjunction with section 2(1)(f) of the Student Record Regulation for the same purposes. This information will also be used to determine the provincial First Nations, Métis and Inuit Funding Allocation provided to school authorities.**For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501. If you have questions regarding the collection activity by the Greater St. Albert Catholic Schools, please contact the office of the Secretary-Treasurer (FOIP Coordinator) at 780-459-7711.*Residence (Status Indian/First Nations Only): ☐ Living on Reserve ☐ Living off Reserve

Treaty # \_\_\_\_\_ Band Authority Name \_\_\_\_\_

**Francophone Education Eligibility:**According to the criteria below 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? ☐ Yes ☐ No ☐ Do not knowIf yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education? ☐ Yes ☐ NoThe 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 exists:

- 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

**Citizenship or Immigrant Status:**Is the 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: \_\_\_\_\_**Options of Acceptable Documentation:** Birth Certificate (Canadian), Valid Passport (Canadian), 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 provides proof of legal name, age and citizenship or immigration status.****PARENTAL COURT ORDERS ONLY:** ☐ Does not Apply (Proceed to the Next Section)**Note:** 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: ☐ Yes ☐ No**English as Second Language (ESL) Eligibility:**My child was born in Canada: ☐ Yes ☐ No

What was your child's first language spoken? \_\_\_\_\_

What languages are spoken in your home today? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

If your child was born outside of Canada, please indicate country of birth country: \_\_\_\_\_

Date child arrived in Canada \_\_\_\_\_ (MM/YYYY)

**Previous School: If previous school outside of district, please complete address**

Last School Attended	Last Grade
Mailing Address	Phone Number
Town/City	Postal Code

**Program Selection:**

☐ Regular English Program ☐ French Immersion Program

**Kindergarten Programs:** ☐ Does not Apply (Proceed to the Next Section)

Kindergarten program options vary by school. Please contact school for availability and clarification on programs.

Has the child previously attended Kindergarten? ☐ Yes, within Alberta ☐ Yes, outside of Alberta ☐ No

**Program Selection:** Please check one of the following

☐ Half Day- Mornings only(475hours) ☐ Half Day-Afternoons only(475 hours) ☐ Full Day/Alternate Days (475 hours)

☐ All Day Everyday (950 hours, additional fees apply) Fee Commitment form must be completed and submitted to school.

☐ Progressive: Select Schools Only (617.5 hours, additional fees apply) Fee Commitment form must be completed and submitted to schools.

**Canadian Anti-Spam Legislation (CASL)** came into effect July 1, 2014. This legislation **DOES NOT IMPACT** regular messages sent from the Schools or the District for informational purposes (e.g. notice of a community meeting or a student's progress, etc.). These emails will continue to be sent to Greater St. Albert Catholic Schools families.

The legislation does require schools to obtain consent for "commercial electronic messages" (CEM) that involves any activity associated with the sale or purchase of goods or services (whether for profit or not), including events like fundraising alerts and volunteer recruitment for same, yearbook sales, sales of student photos, and school newsletters that contain commercial information. By your indication below, you are providing express consent to receive these types of messages from Greater St. Albert Catholic Schools. Options to unsubscribe are available in each communication of this nature and can be exercised at any time.

As per the checked confirmation below, please provide your consent (or not) for the purposes of receiving commercial electronic 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

For questions regarding your consent, contact the Secretary Treasurer @ [dschlag@gsacrd.ab.ca](mailto:dschlag@gsacrd.ab.ca); 6 St. Vital Avenue, St. Albert, AB T8N 1K2

***"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 materials, instruction or exercises include subject matter that deals primarily and explicitly 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 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 exercises, 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 acknowledgement:***

*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 **non-resident** student and that the District accepts the shared responsibility for my child's education until such time as he/she is no longer enrolled.*

**I declare that the information provided on this registration form, which is a legal document, is accurate and complete to the best of my knowledge and belief. I 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: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian or Independent Student

*Faith in Our Students*

Passion • Relationships • Commitment • Hope • Innovation • Excellence