



Greater St. Albert Catholic Schools

Serving St. Albert, Morinville and Legal

School Year: 2018-19

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 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 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

Students 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 Student Number: (ASN) _____

Legal Last Name: _____ Legal Given Names: _____

Preferred Name: (if different from above) _____

Birthdate: _____

Grade: _____ (MM/DD/YYYY) Gender: _____

Student Also Known As: (if different from above)

Last name: _____

Student Contact Information:

Box/Apt. Number: _____ Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____ (Optional)

Student Physical Address: (if different from above)

Street Address/Box/ Apt. Number: _____

Province: _____ Postal Code: _____ Rural Legal Land Description: _____

Parent/Guardian Contact Information:

First Contact Mandatory

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

Would Like To Receive Correspondence: ☐ Yes ☐ No

Second Contact Optional

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 ☐ No

Third Contact Optional

Third 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 ☐ No

Fourth Contact Optional

Fourth 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 ☐ No

Emergency Contact Information:

Emergency Contact Name: _____ Relationship to Student: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Alternate Contact Name: _____ Relationship to Student: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Babysitter/Daycare Name: _____

Home Phone Number: _____ **Wk** Phone Number: _____

Cell Phone Number: _____

Medical/Emergency Information:

Please identify any serious medical concerns: _____

Is this student on any medication which the 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, Metis, Inuit:

If you wish to declare the student is Aboriginal, please select one:

First Nation (status)	First Nation (non-status)	Metis	Inuit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

PARENTAL COURT ORDERS:

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 and on File: ☐ Yes

☐ No

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?

☐ Yes

☐ No

☐ Do Not Know

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

☐ Yes

☐ No

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

☐ No

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

☐ No

If No please specify: _____

What languages are spoken in your home: _____

Previous School Information:

Last School Attended: _____ Last Grade: _____

If previous school is outside of the district, please complete the remaining information:

Address: _____ Phone Number: _____

Town/City: _____ Province: _____ Postal Code: _____

Program Selection: ☐ Regular English Program ☐ French Immersion Program**Kindergarten Program:***Kindergarten program options vary by school. Please contact school for availability and clarification on programs.*Has the child previously attended Pre-Kindergarten: ☐ Yes ☐ No

If yes, where: _____

Has the child previously attended Kindergarten? ☐ Yes ☐ No

If yes, where: _____

☐ Within Alberta ☐ Outside of Alberta**Program Selections:** Please check one of the followingHalf Day: ☐ AM ☐ PM (475 hours, no additional fees apply) ☐ Full Day/Alternate Days (475 hours)☐ *All Day Everyday (950 hours, additional fees apply)☐ *Progressive: Select Schools Only (617.5 hours, additional fees apply)

*Fee Commitment form must be completed and submitted to the school.

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 School 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 expressed at any time.

As per the checked confirmation below, please provide your consent (or not) for the purpose 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

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

" 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 **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/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/are 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: _____
(Parent/**Legal** Guardian or Independent Student) (Parent/**Legal** Guardian)

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.

Faith in Our Students

Passion • Relationships • Commitment • Hope • Innovation • Excellence