

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM**

This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or guardian, or by the student (if living independently). This form is used to enrol a student who is new to Edmonton Public Schools, or who is returning to the District. Use this form to record important changes, such as the student identification (legal name, date of birth, gender, identification document type and document number), legal relationship of student and parent/guardian, francophone rights or Aboriginal self-identification.

Office Use Only					
EPS #	<input style="width: 95%;" type="text"/>	ASN #	<input style="width: 95%;" type="text"/>	Program	<input style="width: 95%;" type="text"/>
School	<input style="width: 95%;" type="text"/>	Grade	<input style="width: 30px;" type="text"/>	Room	<input style="width: 30px;" type="text"/>
First Day of School			Month	Day	Year

STUDENT INFORMATION							
Print the student's legal surname (last name) and given names below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first or last name, there is a space at the end of this section for <i>preferred name</i> .							
Student's Legal Last Name							
Student's Legal First Name							
Student's Legal Middle Name	Date of Birth <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"><input style="width: 95%;" type="text"/></td> <td style="width: 33%; border-bottom: 1px solid black;"><input style="width: 95%;" type="text"/></td> <td style="width: 33%; border-bottom: 1px solid black;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="font-size: x-small;">Month</td> <td style="font-size: x-small;">Day</td> <td style="font-size: x-small;">Year</td> </tr> </table>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Month	Day	Year
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>					
Month	Day	Year					
Student's Residence							
Address	City						
Province	Postal Code						
Mailing Address (if different than Student's Residence – mail-outs from school will be sent to this address)							
Address	City						
Province	Postal Code						
Home Phone (with area code) (       )	Other Phone (with area code) (       )						
Preferred First Name	Preferred Last Name						

<b>SCHOOL HISTORY</b>	Has the student ever registered at an Edmonton Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Non-EPS School Attended	City
	Province/Country

<b>CITIZENSHIP STATUS</b>	<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Child of a Canadian citizen
What is the citizenship or immigrant status of the student?	<input type="checkbox"/> Lawfully admitted to Canada for permanent residence (student)	<input type="checkbox"/> *Child of an individual lawfully admitted to Canada for permanent or temporary residence
*Supporting documentation required; see page 4 for Citizenship Information.	<input type="checkbox"/> Temporary Resident: Expiry Date Required (International Students only):	<input type="checkbox"/> *Step-child of a Canadian or Temporary Foreign Worker
	Month	Day
	Year	

**SECTION 23 – FRANCOPHONE RIGHTS (Optional)**

According to the *School Act* and section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/guardian is a resident of Alberta and: French was the first language learned, and is still understood, by at least one parent; or, one or more of the parents, or one or more of their children have received, or are receiving instruction in a French first language program or school in Canada (this does not include a French immersion program).

Do you claim entitlement to a francophone education under the terms of the *School Act*?  Eligible  Ineligible

If eligible, provincial Student Record Regulation requires Edmonton Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from that school jurisdiction.

**DISCLOSURE RESTRICTIONS**

A guardian or parent may have their right to access information about a student removed by a legal process.

Please indicate if a legal document exists which restricts access to information about this student:  Yes  No

If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

## PARENT/GUARDIAN INFORMATION

If there are two parents or guardians, it is important to fill in both sections below, whether or not the parents or guardians are living together. A guardian is defined in section 20 of the Family Law Act, or a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or section 23 of the Family Law Act.

**\*NOTE:** It is very important that you indicate whether or not **each** parent/guardian or independent student is Roman Catholic or not Roman Catholic. Under the terms of the *School Act*, the residency status of a student is based on religion and where the parent(s) or legal guardian(s) live. A student is a **resident** of Edmonton Public Schools if at least one of the parents/guardians live in Edmonton and is not Roman Catholic.

First Parent/Guardian	Relationship to Student ( <i>select one</i> ) <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> step-mother <input type="checkbox"/> other:			
	Last Name			
	First Name			Mr., Mrs., Ms., Dr., etc.
	Address ( <i>if different from student's</i> )		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	City	Province	Postal Code
	Home Phone ( <i>with area code</i> ) (       )		Business Phone ( <i>with area code</i> ) (       )	
	Other Phone ( <i>with area code</i> ) (       )		Email	
	Religious Declaration ( <i>check one</i> ) *See note above <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Roman Catholic			
Second Parent/Guardian	Relationship to Student ( <i>select one</i> ) <input type="checkbox"/> biological or adoptive father <input type="checkbox"/> step-father <input type="checkbox"/> other:			
	Last Name			
	First Name			Mr., Mrs., Ms., Dr., etc.
	Address ( <i>if different from student's</i> )		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	City	Province	Postal Code
	Home Phone ( <i>with area code</i> ) (       )		Business Phone ( <i>with area code</i> ) (       )	
	Other Phone ( <i>with area code</i> ) (       )		Email	
	Religious Declaration ( <i>check one</i> ) *See note above <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Roman Catholic			
Third Parent/Guardian	Relationship to Student ( <i>select one</i> ) <input type="checkbox"/> biological or adoptive father <input type="checkbox"/> step-father <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> step-mother <input type="checkbox"/> other:			
	Last Name			
	First Name			Mr., Mrs., Ms., Dr., etc.
	Address ( <i>if different from student's</i> )		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	City	Province	Postal Code
	Home Phone ( <i>with area code</i> ) (       )		Business Phone ( <i>with area code</i> ) (       )	
	Other Phone ( <i>with area code</i> ) (       )		Email	
	Religious Declaration ( <i>check one</i> ) *See note above <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Roman Catholic			

<b>Fourth Parent/Guardian</b>	Relationship to Student ( <i>select one</i> )		
	<input type="checkbox"/> biological or adoptive father <input type="checkbox"/> step-father <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> step-mother <input type="checkbox"/> other:		
	Last Name		
	First Name		Mr., Mrs., Ms., Dr., etc.
	Address ( <i>if different from student's</i> )		Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	City	Province                      Postal Code
	Home Phone ( <i>with area code</i> ) (        )		Business Phone ( <i>with area code</i> ) (        )
	Other Phone ( <i>with area code</i> ) (        )		Email
Religious Declaration ( <i>check one</i> ) *See note on page 2 <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Roman Catholic			

**FAMILY CIRCUMSTANCES**    Are there any family circumstances about which you wish the school to be aware? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INDEPENDENT STUDENT STATUS**

The *School Act* defines an independent student as someone who is: (i) 18 years of age or older, or, (ii) 16 years of age or older, and (a) who is living independently, or, (b) who is a party to an agreement under section 57.2 of the Child, Youth and Family Enhancement Act.

Are you claiming status as an **Independent Student** under the definition of the *School Act*?     Yes     No

Religious Declaration (*check one*) \*See note on page 2     Not Roman Catholic     Roman Catholic

**EMERGENCY/MEDICAL INFORMATION**

**EMERGENCY CONTACTS**    An emergency contact person is someone other than the student's parent or guardian.

Emergency Contact #1

Home Phone of Emergency Contact #1 ( <i>with area code</i> ) (        )	Other Phone ( <i>with area code</i> ) (        )
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Emergency Contact #2

Home Phone of Emergency Contact #2 ( <i>with area code</i> ) (        )	Other Phone ( <i>with area code</i> ) (        )
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**MEDICAL INFORMATION (Optional)**

You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student.

Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:

Diabetes     Epilepsy     Allergies (*please specify*)     Haemophilia     Heart Condition     Asthma     Other (*please specify*)

Medical Notes: \_\_\_\_\_

\_\_\_\_\_

Student's Alberta Health Care Number: \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)**

The personal information collected on this form is part of the District registration process and is authorized under the provisions of the *School Act* and its regulations and also under Section 33(c) of the FOIP Act. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions or concerns regarding the collection or intended use of this information please contact the school principal.

## ADDITIONAL ENROLMENT INFORMATION

### CITIZENSHIP DOCUMENTATION

Citizenship Documentation:

Expiry Date (if applicable):

Parent Work Visa	Month	Day	Year
Parent Study Visa	Month	Day	Year
Permanent Residency			
Temporary Residency			
Citizenship Card			

Birth Country, if NOT Canada

The following questions are asked to assist in program placement and to assist in communication in an emergency.

Is English the student's first language?  Yes  No

What language is mainly spoken at home?

### STUDENT PROTECTION

An individual may be forbidden contact with the student by way of a legal process.

Please indicate if a legal document exists which forbids an individual from having contact with this student:  Yes  No

If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

### ABORIGINAL SELF-IDENTIFICATION *(Optional)*

If you wish to identify yourself as 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 Ministry 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)(t) of the Student Record Regulation and 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 Edmonton Public Schools, please contact FNMI and Diversity, Edmonton Public Schools, 780-429-8580.

## DECLARATION BY PARENT, GUARDIAN, OR INDEPENDENT STUDENT

I hereby certify the above information to be true, correct, and complete. I have identified all guardians for this student.

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

### Office Use Only

A copy of any student identification documentation should be placed in the Student Record. **Bolded documents** will be accepted in the event of an enrolment audit. More than one document may be required to verify student identification and residency or to prove right to education in Alberta.

#### LEGAL STUDENT IDENTIFICATION VERIFICATION DOCUMENT

Select applicable documentation(s):

Last four digits:

<b>Alberta Adoption Order</b>	<b>Canadian Passport</b>
<b>Alberta Birth Certificate</b>	<b>Canadian Permanent Resident Visa</b>
Alberta Health Care Card	<b>Canadian Study Permit</b>
Alberta Identification Card	<b>Canadian Temporary Resident Visa</b>
Alberta Change of Name Certificate	<b>Canadian Work Visa</b>
Alberta Operator's License (Independent Student only)	Foreign Birth Certificate
Canadian Birth Certificate outside Alberta	Foreign Marriage Certificate
Canadian Certificate of Indian Status	International Student Visa
<b>Canadian Citizenship Certificate</b>	Passport issued outside Canada
Canadian Marriage Certificate	<b>Registration Form (temporary declaration)</b>

#### ADDRESS VERIFICATION

Select applicable documentation(s):

Operator's License
Utility Bill
Lease Agreement
Property Tax Bill
Other:

Address verification documents are NOT part of the student record. Do not retain at the school.