

# STUDENT REGISTRATION

## For School Year 2011-2012

School: _____	Date of Registration: ____/____/____ <small>Month Day Year</small>
Registering for Grade: _____	<b>For Office Use Only</b>

The *Alberta Human Rights Act* requires Edmonton Catholic Schools to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion.

The essential purpose of our schools 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 education program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

### Student Information:

**ECS Student ID:** \_\_\_\_\_

**AB Student Num:** \_\_\_\_\_

(if available)

**Legal Verification** – a student cannot be registered without a copy of a legal document that provides proof of legal name, age and citizenship or immigration status. Any of the following documents are acceptable to copy: Canadian birth certificate, adoption papers, permanent resident card, student study permit, parent work permit or parent study permit.

Write the student's legal surname (last name) and given names below. These are the names on the student's birth certificate, adoption papers or other legal documents listed above. If the student uses a different first or last name, there is space at the end of this section (preferred names).

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date month / day / year	Student's Birth Country

### Citizenship or Immigrant Status

- Canadian Citizen
- Permanent Resident
- Student Authorization – Study Permit (Parent/Guardian residing in another country)
- Child of a Canadian Citizen
- Child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not include tourists or visitors)

### A copy of the following was provided to the school:

- Canadian Adoption Certificate
- Canadian Birth Certificate
- Canadian Citizen Papers
- Permanent Resident Card / Landing Form
- Work/Study Permit
- Refugee Protection Claimant Form

Client ID #:
Expiry Date:
Date of Arrival in Canada: _____

**Staff may require proof of address before registration can proceed.**

Student's Mailing Address:		
City:	Province:	Postal Code:
Home Phone: (    )	Unlisted <input type="checkbox"/>	Other Phone: (    )
Student Email:		
A.K.A. Surname:		
A.K.A. First Name:		
Religion:	Parish:	

Student Baptized Catholic:  Yes  No (Please provide a copy of the baptismal certificate)

Student First Communion:  Yes  No Confirmed:  Yes  No

A copy of the student's baptismal certificate is in the student's file

**If Religion is other than the Catholic faith, please sign the following acknowledgement:**

I hereby acknowledge and accept the values and philosophy of a Catholic school and that my child will participate in the prayer life, church and church related activities, religious courses, instruction and exercises in which Catholic ethical and moral standards are taught. Additionally, I am aware that my child is being admitted to this school as a non-resident student, and because of this, the District accepts the responsibility for my child's education until such time as my child finishes his or her program in this school, voluntarily withdraws, or is expelled from the District.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

## School History

To facilitate accessing the student's existing records, please indicate if the student has ever been registered in Edmonton Catholic Schools:

Yes  No

If "Yes", name of the last Edmonton Catholic School attended:

If "No", name, address, city and country of the last school attended:

## English as Second Language (ESL) Eligibility

ESL students can be Canadian-born or Foreign-born.

Is your child  Canadian born or  Foreign Born? Birth Country: \_\_\_\_\_

Student's first language learned (specify): \_\_\_\_\_

Student's primary home language (specify): \_\_\_\_\_

## Medical Information (Optional)

You do not have to provide information about medical concerns, but the information could be crucial to the well-being of the student. Are there any serious medical conditions you would like the school to be aware of that affect the student? Please indicate below:

**Alberta Health Number:** \_\_\_\_\_

Diabetes  Epilepsy  Allergies  Hemophilia  Heart Condition  Asthma  Other

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

## Parent or Guardian Information

The *School Act* defines a parent as a legal guardian of the child. Legal Guardianship is legally defined in section 20 of the *Family Law Act*, 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*. Legal Guardianship may also be established by a temporary or permanent guardianship order under the *Child Welfare Act*, or by way of a court order or agreement in accordance with the *Family Law Act*. Please identify the legal guardians of the child being enrolled.

If there are questions as to whether an individual is a parent or guardian pursuant to the legal definitions, please contact the school principal for assistance.

With respect to each parent/guardian, please indicate whether the parent/guardian is Catholic. Residency of a student in the District is, in certain circumstances, based upon the faith of the parent/guardian. A copy of the parent's baptismal certificate is required as proof of the parent's Catholic faith.

Parent or  Guardian (check one)

Surname:

First Name:

Relationship to Student:  Father  Mother  Other: (Please specify) \_\_\_\_\_

Address of this Parent or Guardian (if different from student's):

Address:

City:

Province:

Postal Code:

Home Phone: ( )

Business Phone: ( )

Ext:

Cell Phone: ( )

Email:

Religious Declaration:  Catholic  Other  Child resides with this person

Baptism Certificate Supplied:  Yes  No  Parent is Responsible for Student



Parent or  Guardian (check one)

Surname:
First Name:

Relationship to Student:  Father  Mother  Other: Please specify \_\_\_\_\_  
Address of this Parent or Guardian (if different from student's):

Address:		
City:	Province:	Postal Code:
Home Phone: ( )	Business Phone: ( )	Ext:
Cell Phone: ( )	Email:	

Religious Declaration:  Catholic  Other  Child resides with this person  
Baptism Certificate Supplied:  Yes  No  Parent is Responsible for Student

### Guardianship, Custody or Access Rights

Guardians of the student must be identified to ensure each party's rights are respected. If an order exists affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. In rare instances a child may be designated as 'protected' if a court issues a restraining order under the *Child Welfare Act*, the *Divorce Act*, the *Young Offenders Act* or similar legislation.

Please indicate if any such document(s) exists:  Yes  No

Type of legal document:  Access and/or Custody  Parenting  Guardianship  Protection

Copy in Student Record:  Yes  No

### Emergency Contacts

An "emergency contact person" is someone other than the student's parent(s) or guardian(s).

Emergency Contact #1:	Relation:
Day Telephone: Ext:	Address:
Emergency Contact #2:	Relation:
Day Telephone: Ext:	Address:

### Sibling Information (optional)

Note: The provision of sibling information is optional and is collected for communication and planning purposes.

Do you have other children attending or will be attending this school District?  Yes (please list)  No

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

### 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 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

# Francophone Education Eligibility Declaration

Pursuant to 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 have the right to have their children receive primary and secondary instruction in French; or
- of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

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.

A. According to the criteria above, are you eligible to have your child receive a French first language (Francophone) education? (Please place an X in the appropriate box.)

Yes  No  Do not know

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

Yes  No

If you claim an entitlement to a Francophone education under these terms, Edmonton Catholic Schools may be required to release personal information provided on this form to the local Francophone Education Board upon written request of that jurisdiction.

## 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 Ministry and School Board mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. This information will also be used to determine the provincial First Nations, Métis and Inuit Funding Allocation provided to school jurisdictions.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5 (780) 427-8501.

Edmonton Catholic Schools requests the following for funding purposes:

Residence (Status Indian/First Nations Only):  Living on Reserve  Living off Reserve  
Treaty #: \_\_\_\_\_ Band Name: \_\_\_\_\_

## 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 uses of this information please contact the school principal.

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

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

(This registration document must be dated and signed by the parent, guardian or independent student)

## Transportation

Student Resident Address:	
Yellow Bus Pick Up Address:	
Yellow Bus Drop Off Address:	
Preferred Phone:	Preferred E-mail:

## For School Use Only

Bus Type:  YBS  ETS  NO Bus Route: \_\_\_\_\_ Bus Payment: \_\_\_\_\_

Coding: \_\_\_\_\_ Kindergarten Preference:  AM  PM