
The information requested on this form is being collected pursuant to the provisions of the School Act and its regulations, and the FOIP Act, Sections 33(c), 39 (1)(b) and 40 (1)(c). Information acquired through this form is kept secure and access is restricted.

All items within a dark line border are to be completed by school office staff.

School ID#: _____

School: **Bon Accord Community School**

Date of Registration: _____

Program Placement: _____

Legal Last Name: _____

Birth Date: _____

Legal First Name: _____

Gender: Female Male Unspecified

Legal Middle Name(s): _____

Grade: _____

If student does not normally go by their legal name, indicate:

Is transportation required? Yes No

Preferred Surname: _____

Vital Statistics Document Verification

Legal Name Verified Document: _____

Citizenship Verified Document: _____

Date of Birth Verified Document: _____

Preferred First Name: _____

Mailing Address: _____

911 (Physical) Address: _____

Subdivision: _____

Home Phone No. () _____

NOTE: A Vital Statistics Document must be presented to the school **within four weeks of registration** to verify the student's legal name, citizenship and birth date.

Vital Statistics Documents include: Canadian Birth Certificate, Canadian Citizenship Certificate, Canadian Adoption Certificate, Canadian Marriage Certificate, Passport, Visa, or Permanent or Landed Immigrant/Residence Document.

Name and Location of Previous School:



Has this student ever attended a school in Sturgeon

Public School Division: Yes No

If yes, name of school: _____

“...where great things are happening”

Legal Guardian Information

1. Father Mother
 Guardian
 Other (please specify): _____
 Mr. Mrs. Ms. Miss
 Dr. _____
 Last Name: _____

 First Name: _____

2. Father Mother
 Guardian
 Other (please specify): _____
 Mr. Mrs. Ms. Miss
 Dr. _____
 Last Name: _____

 First Name: _____

STUDENT LIVES WITH:

Both Parents Mother only Father only Guardian Foster
 Home Independently

CHILDREN SERVICES INFORMATION:

Guardianship Order: Permanent Temporary Other

Legal Signing Authority

Medical/Emergency Contact Information

Emergency Contact Information:

In case of illness, inclement weather or emergency school closure and the student's parent/legal guardian is not available, please indicate alternate emergency contacts:

Name: _____ Re

Student's Medical Information:

Does this student have any medical concerns/special needs/family circumstances of which the school should be aware?

Yes No

If YES, please describe: _____

Alberta Health Care Number _____

Parents are not required to provide this information, however Alberta Health

Custody/Court Order Information:

Code the student with a “yes” if the following applies:

In rare instances a child may be designated as “Protected” if a court has issued a restraining order under the Child Welfare Act, The Domestic Relation Act, The Divorce Act or the Young Offenders Act.

Please indicate if the school administration should be aware of any such court order for the protection of your child.

Yes No

If YES, please make arrangements to discuss this situation with the school administration. You will be expected to provide legal documentation to support your requests.

Alberta Education Grant Code Information

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

<i>First Nation (status)</i>	<i>First Nation (non-status)</i>	<i>Métis</i>	<i>Inuit</i>

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 at 780-939-4341.

English as Second Language (ESL) Eligibility:

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

Is your child Canadian born or Foreign-born?

If Foreign-born - Birth Country:

Student's first language learned (specify):

Student's primary home language (specify):

Citizenship (check one)

AB ED Code:

- 1 Canadian citizen
- 2 Permanent resident
- 5 Temporary Resident (student)
(e.g. Study Permit or visiting student)
- 6 Child of Canadian Citizen
(student is not a Canadian citizen)
- 7 Child of an individual lawfully admitted to
Canada for permanent or temporary
residence.
- 9 Step-child of a Canadian or Temporary
Foreign Worker

Special Needs/Schooling

Has your child received specialized services or programming? Yes
 No

Section 23 Francophone Education Eligibility Declaration:

Pursuant to Section 10 of the *School Act* and 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

Non Resident

Please

Resident Board :

1. If you are not a resident of Sturgeon Public School Division this registration does not guarantee a placement in a Sturgeon Public School Division School.
2. Where there is a need to provide special education services, the sending Board must be approached by the parent/guardian for sponsorship through a tuition agreement according to our placement practice.
3. There is a wait time of up to five days to determine student need.
4. Permission to access student records is required (cumulative record request form).

Declaration and Consent

I hereby affirm that I have read this registration form and the accompanying Student Information Booklet and understand how this information will be used. I affirm that the information given on this registration form is complete and correct. As indicated by my signature below, I hereby freely and voluntarily consent to have the information provided by me accessible as indicated.

Signature of Parent/Legal Guardian/Independent Student

Date

If you have any questions related to the information being provided on this form, please feel free to contact the school office for assistance.