

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

Student Information:

ECS Student ID: _____	AB Student Num: _____ (if available)
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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	

Citizenship or Immigrant Status.

- Canadian Citizen
- A Child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not include tourists or visitors)
- Lawfully admitted to Canada for permanent residence
- A Child of a Canadian Citizen
- International Student (Parent/Guardian residing in another country)

A copy of the following was provided to the school:

- Canadian Adoption Certificate
 - Canadian Birth Certificate
 - Canadian Citizen Papers
 - Other Immigration Documentation
 - Requires Documentation
- Expiry Date: _____

Permanent Resident Card (if available) Client ID#

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 that I am aware of 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

A student is eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be Canadian-born or Foreign-born. Does your child qualify for ESL support? Yes No

If yes, is your child Canadian born or Foreign Born? Birth Country: _____

Student's first language learned is (specify): _____

Student's home language is (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:

For School Use Only

Bus Type: YBS ETS NO Bus Route: _____ Bus Payment: _____

Coding: _____ Kindergarten Preference: AM PM

