



School: _____ Date of Registration: _____

Registering for Grade: _____ School Year: _____

ECS Preferred Days: _____ French Immersion: (If offered at this school) Yes No

Student Information: Alberta Education ID: _____

Legal Verification – a student cannot be registered without a copy of a legal document that provides proof of legal names, 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, please fill out the preferred names.

Copy of Legal Document Provided with this Registration Form: Yes No

| | | |
|---|--|------------------------------|
| Student’s Legal Last Name: | Student’s Legal First Name: | Student’s Legal Middle Name: |
| _____ | _____ | _____ |
| Preferred Last Name: | Preferred First Name: | |
| _____ | _____ | |
| Gender: | Birth Date: | Student’s Birth Country |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ | _____ |
| | Month / Day / Year | |
| Staff requires proof of address before registration can proceed. | | |
| House/Mailing Address: | | 911 Address: |
| _____ | | _____ |
| City: | Province: | Postal Code: |
| _____ | _____ | _____ |
| Home Phone: | Unlisted: <input type="checkbox"/> Yes <input type="checkbox"/> No | Student’s Cell Phone: |
| _____ | | _____ |

School History

Please indicate if the student has ever been registered in Wild Rose School Division Schools:

Yes – Name of the last school in Wild Rose attended: _____

No – Name, address, city and country of the last school attended: _____

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
- Hemophilia
- Heart Condition
- Asthma
- Other

Medical Notes: _____



Student Registration

Parent 1 Information

Step Parent
 Legal Guardian
 Child resides with this person
 Relationship to Student:
 Father
 Mother
 Other (please specify): _____

Last Name: _____ First Name : _____

Contact Information of this Parent or Guardian (If different from Student's):

House/Mailing Address: _____ 911 Address: _____

City: _____ Province: _____ Postal code: _____

Home Phone: _____ Day Phone: _____

Cell Phone or Other Phone: _____ Email: _____

Parent 2 Information

Step Parent
 Legal Guardian
 Child resides with this person
 Relationship to Student:
 Father
 Mother
 Other (please specify): _____

Last Name: _____ First Name : _____

Contact Information of this Parent or Guardian (If different from Student's):

House/Mailing Address: _____ 911 Address: _____

City: _____ Province: _____ Postal code: _____

Home Phone: _____ Day Phone: _____

Cell Phone or Other Phone: _____ Email: _____

Parent 3 Information

Step Parent
 Legal Guardian
 Child resides with this person
 Relationship to Student:
 Father
 Mother
 Other (please specify): _____

Last Name: _____ First Name : _____

Contact Information of this Parent or Guardian (If different from Student's):

House/Mailing Address: _____ 911 Address: _____

City: _____ Province: _____ Postal code: _____

Home Phone: _____ Day Phone: _____

Cell Phone or Other Phone: _____ Email: _____

Parent 4 Information

Step Parent
 Legal Guardian
 Child resides with this person
 Relationship to Student:
 Father
 Mother
 Other (please specify): _____

Last Name: _____ First Name : _____

Contact Information of this Parent or Guardian (If different from Student's):

House/Mailing Address: _____ 911 Address: _____

City: _____ Province: _____ Postal code: _____

Home Phone: _____ Day Phone: _____

Cell Phone or Other Phone: _____ Email: _____



Student Registration

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 requested to be placed in the student record. In rare instances a child may be designated as 'protected' if a court issues a restraining order.

Step Parents are not legal guardians without legal documents.

Please indicate if any such document(s) exist: No Yes If yes, a copy is required for the student's file.

Type of Legal Document:

Access and/or Custody Parenting Guardianship Protection Document Expires: _____

Emergency Contacts

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

| | | | |
|------------------------------|----------|---------------|--|
| Name of Emergency Contact #1 | | Relationship: | |
| Phone: | Phone 2: | Phone 3: | |
| Name of Emergency Contact #2 | | Relationship: | |
| Phone : | Phone 2: | Phone 3: | |

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 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 or age or older as of September 1, and (a) who is living independently, or (b) who is a party to an agreement under 572 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

According to Section 10 of 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/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? Yes No

If you have answered yes, Wild Rose School Division may be required to release personal information provided on this form to the local Francophone Education Board upon written request of that jurisdiction.

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education? Yes No

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.



Student Registration

Aboriginal Self-identification

| | | | |
|---|----------------------------------|--------------|--------------|
| 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: https://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 (403) 845-3376. | | | |

English as Second Language (ESL) Eligibility

ESL students can be Canadian-born or Foreign born.

My Child is: Canadian born or Foreign Born Birth Country: _____

Student's first language learned (specify): _____

Student's primary home language (specify): _____

Citizenship or Immigrant Status:

A copy of the following was provided to the school(s):

| | |
|--|---|
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Canadian Birth Certificate |
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Canadian Citizen Papers |
| <input type="checkbox"/> Student Authorization – Study Permit (Parent/Guardian resides outside Canada) | <input type="checkbox"/> Canadian Adoption Certificate |
| <input type="checkbox"/> Child of a Canadian Citizen | <input type="checkbox"/> Permanent Resident Card / Landing Form |
| <input type="checkbox"/> Child of Individual who is lawfully admitted to Canada for | <input type="checkbox"/> Working / Study Permit |
| <input type="checkbox"/> permanent or temporary residence (<i>does not include tourists or visitors</i>) | <input type="checkbox"/> Refugee Protection Claimant Form |

Client ID# _____

Expiry Date: _____

Date of Arrival in Canada: _____



Student Registration

Media Participant and Personal Information Disclosure Consent

Please select below all that you agree to:

I have read and understood the Administrative Procedure 143 & 170 – Using and Disclosing Personal Information.

- I hereby consent to the use and disclosure of the personal information as listed in the Administrative Procedure 143 & 170 – Using and Disclosing Personal Information.
- I hereby give Wild Rose School Division School’s permission to photograph, video tape, audio tape and/or interview my child while he/she is under the supervision of Wild Rose School Division.
- I hereby give Wild Rose School permission to use, publish, display and copyright any work, written material or creative work crated or authored by my child through school activities. I understand that the artwork, written materials or create work may be used by Wild Rose School Division in district or school displays, publications, websites, other electronic media and advertising or promotional materials. I understand that Wild Rose Schools may make minor edits as deemed appropriate. I hereby give Wild Rose School permission to permit outside organizations to photograph, video tape, audio tape and/or interview my child while he/she is under the supervision of wild Rose School Division schools. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected used, reproduced and broadcast by the outside organization.

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)

Collection and Use of Personal Information Disclaimer

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.