

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 legal 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.

Office Use Only						
EPS #	ASN #	Program				
School	Grade	Room	First Day of School			
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20%;">Month</td> <td style="width: 20%;">Day</td> <td style="width: 20%;">Year</td> </tr> </table>	Month	Day	Year
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 for <i>preferred name</i> .				
Student's Legal Last Name						
Student's Legal First Name		Desired Program (Regular, French Immersion, etc.)				
Student's Legal Middle Name		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female			
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20%;">Month</td> <td style="width: 20%;">Day</td> <td style="width: 20%;">Year</td> </tr> </table>	Month	Day	Year	
Month	Day	Year				
Preferred First Name		Preferred Last Name				
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			
Primary Phone (with area code)		Student Cell Phone - <i>Optional</i> (with area code)				

SCHOOL HISTORY		Has the student ever registered at an Edmonton Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES - Previous EPSB School:	Edmonton Public Schools ID number (if applicable):		
IF NO - Previous Non-District School:	City:	Province/Country:	

CITIZENSHIP STATUS		<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			
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FRANCOPHONE RIGHTS – SECTION 23 (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/legal 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 parent or legal guardian 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/LEGAL 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 or guardians live in Edmonton and is not Roman Catholic.

Parent/Legal Guardian	Relationship to Student (<i>select one</i>) <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> biological or adoptive father <input type="checkbox"/> legal guardian		
	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
	Primary Phone (<i>with area code</i>)		Secondary 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			

Parent/Legal Guardian	Relationship to Student (<i>select one</i>) <input type="checkbox"/> biological or adoptive father <input type="checkbox"/> biological or adoptive mother <input type="checkbox"/> legal guardian		
	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
	Primary Phone (<i>with area code</i>)		Secondary 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			

OPTIONAL - Other Relevant Adult	Relationship to Student (<i>select one</i>) <input type="checkbox"/> step-father <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
	Primary Phone (<i>with area code</i>)		Secondary Phone (<i>with area code</i>)
	Other Phone (<i>with area code</i>)		Email

OPTIONAL - Other Relevant Adult	Relationship to Student (<i>select one</i>) <input type="checkbox"/> step-father <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
	Primary Phone (<i>with area code</i>)		Secondary Phone (<i>with area code</i>)	
Other Phone (<i>with area code</i>)		Email		

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

EMERGENCY/MEDICAL INFORMATION	An emergency contact is someone who may be contacted if the student's parent/legal guardian is unavailable.
EMERGENCY CONTACTS (<u>NOT</u> STUDENT'S PARENT/LEGAL GUARDIAN)	
Emergency Contact #1	
Primary Phone of Emergency Contact #1 (<i>with area code</i>)	Other Phone (<i>with area code</i>)
Emergency Contact #2	
Primary Phone of Emergency Contact #2 (<i>with area code</i>)	Other Phone (<i>with area code</i>)

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/Permit	Month	Day	Year
Parent Study Visa/Permit	Month	Day	Year
Confirmation of Permanent Residency	Month	Day	Year
Permanent Residency (Card)			
Temporary Residency			
Citizenship Card			

Birth Country

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

For further information, please refer to <http://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 Edmonton Public School's First Nations, Métis, and Inuit Education unit at 780-429-8580.

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

DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

Further, I recognize that it is my responsibility to notify my child's school should the above information change.

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):

CHILD DOCUMENTS	
<input type="checkbox"/>	Alberta Adoption Order
<input type="checkbox"/>	Alberta Birth Certificate
<input type="checkbox"/>	Canadian Birth Certificate outside Alberta
<input type="checkbox"/>	Canadian Citizenship Certificate
<input type="checkbox"/>	Canadian Permanent Resident Card
<input type="checkbox"/>	Confirmation of Permanent Residency (if not expired)
<input type="checkbox"/>	Canadian Passport (if not expired)
<input type="checkbox"/>	For Canadian citizens – Registration Form (with Temporary Declaration)

PARENT DOCUMENTS	
<i>In addition to below, a document must be provided to verify child's name and age</i>	
<input type="checkbox"/>	Canadian Birth Certificate
<input type="checkbox"/>	Study Permit (if not expired)
<input type="checkbox"/>	Canadian Temporary Resident Work Visa (if not expired)
<input type="checkbox"/>	Canadian Passport (if not expired)
<input type="checkbox"/>	Canadian Permanent Resident Card
<input type="checkbox"/>	Confirmation of Permanent Residency (if not expired)

ADDRESS VERIFICATION
More than one document may be required. Select applicable documentation(s):

<input type="checkbox"/>	Operator's License
<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Lease Agreement
<input type="checkbox"/>	Property Tax Bill
<input type="checkbox"/>	Other:

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