



PALLISER REGIONAL SCHOOLS Student Registration Form

FOR OFFICE USE ONLY

Local ID: _____

ASN: _____

ENTRY DATE: _____

STUDENT INFORMATION (Please Print Clearly)

School: _____ Resident school board: _____
(if other than Palliser)

Legal Name: _____
First Middle Last

AKA Surname: _____ AKA Given Name: _____
(Name by which the student is commonly known in the family and community)

Birthdate: _____ Home phone: _____
YYYY/MM/DD

Gender: M F

The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. A photocopy will be placed in the Official Student Record.

Name of official document (please specify): _____

Mailing address: _____
(House and Street or Box Number) (City/Town) (Province) (Postal Code)

911 Emergency Services address (if different): _____

If no 911 address, provide Legal Land Description: _____
Qtr. Sect. Twnshp Range

Last school attended: _____ Location (City/Town/Province): _____

School jurisdiction: _____ Grade: _____ last completed or _____ current

PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Contact 2 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Student is living with (check all that apply) Contact 1 Contact 2 Other _____

If school staff are required to enforce a custody or restraining order, a copy MUST be submitted to the school.

MEDICAL INFORMATION

Medical information (allergies, medical conditions, etc.): _____

If school staff will be required to administer medication, please request the appropriate form from the school office.

EMERGENCY CONTACT INFORMATION

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

In the event the parents/guardians listed as Contact 1 and 2 are unavailable, please provide an emergency contact person. Please ensure the contact person you provide is advised that their name has been provided for this purpose.

CITIZENSHIP

Is the student a Canadian citizen? Yes No Birth country, if not Canada: _____

Citizenship, if not Canadian: Permanent Resident/Landed Immigrant Child of a Canadian Citizen Child of a lawfully admitted permanent or temporary resident Refugee Claimant

Student Authorization - Study Permit Study Permit Expiry Date: _____

YYYY/MM/DD

FRANCOPHONE ELIGIBILITY

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exists:

- Either parent's first language learned and still understood is French, or
- Either parent has received their primary school instruction in Canada, in French, or
- One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada

Does your child have Francophone Eligibility? 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. Contact the school office for a listing of Francophone authorities.

ABORIGINAL SELF-IDENTIFICATION

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

First Nation (Status) First Nation (Non-Status) Metis Inuit

For further information, please refer to <https://education.alberta.ca/systeme-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 Palliser Regional Schools Superintendent at 403-328-4111.

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

A student may be eligible for ESL support when the language spoken mainly at home is a language other than English. ESL students can be Canadian born or foreign born.

Do you think your child would benefit from ESL support? Yes No

Do you need assistance with interpretation? Yes No

Language mainly spoken at home _____

SIBLING INFORMATION

If the student has siblings attending other schools in Palliser, please list name, birthdate (YYYY/MM/DD) and school:

CERTIFICATION

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief. I also certify that I have received and read the brochure explaining the implications of the Freedom of Information and Protection of Privacy (FOIPP) Act, and I am aware of the uses that will be made of personal information collected herein:

Signature of Parent/Legal Guardian/Independent Student

Date

"Together we will ensure learning success for all students to develop their unique potential as caring citizens in a changing world."