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| 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). |
| Is this school your designated school? | * Yes
 | * No
 |
| If no, please complete Form 5-01A Requested School Registration Application |
| This school begins the day with the singing of the national anthem. Any questions regarding this practice may be addressed to the Principal. |
| Do you acknowledge this school practice? | * Yes
 | * No
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| **OFFICE USE ONLY** |
| PHPS # | ASN # | Registration Date: |
| School | Grade |
| * Birth Certificate or VISA/ Immigration Document collected
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| STUDENT INFORMATION |  |  |  |
| Legal Name | Last Name | First Name | Middle Name(s) |
| Preferred Name | Last Name | First Name | Middle Name(s) |
| Date of Birth | MM-DD-YYYY | Gender | * Female
 | * Male
 | * Other/ Prefer not to disclose
 |
| Student Phone Number | Res | Cell (optional) | Student email (optional) |
| Mailing Address |  | City, Province | Postal Code |
| Home Address (if different) |  | City, Province | Postal Code |
| Rural Gate Address (rural) |  | Legal Land Description (rural) |  |
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| SCHOOL INFORMATION |
| Has this student ever attended school in Pembina Hills Public Schools? | * Yes
 | * No
 |
| If yes, which school? | Grade | Year |
| Name of last school attended (if different from above) | Grade | Year |
| Mailing Address of last school attended (if different from above) | City, Province | Postal Code |
| **Kindergarten Registration ONLY** |
| Please select your class preference. We do try to accommodate preferences as much as possible, however we cannot guarantee that your child will be placed in the program on the days selected. Depending upon the number of French ECS registrations, there may only be one class. If this is the case, the dates of this class will be determined by the school. |
| * English
 |  | * Tues/ Thurs
 |
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| SPECIAL LEARNING NEEDS |
| Does this student have any special learning needs? | * Yes
 | * No
 |
| If yes, please specify |
| Does this student have an IPP? | * Yes
 | * No
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| CITIZENSHIP/ IMMIGRATION STATUS |
| Canadian Citizen? | * Yes (A copy of the student’s birth certificate is required)
 | Birth Certificate Number Date Issued: (MM-DD-YYYY) |
| Canadian Citizen? | * No (Complete the following section)
 |
| Birth country, if NOT Canada: |
| * Permanent Resident/ Landed Immigrant (student)
 | * Student Authorization – Study Permit
 | Student Visa Expiry Date (YYYY- MM-DD) |
| * Child/ step-child of a Canadian Citizen
 | * Child/ step-child of a lawfully admitted permanent or temporary resident
 | * Refugee Claimant
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| PARENT AND/OR GUARDIAN INFORMATION |  |  |  |
| The School Act defines an independent student as someone who is 18 years of age or older or 16 years of age and living independently or who is a party to an agreement under 57.2 of the Child Youth and Family Enhancement Act. Independent students may complete this form and register in Pembina Hills Public Schools without parental consent |
| Are you claiming “Independent Student” status as defined in the School Act? | * Yes
 | * No
 |
| A student may be impacted by court order under the Child, Youth and Family Enhancement Act, Family Law Act, Divorce Act, or Youth Criminal Justice Act. Does such an order exist? If so, you **MUST** provide a copy of the court order so that the school may comply. | * Yes
 | * No
 |
| Student lives with | Relationship |
| Parent/Guardian 1 | Last Name | First Name | Relationship to Student |
| Email | Res | Work | Cell |
| Address (if different from student) | City, Province | Postal Code |  |
| Parent/Guardian 2 | Last Name | First Name | Relationship to Student |
| Email | Res | Work | Cell |
| Address (if different from student) | City, Province | Postal Code |  |
| Parent/Guardian 3 | Last Name | First Name | Relationship to Student |
| Email | Res | Work | Cell |
| Address (if different from student) | City, Province | Postal Code |  |
| Child Care Provider (if applicable) | Last Name | First Name | Relationship to Student |
| Email | Res | Work | Cell |
| Address  | City, Province | Postal Code |  |
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| ABORIGINAL SELF-IDENTIFICATION  |
| If you wish to declare the student is Aboriginal, please select one: |
| * First Nation (status)
 | * First Nation (non-status)
 | * Metis
 | * Inuit
 | * n/a
 |
| For further information, please refer to: 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 Superintendent of Schools at 780.674.8500. |
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| FRANCOPHONE EDUCATION RIGHTS  |
| The exercise of Francophone eligibility 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 exist:* 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
 |
| Are you eligible for rights under the Francophone Education Rights of the Charter of Rights and Freedoms? | * Yes
 | * No
 |
| If eligible, do you wish to exercise your rights under Section 23 of the Francophone Education Rights of the Charter of Rights and Freedoms by registering your child in a Francophone school? | * Yes
 | * No
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| FREEDOM OF INFORMATION AND PROTECTION OF PERSONAL PRIVACY ACT (SEE FORM 3-46) |
| Please complete a separate consent form regarding Freedom of Information and Protection of Privacy provisions in Section C of the Parent Information sheet. |
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| TECHNOLOGY ACCEPTABLE USE AGREEMENT (FORM 8-01) |
| Please complete a separate consent form regarding Technology Acceptable Use Agreement. |
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| MEDICAL INFORMATION (FORM 60-08B) |
| Please complete separate consent and medical information forms. |
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| FIELD TRIP WITHIN WALKING DISTANCE OF SCHOOL (FORM 60-03C) |
| Please complete a separate consent form. Throughout the school term students may participate in field trips within walking distance of their school. This consent provides your consent to participate in such activities. Field trips which require transportation by school bus or volunteer vehicles require separate consent forms. These forms will be provided by the school as the need arises. |
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| DECLARATION |
| I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.  |
| Signature of Custodial Parent/ Legal Guardian/ Independent Student | Registration Date (MM-DD-YYYY) |

**IMPORTANT:**

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 33(c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information, you may call the Principal or the FOIP Coordinator at 780.674.8500.