



# STUDENT REGISTRATION FORM

The information requested on this form is being collected pursuant to the School Act, Section 18, A.R. 213/88 & A.R. 175/93 and the FOIP Act, Sections 32(c) & 37(b) & 38 (c) Information acquired is kept secure and access is restricted  
**Parents are responsible to ensure the accuracy of this information and to report changes.**

STUDENT INFORMATION			Alberta Education ID:		
Legal Surname:			Legal Given Name(s):		
Preferred Surname:			Legal Middle Name(s):		
Birth Date:			Phone (h):	Cell:	Gender:
Year	Month	Day	E-Mail Address:		Grade:
Last School Attended:			Are you registered at: Virtual <input type="checkbox"/> Outreach <input type="checkbox"/> Home School <input type="checkbox"/> If registered at another school, please give name _____		
Has this student accessed or been recommended for intervention services? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check all that apply:					
Psychological Services <input type="checkbox"/>		Family Wellness <input type="checkbox"/>		IPP <input type="checkbox"/>	
Program Modifications <input type="checkbox"/>		Speech Therapy <input type="checkbox"/>		Special Education Program <input type="checkbox"/>	
Other: _____					

Rural Students - Legal Land Description:     ¼ Sec      Sec      Twnshp      Range      W4

Urban Students – District or Neighborhood of residence: \_\_\_\_\_

<b>Transportation Services:</b> I am requesting transportation services: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Only eligible students will receive transportation services and fees may apply</i> I qualify for a family rate: (3 or more) Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Citizenship:</b> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other <input type="checkbox"/>	<b>Independent Student:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>International Student:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Student Visa _____ Expiry Date: ____/____/____ <div style="text-align: right;">Month    Day    Year</div>		

## PARENT/GUARDIAN INFORMATION

Female Legal Name:			Relationship to Student:		
Address:			City:	Postal Code:	
Phone (h):	(w):	(c):	E-Mail Address:		
Male Legal Name:			Relationship to Student:		
Address:			City:	Postal Code:	
Phone (h):	(w):	(c):	E-Mail Address:		

Student's Mailing Address if Different from Above Parent/Guardian:

Address:			City:	Postal Code:	
Phone (h):	(w):	(c):	E-Mail Address:		

## EMERGENCY INFORMATION (Contacts other than parents used in emergencies only)

1. Contact:			Relationship to Student:		
Address:			City:	Postal Code:	
Phone (h):	(w):	(c):	E-Mail Address:		
2. Doctor:			Alberta Health Care Number:		
Medical Conditions if Any:					

For other children in the household attending this school, please complete the following.

Name	Gender	Age	Relationship to Student
_____ / _____ / _____ / _____			
_____ / _____ / _____ / _____			
_____ / _____ / _____ / _____			

Questions in this part of the registration form are designed to assist in our effort to maintain good school-home communications. If you have difficulty responding to any of these, please speak to your school principal.

**Student Lives With:**

Mother       Father       Guardian       Other  please specify if other: \_\_\_\_\_  
(Please check all that apply)

**Custody:**

In rare instances a child may be designated as "Protected" if a court has issued an order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, the Young Offenders Act, the Family Act, or is the subject of a custody or access order. If your child is subject to any such order or agreement, please indicate as directed below and contact the school principal.

**Does such an order exist? Yes  No**

**If "yes", please discuss this situation with the school administration. Legal documentation will be required.**

If other family circumstances are important for the school to know, please advise the principal.

Should school correspondence regarding this child be sent to any other adult who has legal access to this student?

Yes       No       If Yes, please fill in the following information:

Name:	Relationship to Student:	
Address:	City:	Postal Code:

Your child is a resident student of the Separate Catholic School Division if his/her parent(s) is/are Catholic.  
Is the child's father Catholic?      Yes  No       Is the child's mother Catholic?      Yes  No

Child resides with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

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 Francophone education?

Yes       No

**B.** If yes, do you wish to exercise your right to have your child receive a Francophone education?

Yes       No

*If you wish to declare that you are an Aboriginal person, please specify:*

Status Indian/First Nations       Non-Status Indian First Nations       Metis       Inuit

If student resides on a reserve, please provide the following:

Band Number \_\_\_\_\_ and Treaty Number \_\_\_\_\_

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness and over time develop policies, programs, and services to improve Aboriginal learner success in addition to other legislation applicable to the educational institution.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501

**Legal Document used to verify registration: (Circle One)**

Permanent Resident/Landed Immigrant Documents      Passport      Official Stats Canada Documents      Work or Study Permit  
Canadian Citizenship Document      Adoption Papers      Birth Certificate      Temporary Resident Papers

**I hereby certify the foregoing information given is correct, and complete; to the best of my knowledge and belief.**

**Parent (Guardian) Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_**

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the FOIP Coordinator of the Golden Hills School Division #75 at 435A Highway #1, Strathmore, Alberta T1P 1J4, Telephone: 403-934-5121 or 1-800-320-3739 Fax: 403-934-5125



# Golden Hills School Division No. 75

## Freedom of Information and Protection of Privacy (FOIP) Act

The information collected on the registration form contains personal information required to properly register your child within Golden Hills School Division No. 75 and is necessary to fulfill the school board's obligation to provide each student with an educational program that meets their needs. Once this information is collected and compiled, Golden Hills School Division No. 75 believes the uses listed below are part of a vital, healthy and functioning school, and participation is important and encouraged. We realize that there may be occasions when you have concerns relating to the safety of your child with respect to the use of this information. In that case, please contact the school principal or the Golden Hills FOIP Coordinator at (403) 934-5121.

### Level 1: Consent for Use of Personal Information within School Community:

- Use student's name, address, birth date, school, grade, and photograph for identification purposes in a school or school-related activity.
- Take individual, class, team, group or club photographs for school activities and the display of these photographs for recognition purposes in the school.
- Use student's name, school, grade, and photographs for athletic events, fine arts productions, celebrations and other school sponsored activities as well as on art work, written work or other creative work or material displayed at the school.
- The use of a student's name, telephone number, grade and related contact information by assigned classroom volunteers for absenteeism verification, emergency fan-outs, emergency health situations, field trips and other school sponsored activities.

### Level 2: Consent for Use of Personal Information for School Division purposes:

- Display student's name, school, grade, photograph, academic information and/or written material in a school newsletter, yearbook, The Link, Annual Education Plan, Education Results Report or other school board publications which may be posted on the Division's website and distributed to stakeholders.
- Use student's name, school, grade, photograph and academic information for honour rolls, graduation ceremonies, and other recognition awards at the school or school board sites.
- Take photographs or videos of classroom or other school sponsored activities by personnel authorized by the school board for non-profit and educational purposes, at the school or school board sites.

### Level 3: Consent to Use Personal Information for Media Releases

- Use student's name, school, grade, photograph for graduation ceremonies, and other recognition awards in newspapers and other media
- Take individual, class, team, group or club photographs for recognition purposes, for display in newspapers and other media.
- Allow newspapers and other media to take photographs or videos of classroom or other school sponsored activities.

**This list does not include all the activities or programs that take place in a school. Parents/guardians will be contacted by school personnel for written consent when activities that are inconsistent with those listed above occur.**

**Photos/videos of school activities (e.g. athletic events, concerts, graduation or other ceremonies) that are open to the general public may be taken and used for purposes within and outside the school. The school may not be able to restrict such activity at public events.**

**I hereby give consent to the use of personal information as described in levels 1, 2 and 3 above for**

\_\_\_\_\_:

(Student's Name)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Parent(s)/Guardian(s) or Student (if 16 years of age or older)*

*If you wish to restrict the use of information please do not sign this form.*

*Please ensure that the principal is advised of your concerns.*