



Battle River School Division #31

5402 - 48A Avenue, Camrose, AB T4V 0L3

Phone: (780) 672-6131 Fax: (780) 672-6137

School

The information requested on this form is being collected pursuant to the School Act, Section 23, S.R.R. A.R. 225/06 and the FOIP Act, Sections 33(c), 39(1)b, & 40(1)d. Information acquired through this form is kept secure and access is restricted.

REGISTRATION FORM

Office Use Only:

Entry Date: _____ SIRS # _____ Bus Route: _____
Entry Status: _____ ASN # _____ Bus Driver: _____

STUDENT INFORMATION (Please Print)

Student's Legal Name _____ SEX: M / F
Last First Middle

Student's Preferred Name _____
(if different from above) Last First Middle

Mailing Address: _____ Town _____ Postal Code: _____

Street Address (if different from above): _____ Postal Code: _____

Land Location: NE NW SE SW Section _____ Township _____ Range _____ W4 911 Address _____

Birthdate: ____/____/____ Age as of Sept 1: _____ Grade: _____
Year Month Day

Citizenship: Canadian _____ Other _____ Student's Home Telephone Number: _____

BUSSING INFORMATION

Bussing Requested: Y/N _____ Special Bussing requirements (e.g. handicapped, differentiated pick-up / delivery points, etc.): _____

Note: Video monitoring of schools and school busses may be used to promote student safety.

Town/Village/Hamlet _____ (if living in town)

Legal Land Location must be filled in the Student Information section if applicable.

*** A COPY OF THE STUDENT BIRTH CERTIFICATE OR VISA/IMMIGRATION DOCUMENTATION IS REQUIRED FOR ALL STUDENTS.**

*** ALL SCHOOL FEES ARE DUE BY SEPTEMBER 30 OF THE CURRENT SCHOOL YEAR.**

PARENTS AND/OR GUARDIANS

Father's Name: _____ Address (if different): _____

Phone Number: During school hours: _____ Evening: _____ Lives with student: Yes No

Cell Phone Number: _____ E-mail Address: _____

Mother's Name: _____ Address (if different): _____

Phone Number: During school hours: _____ Evening: _____ Lives with student: Yes No

Cell Phone Number: _____ E-mail Address: _____

Guardian's Name: _____ Address (if different): _____

Phone Number: During school hours: _____ Evening: _____

Cell Phone Number: _____ E-mail Address: _____

Student is considered "independent" (not living at home): Yes No

Mail from the school should be addressed to: _____

Postal Code: _____

EMERGENCY CONTACT:

In case of emergency or school closure, or if no one answers the home telephone number, please provide us with names, addresses, and phone numbers of contacts if the school cannot contact you.

Name	Address	Phone Numbers

LAST SCHOOL ATTENDED:

Name of School: _____ Grade: _____

Address: _____ Postal Code: _____

Phone Number: _____

FRANCOPHONE ELIGIBILITY:

According to Section 5 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a parent who is a Canadian Citizen has the right to have his/her children receive school instruction in French. This applies if the parent 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. This does not include a French Immersion program.

Does your child have Francophone eligibility under the School Act?

Yes _____ No _____

If 'yes', do you wish to exercise your right to have your child receive a French first language (Francophone) education?

Yes _____ No _____

CUSTODY:

In rare instances a child may be designated as "Protected" if a court has issued a *protection* order under the *Child Youth and Family Enhancement Act*, the *Family Law Act*, the *Protection Against Family Violence Act*, the *Drug Endangered Children's Act*, the *Divorce Act*, or the *Young Offenders Act*. Please indicate if the school administration should be aware of any such Court Order for the protection of your child.

Yes ____ No ____ If 'yes', please make arrangements to discuss this situation with the school administration. Legal documentation will be required.

MEDICAL INFORMATION:

Are there any particular medical problems your child may be experiencing of which his/her teacher should be aware?

Physical Disabilities _____ Allergies _____ Serious Illness _____

Please explain: _____

** Student lists will be provided to the Regional Health Authority upon request from the RHA. See Section 5(4) of the Student Record Regulation A.R. 71/99.

SPECIAL PROGRAMMING:

English as a Second Language: Please check below if you are eligible for ESL programming (One criterion is that your child's mother tongue is not English).

ESL eligible _____

ABORIGINAL LEARNER:

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

Status Indian/First Nation _____ Non-Status Indian/First Nation _____ Metis _____ Inuit _____

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 over time and develop policies, programs and services to improve Aboriginal learner success. 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.

INDIAN AFFAIRS:

Indian Affairs Band: _____ Living on the Reserve: Yes ____ No ____ Treaty # _____

(Collected for determination of eligibility for federal funding)

Under Section 18 of the School Act, students/parents are entitled to review their child's/children's student records. The record, if still in the possession of Battle River School Division #31 after the student's twenty-fifth birthday, shall be destroyed.

I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct:

Date: _____ Parent/Guardian Signature: _____

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact: Dr. Larry Payne, Superintendent of Schools, Battle River School Division #31, 5402 - 48A Avenue, Camrose, AB T4V 0L3 Phone: (780) 672-6131 Fax: (780) 672-6137