

Battle River School Division STUDENT REGISTRATION FORM



Home School Name _____

Concurrent School Name _____

If the student is taking Battle River Online courses please enter Battle River Online as the concurrent school in the space provided above.

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.

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

STUDENT INFORMATION (please print):

Legal Name: _____ Sex: Male
Last First Middle

Preferred Name: _____ Female
(if different from above) Last First Middle Unspecified

Mailing Address: _____ Town: _____ Postal Code: _____

Street / 911 Address: _____

Land Location: NE NW SE SW Sect. ___ Twp: ___ Rge: ___ Mer: W4

Birthdate: ___/___/___ Age as of Sept 1 2019: ___ Grade: ___
Month Day Year

Student's Cell: _____ Student's Email: _____

Please indicate the citizenship or immigrant status of the student:

- Canadian
A copy of a Birth Certificate or Citizenship Papers is required
- Child of an individual lawfully admitted to Canada
Supporting documentation required: Permanent or Temporary Residence or Work Visa
- Permanent Resident / Landed Immigrant
Landed Immigrant Papers required
- Other: _____
Supporting documentation required

Date of Entry to Canada: ___/___/___
Month Day Year

PARENT(S) / GUARDIAN(S):

Parent Name: _____ Address (if different): _____
Phone: Work: _____ Home: _____ Cell: _____
Lives with student: Yes No Email: _____

Parent Name: _____ Address (if different): _____
Phone: Work: _____ Home: _____ Cell: _____
Lives with student: Yes No Email: _____

Guardian's Name: _____ Address (if different): _____
Legal documentation required - please attach
Phone: Work: _____ Home: _____ Cell: _____
Lives with student: Yes No Email: _____

Student is considered "independent" (over the age of 16 and not living at home): Yes No

Mail from the school should be addressed to: Name: _____

Address: _____ Town: _____ Postal Code: _____

AUTOMATED / ELECTRONIC COMMUNICATION:

The contact details provided to the Division on this registration form may be used for the automated telephone/email/text/mobile app system (SchoolMessenger) in order to communicate student attendance, bus route and school announcement information. In addition, please indicate your agreement to receive newsletters, fee statements and approval forms (sports/field trips/school activities) electronically.

Yes No

EMERGENCY CONTACT (for use if parent / guardian cannot be reached):

Name Please prioritize	Town	Relationship to Student	Phone Numbers		
			Work	Home	Cell

PREVIOUS SCHOOL ATTENDED:

Name of School: _____ Phone: _____ Grade: _____
 Address: _____ Town: _____ Postal Code: _____

FRANCOPHONE ELIGIBILITY:

According to Section 10 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:

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. If 'yes,' please make arrangements to discuss this situation with a school administrator.

Yes No

If 'yes', make arrangements to discuss this situation with the school administration. Legal documentation will be required.

MEDICAL INFORMATION:

Does this student have any medical conditions of which the school needs to be made aware? Physical Disabilities

Please explain _____ Allergies
 _____ Serious Illness

Student lists will be provided to Alberta Health Services upon request (Public Health Act, Disclosure of Information, sect. 18.1).

SPECIAL PROGRAMMING:

English as a Second Language (ESL): Check if eligible for ESL programming (one criteria is that your child's mother tongue is not English). ESL Eligible

ABORIGINAL LEARNER:

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

- Status Indian/First Nation**
- Non-Status Indian/First Nation**
- Métis**
- Inuit**
- I wish to undeclare**

For further information, please refer to:

www.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 school board Superintendent at 780-672-6131.

If you have declared your child last year and wish to undeclare your child, please indicate here:

INDIGENOUS AND NORTHERN AFFAIRS:

First Nations Band: _____ Living on the Reserve: **Yes** **No**

Indian Registration (Treaty #): _____ (Collected for determination of eligibility for federal education funding)

TEXTBOOK FEES:

I agree to pay the textbook fine(s) if textbooks are not returned to the school within 30 days of the end of the class. If any lost textbook is found and returned undamaged before the end of the school year the charges will be reversed and payment of fines refunded.

- Yes** **No**

PARENT / GUARDIAN INFORMATION:

Student Lockers: In accordance with Administrative Procedure 355 student lockers are the property of Battle River School Division and therefore may be searched at any time. Students shall have no expectation of privacy in regards to the contents of their assigned lockers.

Busing: Please contact the Division Office to arrange for student transportation.

Fees: Fees are due and payable thirty days after the commencement of the school year or semester.

Video Monitoring: Video monitoring of schools and school buses may be used to provide student safety.

Under Section 23 of the School Act, students/parents are entitled to review their child's student record. The record, if still in the possession of Battle River School Division after the student's twenty-fifth birthday, shall be destroyed.

Any questions regarding this request for individual student information and about the use or disclosure of student information should be directed to:

Superintendent of Schools
Battle River School Division
5402 - 48A Avenue
Camrose, AB T4V 0L3 Phone: 780-672-6131

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

Parent/Guardian Signature: _____ Date: _____
Month Day Year