Battle River School Division #31 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.

STUDENT INFORMATION (please print):								
	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 Address: Town:	Postal Code:							
Land Location: NE NW SE SW Sect Twp: Rge: Mer: W4 911 Add	dress:							
Birthdate: / / / / Grade: for the	/school term							
Student's Cell: Student's Email:	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 Permanent Resident / Landed Immigrant Landed Immigrant Papers required Date of Entry to Canada: Child of an individual lawfully admitted to Canada Supporting documentation required: Permanent or Temporary Residence or Work Visa Other: Supporting documentation required Supporting documentation required								
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):	Address (if different):							
Phone: Work: Home:	Cell:							
Lives with student:								
Guardian's Name: Legal documentation required - please attach Address (if different):								
Phone: Work: Home:	Cell:							
Lives with student:								
Student is considered "independent" (over the age of 16 and not living at home):								
Mail from the school should be addressed to: Name:								
Address: Town:	Postal Code:							

AUTOMATED COMMUNICATION:

The contact details provided to the Division on this registration form may be used for any communication including our automated telephone/email/text/mobile app system (SchoolMessenger) in order to communicate student attendance, bus route and school announcement information.

EMERGENCY CONTACT (for use	if parent / gua	ardian cannot	be reached):				
Name	Town	Relationship to Student Pho		Phone Numbers	none Numbers		
Please prioritize		Otadent	Work	Home	Cell		
PREVIOUS SCHOOL ATTENDED:							
Name of School:		Phone:		Grade:			
Address:		Town:		Postal Co	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 A				☐ 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 <i>protection</i> order under the <i>Child Youth</i> and <i>Family Enhancement Act</i> , the <i>Family Law Act</i> , the <i>Protection Against Family Violence Act</i> , the <i>Drug Endangered Children's Act</i> , the <i>Divorce Act</i> , or the <i>Young Offenders Act</i> . 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.							
MEDICAL INFORMATION:							
Does this student have any medical co	nditions of which	the school need	ds to be made aw	^{vare?}	l 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).							
ABORIGINAL LEARNER:							
If you wish to declare the student is Ab	original, please s	elect one:		Status Indian/Fi	rst Nation		
For further information, please refer to: www.education.alberta.ca/system-supp Education at 780-427-8501. If you has student information by the school boar Superintendent at 780-672-6131. If you have declared your child last year indicate here:	ports/results-repo ve questions regard, please contac	egarding the collection of tact the school board					
INDIGENOUS AND NORTHERN A	FFAIRS:						
First Nations Band:		Living on the Reserve: Yes No					
Indian Registration (Treaty #):		(Collected for determination of eligibility for federal education funding)					

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: All school fees are due by September 30 of the current school year. Video Monitoring: Video monitoring of schools and school buses may be used to provide student safety.
ELECTRONIC COMMUNICATION:
I agree to receive newsletters, fees and approval forms (sports, field trips and school activities) by electronic communication.
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: Date: Day Year