

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:

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. 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:

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:

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

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)

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 Divlsion 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. **Yes** **No**

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