Revised December 2012

Elk Island Public Schools

Elk Island Public Schools (EIPS) STUDENT REGISTRATION

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. Before a student can be registered in a school, a Student Registration Form must be completed in its entirety and signed by the parent or guardian, or by the student (if living independently).

The student registration form is used to enrol a student who is new to EIPS, or who is returning to the division.

The registration form is also used to record important information changes. This includes changes to:

- legal name of the student or parent/guardian
- legal relationship of parent/guardian to student
- decision to exercise francophone rights

STUDENT INFORMATION

Print the student's **legal** surname (last name) and given names below. These are the names on a legal document such as the student's birth certificate or adoption papers. If the student uses a different first or last name there is a space at the end of this section for "preferred names".

Student's Legal First Name:

Student's Legal Middle Name(s):

Student's Legal Surname:

Student's Legal Suffix:
(ie: junior, the third, etc.)

Previously Recorded Legal Name:
(name last registered in any school in Alberta if different from above)

SCHOOL USE ONLY

Date of Registration:

Month Day Year

Preferred First Name: Preferred Last Name:

Date of Birth: Month Day Year ☐ Male ☐ Female

Legal Verification – a student cannot be registered without a copy of a legal document that provides proof of legal name and age. Any of the following documents are acceptable: birth certificate, permanent residency document, Canadian citizenship document, passport, or student visa. In order to register at the school, please take one of the legal documents listed below to the school as soon as possible.

If you do not have one of these documents available, complete the "Temporary Declaration of Legal Name and Age Form" at the school indicating that you will provide this to the school at a later date.

A copy of the following was provided to the school:

☐ Birth Certificate ☐ Landed Immigrant document ☐ Canadian Citizenship document

☐ Passport ☐ Student Visa ☐ Temporary Declaration of Legal Name and Age form

SCHOOL USE ONLY

☐ Document verified, copy on file

SCHOOL INFORMATION

Is this your designated school? ☐ Yes ☐ No

If No, a "Boundary Exemption/Request to Change Schools form" **MUST** be completed to finish the registration process.

SCHOOL USE ONLY

"Boundary Exemption /Request to Change Schools form" Date Received: Month Day Year

To find your child's designated school, see ***Versatrans e-Link*** on the *Schools* page of the EIPS website at www.eips.ca

School you wish to register in: _____ Grade: _____

SCHOOL USE ONLY

Home Room: _____

Name of the last school attended: _____

Division of last school attended if not EIPS: _____

City of last school: _____

Last school province, if not Alberta or Country, if not Canada: _____

ALBERTA STUDENT NUMBER (ASN)

If you do not have an Alberta School Number, your school will assign one.
To look up your ASN go to https://extranetapp.learning.gov.ab.ca/learnerRegistry/forms/lookupASN.aspx

STUDENT ADDRESS

(If you live in a subdivision, enter house number and subdivision name):
*** Staff may request proof of address**

Apt. # House # Street Subdivision

City Province Postal Code

STUDENT MAILING ADDRESS (If different from above):

Mailing Address Line 1 _____

Mailing Address Line 2 _____

City Province Postal Code Country

Primary Contact Email:
(not the student's if under 18)

Primary Phone: Secondary Phone:

PARENT OR GUARDIAN RESIDENCY INFORMATION

If there are two or more parents or guardians, it is important to fill in each of the sections below, whether or not the parents or guardians are living together. A guardian is defined in section 20 of the *Family Law Act*, or in section 1 of the *Child, Youth and Family Enhancement Act*.

***NOTE:** It is very important that you indicate whether or not **each** parent/guardian is Roman Catholic or not Roman Catholic. Under the terms of the *School Act*, the residency status of a student is based on religion and where the parent(s) or legal guardian(s) live. A student is a "resident" of Elk Island Public Schools if at least one of the parents/guardians live within the boundaries of Elk Island Public Schools and is not Roman Catholic.

FIRST PARENT ☐ **GUARDIAN** ☐ **(check one)** **Resides with:** ☐ Yes ☐ No

Surname:

First Name: Mr., Mrs., Ms., Dr., etc.:

Relationship to Student: ☐ Father ☐ Mother ☐ Other: Please specify _____

Address of First Parent or Guardian (if different from student's):

Address: _____

City: Prov.: Postal Code:

Home Phone: Business Phone: Extension:

Other Phone: Declaration*: ☐ Non-Roman Catholic ☐ Roman Catholic

E-mail:
(optional)

SECOND PARENT ☐ GUARDIAN ☐ (check one)

Resides with: ☐ Yes ☐ No

Surname: _____

First Name: _____ Mr., Mrs., Ms., Dr., etc.: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Other: Please specify _____

Address of Second Parent or Guardian (if different from student's):

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Extension: _____

Other Phone: _____ Declaration*: ☐ Non-Roman Catholic ☐ Roman Catholic

E-mail: _____
(optional)

THIRD PARENT ☐ GUARDIAN ☐ (check one)

Resides with: ☐ Yes ☐ No

Surname: _____

First Name: _____ Mr., Mrs., Ms., Dr., etc.: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Other: Please specify _____

Address of Third Parent or Guardian (if different from student's):

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Extension: _____

Other Phone: _____ Declaration*: ☐ Non-Roman Catholic ☐ Roman Catholic

E-mail: _____
(optional)

FOURTH PARENT ☐ GUARDIAN ☐ (check one)

Resides with: ☐ Yes ☐ No

Surname: _____

First Name: _____ Mr., Mrs., Ms., Dr., etc.: _____

Relationship to Student: ☐ Father ☐ Mother ☐ Other: Please specify _____

Address of Fourth Parent or Guardian (if different from student's):

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Extension: _____

Other Phone: _____ Declaration*: ☐ Non-Roman Catholic ☐ Roman Catholic

E-mail: _____
(optional)

BABYSITTER/CAREGIVER

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Primary Phone: _____ Other Phone: _____

E-mail: _____
(optional)

Are there other family circumstances you wish to bring to the school's attention? i.e., shared custody arrangements.

_____

_____

INDEPENDENT STUDENT STATUS Date: _____

The *School Act* defines an independent student as someone who is: **(i)** 18 years of age or older, **or, (ii)** 16 years of age or older, **and (a)** who is living independently, or, **(b)** who is a party to an agreement under the *Child, Youth and Family Enhancement Act*.

Are you claiming status as an "Independent Student" under the definition of the *School Act*? ☐ Yes ☐ No

Declaration*: ☐ Non-Roman Catholic ☐ Roman Catholic ☐ Living Independently

GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS

Guardians of the student must be identified to ensure each party's rights are respected. If an order exists affecting guardianship rights, custody or access rights, a copy of the order will be required to be placed on the student record.

Please indicate if any such document(s) exist: ☐ Yes ☐ No

Type of legal document: ☐ Access and/or Custody ☐ Parenting ☐ Guardianship ☐ Protection

Copy in Student Record: ☐ Yes ☐ No Document Expiry Date: (if applicable) _____
Month Day Year

CUSTODY AND PROTECTED STATUS DESIGNATION

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the *Child, Youth and Family Enhancement Act*, the *Family Law Act*, the *Divorce Act* (Canada), the *Corrections Act*, the *Corrections and Conditional Release Act* (Canada), the *Youth Justice Act* or the *Youth Criminal Justice Act* (Canada).

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.

COPYRIGHT PERMISSION

I hereby grant permission to Elk Island Public Schools (EIPS), on behalf of the student being registered to: (please check ALL appropriate boxes) ☐ record/tape my child; ☐ display any of my child's work; ☐ reproduce any of my child's work;

which are produced for non profit, educational purposes during the student's attendance at EIPS. I understand the production(s)/work(s) may be shown at education displays during Board sponsored open houses, inservice sessions, other school related activities at school or school board sites, or in a school publication. This consent will remain in effect for the years that the student attends EIPS unless otherwise notified by the parent/guardian (or student if 18 years of age or if independent status has been declared).

Signature: _____

EMERGENCY CONTACTS

An "emergency contact person" is someone other than the student's parent or guardian who would be available in case of an emergency.

Emergency Contact #1: _____ Relationship to Student: _____

Day Phone: _____ Other Phone: _____

E-mail: _____
(optional)

Emergency Contact #2: _____ Relationship to Student: _____

Day Phone: _____ Other Phone: _____

E-mail: _____
(optional)

MEDICAL INFORMATION (optional)

You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student.

Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:

☐ Diabetes ☐ Epilepsy ☐ Allergies (please specify) ☐ Hemophilia ☐ Asthma ☐ Other (please specify)

Medical Notes: _____

_____

_____

Doctor's Name: _____
(optional)

Day Phone: _____
(optional)

Additional Info: _____

CITIZENSHIP OR IMMIGRANT STATUS

The student is…

☐ A Canadian Citizen

☐ A child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not include tourists or visitors)

☐ Lawfully admitted to Canada for permanent residence

☐ A child of a Canadian Citizen

☐ International Student (Parent/Guardian residing in another country)

Birth Country, if NOT Canada: _____

Date of arrival in Canada: _____
(if applicable) Month Day Year

SCHOOL USE ONLY

☐ Document verified, copy on file

Citizenship Documentation	Document Expiry Date
☐ Parent Work Visa	Month Day Year
☐ Parent Student Visa	Month Day Year
☐ Permanent Residency	Month Day Year
☐ Temporary Residency	Month Day Year
☐ Citizenship Card	Month Day Year
☐ International Student Visa	Month Day Year
Refugee Status ☐ Refugee Claimant (Expiry Date)	Month Day Year
☐ Refugee - Status Granted	
☐ Refugee - Granted Permanent Residency	

Legal Verification – a student cannot be registered without a copy of a legal document that provides proof of legal name and age. If the student is not a Canadian citizen, the type of Visa or other document by which the student is lawfully permitted to Canada for temporary or permanent residence and its expiry date is required to be on file.

The following questions are optional and are asked to assist in program placement and to assist in communication in an emergency.

Is English the student's first language? ☐ Yes ☐ No What language is mainly spoken at home? _____

FRANCOPHONE RIGHTS (optional)

According to the *School Act* and section 23 of the *Canadian Charter of Rights and Freedoms*, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/guardian 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 in Canada (this does not include a French immersion program).

Do you claim entitlement to a francophone education under the terms of the *School Act?* ☐ Yes ☐ No

☐ Eligible (Y) ☐ Not collected (A) ☐ Ineligible (B) ☐ Eligibility unknown or not provided. (C)

If YES, provincial Student Record Regulation requires Elk Island Public Schools to release demographic information about the student and parents to the local Francophone Education Board upon written request from that school jurisdiction.

ABORIGINAL ANCESTRY (optional) ***Voluntary Declaration for Alberta Identity**

If you wish to identify yourself as an Aboriginal person, please specify:

☐ Status Indian/First Nations ☐ Non-Status Indian/First Nations ☐ Métis ☐ Inuit

*Alberta Education is collecting this personal information pursuant to section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* as the information relates directly to and is necessary to meet Ministry mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. Alberta school boards are also collecting this information pursuant to the same sections for the same purposes. This information will also be used to determine the provincial First Nations, Métis and Inuit funding allocation provided to school authorities.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, 780-427-8501. If you have questions regarding the collection activity by Elk Island Public Schools, please contact Elk Island Public Schools, 683 Wye Road, Sherwood Park, Alberta, T8B 1N2, 780-464-EIPS (3477) or Toll Free 1-800-905-3477.

DECLARATION BY PARENT, GUARDIAN, OR INDEPENDENT STUDENT

I hereby certify the above information to be true, correct, and complete. I have also identified all guardians for this student.

Date: _____ Signature (First Parent/Guardian): _____

Date: _____ Signature (Second Parent/Guardian): _____

SCHOOL USE ONLY

Are you applying for a Boundary Exemption? If so, which school: _____

Forms completed and signed:

☐ EIPS Technology User Agreement Form ☐ Science Lab Safety Form (applicable for grades 7 - 12)

Kindergarten Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					
A.M.					
P.M.					

A copy of this registration form and supporting documents will be kept in the Student Record. As per Section 23 of the School Act, the student, the parent/guardian (except where the student is an independent student) and any person who has access to the student under a custody agreement has full access to this information and the Student Record in its entirety.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)

Notification of Use. Please read and retain for your information.

Information in this form is required as part of the school registration process and is necessary and related directly to a school board's obligation to provide students with educational programming that meets their needs, to provide a safe and secure school environment, to protect the child's rights, and to determine eligibility for programming and funding. The information will be made available to employees of EIPS and the Board of Trustees, within the scope of their roles and responsibilities, to individuals working with children in schools, and to Alberta Education, on a need-to-know basis. Please read the information on the last page about the types of activities for which personal information is collected. The information will be used for authorized programs and activities that are a normal part of school life. We realize there may be occasions where you have concerns relating to the safety of your child with any of these uses of information. If this is the case, please contact the school your child attends.

All personal information is being collected and protected in accordance with the *School Act* and regulations thereto, the *Constitution Act*, the *Charter of Rights and Freedoms* and the *Freedom of Information and Protection of Privacy Act*.

When collecting personal information from individuals, the *FOIP Act* requires EIPS to provide information about: the legal authority and purpose of the collection, how the information will be used, and the contact information of the person able to answer any questions.

The information collected on the Registration and Student Information Form contains personal information as defined in the *FOIP Act*. This information is collected pursuant to the *School Act*, its regulations and the Charter of Rights and Freedoms. This information is required in order to properly register your child within EIPS, and is related directly to the school board's obligation to provide students with educational programs that meet their needs, to provide a safe and secure school environment, to protect children's rights, and to determine eligibility for programming and funding. EIPS may also use the information on this form to provide students with specific recommendations about programs and services offered in the division outside the scope of traditional programming that may enhance or contribute to their educational experience.

Once the information is collected and compiled, EIPS believes the uses listed below are part of a vital, healthy and functioning school and participation of all students is important and encouraged. Here are examples of activities where the information may be used:

- the use of a student's name, photo and comments about the student in the school calendar, newsletter, yearbook, graduation book, or other school publication.
- the taking of individual, class, team or club photos for school purposes.
- the use of student names on artwork or other creative work or material of students displayed at the school.
- the use of student names in class lists, honour rolls, bus lists, graduation ceremonies, scholarship or other awards within the school or jurisdiction.
- the use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships.
- the use of student names, related contact information and telephone numbers, for absenteeism verification and other school-related activities by staff and volunteers.
- the use of student names, addresses, parental and emergency contact information, for the provision of transportation services, or in the event of problems or emergencies.
- the taking of video surveillance footage on all school bus routes operated by Student Transportation in conjunction with the enforcement of bus rules and to promote the safety of all passengers and drivers.
- the taking of photos/videos of classroom or other school activities by the school system where the material will be used <u>within</u> the school.
- the taking of photos and/or videos of classroom activities, and their use by the media or other organizations where <u>students are not interviewed or identified by name or face</u>.
- where individual students are identified or interviewed and the material will be used <u>outside</u> the school, a separate and specific consent will be required. You will be contacted prior to this event taking place. Examples of this are permission to display outside the school written or graphic works created by your child, or a photograph of your child in a school-related activity.

Please note that photos and/or videos of school activities that are open to the general public may be taken by persons in attendance (i.e. parents videotaping school concerts) and used for purposes within and outside of the school.

If you have any questions regarding the collection and intended use of the information, please contact the FOIP Coordinator, Elk Island Public Schools, Sherwood Park, Alberta, at 780.417.8204 (toll free 1.800.905.3477). You may also contact the school principal.

Elk Island Public Schools 683 Wye Road, Sherwood Park, Alberta T8B 1N2
780 464 EIPS (3477) F 780 417 8181 Toll Free 1 800 905 3477 communications@ei.educ.ab.ca

www.eips.ca

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