



STUDENT REGISTRATION FORM

PLEASE RETURN COMPLETED REGISTRATION FORM TO YOUR SCHOOL.

THE FORM MUST BE SIGNED BY THE PARENT OR GUARDIAN OR BY THE STUDENT (IF LIVING INDEPENDENTLY)

The information requested on this form is being collected pursuant to the *School Act* (Student Record Regulation), the *Freedom of Information and Protection of Privacy (FOIP) Act*, and the *Canadian Charter of Rights and Freedoms*, Section 23. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or the FOIP Coordinator, Rocky View Schools, 2651 Chinook Winds Drive, Airdrie, Alberta T4B 0B4 or phone 403.945.4013. **For all other inquiries, call 403.945.4000.**

SCHOOL OFFICE USE ONLY:

SCHOOL:			HOME ROOM:
ENTRY CODE:	ENTRY DATE: _____/_____/_____ MONTH DAY YEAR	ALBERTA EDUCATION #:	ID #:

STUDENT INFORMATION

(A copy of the student's birth certificate or visa/immigration documentation is required for all Kindergarten and all students new to RVS)

LEGAL LAST NAME:	LEGAL FIRST NAME:	LEGAL MIDDLE NAME:
PREFERRED LAST NAME:	PREFERRED FIRST NAME:	
RESIDENCE ADDRESS:	CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):	CITY:	POSTAL CODE:
HOME TELEPHONE:	BIRTH DATE: _____/_____/_____ MONTH DAY YEAR	MALE <input type="checkbox"/>
		FEMALE <input type="checkbox"/>
		GRADE:

CITIZENSHIP/ IMMIGRATION STATUS (A copy of the student's birth certificate, passport, or visa/immigration documentation is required.)

CANADIAN CITIZEN: YES <input type="checkbox"/> NO <input type="checkbox"/> (If no, check appropriate box below and complete International Student Application LS 034)	
BIRTH COUNTRY, IF NOT CANADA:	OFFICE USE ONLY
<input type="checkbox"/> Temporary Resident (student has a study permit and living under the care of a legal guardian). Non-refundable registration fee and International Fees Apply. Student Visa Expiry Date: MONTH _____/ DAY ____/ YEAR ____	CITIZENSHIP CODE: 5 ENROLLMENT CODES: IN CANADA: 415 OUTSIDE CANADA: 416
<input type="checkbox"/> A child lawfully admitted to Canada for permanent residence. Student presents permanent resident card.	CITIZENSHIP CODE: 2
<input type="checkbox"/> A child living in Canada, with a biological or adopted parent who is a Canadian Citizen.	CITIZENSHIP CODE: 6
<input type="checkbox"/> A child living in Canada, with a biological or adopted parent who has Landed Immigrant Status or Study Permit or Work Visa . Proof of parent's documentation and copy of child's passport required.	CITIZENSHIP CODE: 7
<input type="checkbox"/> A step-child of a Canadian; student presents passport and study permit. Biological or adopted parent provides passport and proof of application for permanent residency and fee payment to Citizenship and Immigration Canada.	CITIZENSHIP CODE: 9 ENROLLMENT CODE: 417
<input type="checkbox"/> A step-child of a Temporary Foreign Worker; student presents passport and study permit. Biological or adopted parent provides passport; step-parent provides passport and work permit.	CITIZENSHIP CODE: 9 ENROLLMENT CODE: 418
EXCHANGE STUDENT - involved in an approved reciprocal exchange program (does not include Rotary exchanges)	
<input type="checkbox"/> A student from another province or territory in Canada	ENROLLMENT CODE: 412
<input type="checkbox"/> A student from outside Canada	ENROLLMENT CODE: 413

INDEPENDENT STUDENT STATUS

The *School Act* defines an independent student as someone who is 18 years of age or older or 16 years of age and living independently or who is party to an agreement under 57.2 of the Child Youth and Family Enhancement Act. Independent students may complete this form and register in Rocky View Schools without parental consent.

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

GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS

Guardians of the student must be identified to ensure the rights of each party are respected. A child may be designated as "Protected" if a court has issued an order under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act*, the *Protection Against Family Violence Act*, or the *Young Offenders Act*, or is the subject of a custody or access order including but not limited to parenting order under the *Child, Youth, and Family Enhancement Act* that is a predecessor to or a substitute for any of the said Acts. If your child is subject to any such order or agreement, please indicate below and discuss this situation with the school administration. If an order exists affecting guardianship rights or custody or access rights, a copy of the order or agreement will be required in the student's record.

Does such an order exist? Yes No

If this order affects communication regarding the student to anyone other than the first parent/guardian listed please explain: _____

ACCESS AND/OR CUSTODY PARENTING GUARDIANSHIP PROTECTION

PARENT/GUARDIAN INFORMATION (CONSULT THE FAMILY LAW ACT FOR GUARDIANSHIP INFORMATION)

It is important to fill out information for each parent or guardian, whether or not they are living together. Information is collected to insure that communications are directed to the appropriate address. All communications regarding the student will be directed to the first parent / guardian listed, unless noted above. Email is used only for non-confidential information.

FIRST PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		STUDENT'S PLACE OF RESIDENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		CITY:	POSTAL CODE:
SECOND PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		STUDENT'S PLACE OF RESIDENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):		CITY:	POSTAL CODE:

THIRD PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		STUDENT'S PLACE OF RESIDENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):		CITY:	POSTAL CODE:
FOURTH PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		STUDENT'S PLACE OF RESIDENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):		CITY:	POSTAL CODE:
CONTACT IN CASE OF EMERGENCY OR SCHOOL CLOSURE			
An 'emergency contact' is someone other than the student's parent or guardian. Please provide emergency contacts to be used in the event that school personnel cannot contact those listed as parent(s) or guardians.			
NAME	PHONE #	RELATIONSHIP TO STUDENT	
CHILD CARE PROVIDER (if applicable)			
NAME OF FACILITY :			
CONTACT NAME:	WORK PHONE:	CELL PHONE:	
ADDRESS:	CITY:	POSTAL CODE:	

STUDENT NAME:	GRADE:
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FRANCOPHONE ELIGIBILITY

According to 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 all his/her children receive primary and secondary instruction in French if:

1. Either parent's first language learned and still understood is French (*mother or father's native tongue is French*) or,
2. Either parent received their primary school instruction in Canada at a Francophone school (K-12), or,
3. Any child in the same family has received or is receiving primary or secondary school instruction at a Francophone school in Canada.

Note: Francophone eligibility rights are not multi-generational, and refer only to the native tongue of the parent(s).

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

If YES, RVS is required to release demographic information about the student to the local Francophone Education Board upon written request from that school jurisdiction in conformance with provincial Student Record Regulations.

ENGLISH AS A SECOND LANGUAGE (ESL)

A student may be eligible for ESL support when the primary language spoken at home is a language other than English. Is your child's primary language English? Yes No

If NO, my child's primary language is: _____ The language commonly spoken at home is: _____

FIRST NATIONS, MÉTIS AND INUIT ELIGIBILITY

If you wish to declare that your child is an Aboriginal student, please specify:

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

Alberta Education 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 mandates and responsibilities to measure system effectiveness 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 and Planning Sector, Strategic Services Division, Alberta Education, 10155 – 102 Street, Edmonton, AB T5J 4L5, 780.427.5151.

STUDENTS WHO DO NOT RESIDE IN THE SCHOOL ATTENDANCE AREA

Each school must register students living within the school's attendance area. Parents may request 'out-of-attendance-area' registration in another RVS school. This request is reviewed by the Principal of the requested school and may be approved if space and resources are available. Parents are responsible for transporting 'out-of-attendance-area' students to and from school. **This request must be made annually.**

Is your residence located outside of the attendance area of this school? Yes No

I understand I am responsible for transportation and may **not** be able to access RVS school bus service. YES

RVS SCHOOL BUS TRANSPORTATION

Rocky View Schools provides school bus transportation to the school in the morning and from the school in the afternoon for those Kindergarten children and school students who live outside the walk limit for their designated school. Please contact RVS Student Transportation for details on schedule and fees:

403.945.4104 Indus, Langdon, Westbrook and Bearspaw schools and rural students attending schools in Cochrane and the Chestermere area

403.945.4103 Bragg Creek, Springbank area, Crossfield area, Beiseker, and Kathryn schools, and rural students attending schools in Airdrie

403.945.4101 Urban students attending schools in Airdrie, Cochrane and the Chestermere area.
Please contact the school administration if you are registering for Prince of Peace Lutheran School

School Division Use of Personal Information

The information collected on the registration form contains personal information covered by the Freedom of Information and Protection of Privacy (FOIP) Act. This information is required to properly register your child within Rocky View Schools and is necessary to fulfill the school board's obligation to provide each student with an educational program that meets their needs. Once this information is collected and compiled, Rocky View Schools believes the uses listed below are part of a vital, healthy and functioning school, and participation of all students is important and encouraged. There may be occasions where there are concerns relating to the safety of your child with respect to the use of this information. In that case, please contact the school principal or the Rocky View Schools FOIP Coordinator at 403.945.4013.

Examples of activities where personal information may be used are:

- ✓ The use of a student's name, school, grade, photograph, academic information and/or written material in a school newsletter, yearbook or other school board publication.
- ✓ The taking of individual, class, team, group or club photographs for school activities and the display of these photographs for recognition purposes in school or school board sites.
- ✓ The use of a student's name, address, birth date, school, grade, and photograph for identification purposes in a school or school-related activity.
- ✓ The use of a student's name, school and grade on art work, written work or other creative work or material displayed at the school or school board sites.
- ✓ The use of a student's name, school, grade, photograph and academic information for honour rolls, graduation ceremonies, and other recognition awards at the school or school board sites.
- ✓ The use of a student's name, school, grade birth date and academic information for determining eligibility or suitability for awards or scholarships or school board sponsored athletics.
- ✓ The use of a student's name, address, and related contact information for the provision of transportation services.
- ✓ The taking of photographs or videos of classroom or other school sponsored activities by school board personnel for non-profit and educational purposes, at the school or school board sites.
- ✓ The use of a student's name, telephone number, grade and related contact information by assigned classroom volunteers for absenteeism verification, emergency fan-outs, field trips and other school sponsored activities.
- ✓ The use of a student's name, school, grade and photo for athletic events, fine arts productions, celebrations and other school sponsored activities at the school or school board sites.
- ✓ The use of a student's name and any health and/or related personal information to assist authorized individuals in responding to emergency health situations or to assist students who have severe or life-threatening medical or other conditions.

This list does not include all the activities or programs that take place in a school. Parents/guardians will be contacted by school personnel for written consent when activities that are inconsistent with those listed above occur.

Notes:

- Photos/videos of school activities (e.g. athletic events, concerts, graduation or other ceremonies) that are open to the general public may be taken and used for purposes within and outside the school. The school is not able to restrict such activity at public events.
- Schools will ensure that e-mail addresses are not used in a fashion that would make them available for public consumption.

DECLARATION

I hereby declare that I have read and understand the information contained on this student registration form and in the "School Division Use of Personal Information" section and that the information I have provided is correct.

If required by a court order all legal parents/guardians are required to sign this form.

STUDENT NAME: _____

DATE: _____ PARENT/GUARDIAN / INDEPENDENT STUDENT SIGNATURE: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

IF INFORMATION PROVIDED ON THIS FORM CHANGES, PLEASE CONTACT THE SCHOOL IMMEDIATELY.