



Student Registration Form

ASN:

(Completed by School Office Staff)

This registration form is a legal document. Before a student can be admitted by a school, a student registration form must be completed in its entirety. Our staff will be pleased to assist you. The information requested on this form is being collected pursuant to the School Act, Section 23, A.R. 225/2006 and the FOIP Act, Sections 33(c), 39(1)(b) & 40 (1)(c). Information acquired through this form is kept secure and access is restricted.

During the _____ - _____ school year, my child will attend _____ School.

New registrants to Buffalo Trail Public Schools must provide the school with a copy of the student's **birth certificate for proof of legal name and date of birth. If for some reason this document cannot be provided, please discuss alternate options with the office staff.*

Has your child previously attended a school in Buffalo Trail Public Schools (BTPS)?

_____ Yes _____ No If yes, which school? _____

School History:

Last School attended:

School Name _____

School Address (City, Province) _____

Date Last Attended (month/day/year) _____

Grade Level at Previous School _____

If registering from out of province, has the student ever attended school in Alberta?

_____ Yes _____ No

Is the student currently under an expulsion order from any school jurisdiction that has not been resolved or concluded?

_____ Yes _____ No

If the expulsion is ongoing, please contact Students Online School at 780-847-3639

Please refer to BTPS Admin Procedure - 202.9AP

Student Information

Legal Surname: _____

Legal First Name: _____

Legal Middle Name(s): _____

Does the student wish to be called a name different from the legal name?

Yes No If yes: AKA Surname: _____
AKA First Name: _____

Gender: Male Female Unspecified

Date of Birth (month/day/year): _____

Country of Birth: _____

Primary Language Spoken at Home: English **OR** Other: _____

Grade Level Entering: _____

School Enrollment Starting Date (month/day/year): _____

Siblings attending the same school: _____

Student **Mailing** Address: Box/Street _____
City, Province _____
Postal Code _____

Student **Physical** Address: Is this the same as the mailing address? Yes No
If No: Legal Land Location/911 Address _____

OR
Residential Address _____

Preferred Phone Number to Contact Parents/Guardians: _____
(Used for attendance, emergencies, etc.)

This phone is a: Landline Cell

Student Cell Phone Number (Optional): _____

Student Medical Information:
Are there any medical conditions you wish the school to be aware of? Please provide details:

***Note: If your child has a severe and/or life threatening allergy or medical condition, please contact the principal to develop a medical plan as per BTPS procedures: 203.1AP Administration of Medication/Medical Assistance to Students.**

Student Special Needs Information:

Does your child have any physical, intellectual, behavioral or emotional needs which may require additional educational assistance beyond the regular educational programming?

_____ Yes _____ No

If yes, please give details: _____

Citizenship Information (Completed by School Office Staff)

_____ Code 1-Canadian Citizen (student was born in Canada or has become a Canadian citizen) – request a copy of the student’s birth certificate or Canadian citizenship certificate/card.

_____ Code 2-Permanent Resident (student has a PR Card) – request a copy of the student’s birth certificate, the student’s passport and the student’s PR Card; take note of the expiry date on the PR Card (submit this documentation to the SIS Department)

_____ Code 5-Temporary Resident-Student – request a copy of the student’s birth certificate, Citizenship and Immigration Canada document (student visa/study permit/electronic travel authorization); enter the expiry date of the Citizenship and Immigration document in the SIS software

_____ Code 5-Temporary Resident-Child of a Temporary or Permanent Resident – request a copy of the student’s birth certificate, the student’s passport, and the parent/guardian’s PR card or work/study permit; take note of the expiry date on the PR card or work/study permit (submit this documentation to the SIS Department)

_____ Code 5-Temporary Resident-Child of a Canadian Citizen – request a copy of the student’s birth certificate and the parent’s citizenship documentation (birth certificate, passport). Discuss with SIS department to be sure of coding.

_____ Code 9-Other/Unknown (Step Child of a Canadian Citizen) - request a copy of the student’s birth certificate, the student and foreign parent passport, the student’s study permit and proof that permanent residence has been applied for and the associated fee has been paid (submit this documentation to the SIS Department)

Parent/Guardian Information

(A) Parent/Guardian

Name: _____

Relationship to Student: _____

Mailing Address: Box/Street _____
City, Province _____
Postal Code _____

Physical Address: Is this the same as the mailing address? ____ Yes ____ No
If No: Legal Land Location/911 Address _____

OR
Residential Address _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____ *(used to send school and Parent Portal info)*

Does this student live with you? ____ Yes ____ No

(B) Parent/Guardian

Name: _____

Relationship to Student: _____

Mailing Address: Box/Street _____
City, Province _____
Postal Code _____

Physical Address: Is this the same as the mailing address? ____ Yes ____ No
If No: Legal Land Location/911 Address _____

OR
Residential Address _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____ *(used to send school and Parent Portal info)*

Does this student live with you? ____ Yes ____ No

(C) Parent/Guardian

Name: _____

Relationship to Student: _____

Mailing Address: Box/Street _____
City, Province _____
Postal Code _____

Physical Address: Is this the same as the mailing address? ____ Yes ____ No
If No: Legal Land Location/911 Address _____

OR
Residential Address _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____ *(used to send school and Parent Portal info)*

Does this student live with you? ____ Yes ____ No

(D) Parent/Guardian

Name: _____

Relationship to Student: _____

Mailing Address: Box/Street _____
City, Province _____
Postal Code _____

Physical Address: Is this the same as the mailing address? ____ Yes ____ No
If No: Legal Land Location/911 Address _____

OR
Residential Address _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____ *(used to send school and Parent Portal info)*

Does this student live with you? ____ Yes ____ No

Alternate Contact Information (*Other than Parent/Guardian*)

Every effort is made to contact the parent/guardian first.

Alternate Contact #1

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Alternate Contact #2

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Alberta Education Information (*Must be completed)**Section 23 Francophone Education Eligibility Declaration**

Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms:

- 1) Citizens of Canada whose first language learned and still understood is French, or who have received their primary school instruction in Canada in French, have the right to have their children receive primary and secondary school instruction in French.
- 2) Citizens of Canada of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

According to the criteria above as set out in the Canadian Charter of Rights and Freedoms, are you eligible to have your child receive a French first language (Francophone) education?

____ Yes ____ No ____ Do Not Know

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

____ Yes ____ No

*Note: To exercise your Section 23 rights, you must enroll your child in a French first language (Francophone) program offered by a Francophone Regional Authority.

Custody Order Information

Is there a Custody Order in place regarding this student that restricts parent access to the student or to the student's personal information?

____ No ____ Yes (If yes, please provide the school with a copy of the most current order)

Aboriginal Self-identification

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

___ First Nation (status) ___ First Nation (non-status) ___ Métis ___ Inuit

For further information, please refer to: <https://education.alberta.ca/system-supports/results-reporting/> or contact Alberta Education at [780-427-8501](tel:780-427-8501).

If you have questions regarding the collection of student information by the school board, please contact the School Board Superintendent at 780-842-6144.

Child/Youth In Provincial Government Care *(Student has involvement with the Ministry of Human Services)*

Is the student in provincial government care as defined by the Child, Youth and Family Enhancement Act?

___ Yes ___ No

*Note: If yes, please contact the school administrator immediately. The Success in School for Children and Youth in Care Provincial Protocol Framework will be implemented.

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 or older and who is living independently; or
- 16 years of age or older and party to an agreement under Section 57.2 of the Child, Youth and Family Enhancement Act

Are you claiming status as an independent student under the definition of the School Act?

___ Yes ___ No

*Note: If yes, please refer to BTPS 201.4AP Independent Students for procedures

Fee Information

Please refer to BTPS Administrative Procedure 201.5AP at www.btps.ca for information on fees. Also, please see the Parents page on your school website for fee information specific to your school.

Declaration by Parent, Legal Guardian or Independent Student

I, _____, hereby certify the above information to be
(Please Print Name)

true, correct and complete. I have also identified all guardians for this student.

- I verify I am signing this document as a biological parent of this student, a court appointed legal guardian of this student or an independent student and I am currently residing in Alberta.

Date: _____ Signature: _____

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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS
PARENTAL CONSENT FORM

The information collected on this form as part of the school registration process is personal information as referred to in the *Freedom of Information and Protection of Privacy (FOIPP) Act*, which becomes effective for Alberta School Jurisdictions on September 1, 1998. This personal information is collected pursuant to the provisions of the *School Act* and its regulations, and pursuant to Section 33(c) of the *FOIPP ACT* as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment. The *FOIPP Act requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the School Act*. This includes many activities that are part of normal school community interaction, such as:

- 1) Individual photos that are taken;
- 2) Photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and busses;
- 3) Class and team photos that are taken and used within the school
- 4) Student name and description of activities that are used in the school newsletter and other school communications;
- 5) Student name, photograph, and write-up that are included in school yearbook (if one is produced);
- 6) Student names that are included in an honor roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
- 7) Media photographs or videos of classrooms and school activities, where individual students cannot be identified, may be taken and used by the media;
- 8) Student names that are used on artwork, written material, or other items to be displayed in the school;
- 9) The use of student names, related contact information and phone numbers for classroom reps;
- 10) The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the board applies on a student's behalf;
- 11) Photographs or videos taken by the media or any other organization where individual students are identified or instances where students are interviewed;
- 12) Photographs or videos taken by the Jurisdiction where the material will be used outside of the school;
- 13) Copyright for artwork or creative writing which will be reproduced for use outside the classroom;
- 14) The circulation of information on a "need-to-know" basis regarding students who have severe or life-threatening medical conditions, and those who require immunization, communicable disease control speech and dental services. (You may be contacted by the Regional Health Authority for these services.)
- 15) Photos and names of students involved in school-based activities may be posted on school websites.
- 16) To support a safe and caring school environment, video monitoring may be used in all areas of the school and school grounds, as well as on buses.

****NOTE** Photos and/or videos of school activities that are open to the general public may be taken and used for purposes within and outside of the school. The school may not restrict such activity at public events.**

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY PROVISIONS

PARENT/GUARDIAN CONSENT:

I have read and understood the uses that will be made of the personal information as listed and I agree to consent to these uses as they relate to my child.

I understand it is my responsibility to inform the school immediately regarding any change to these permissions. A new form will need to be completed at such time.

Child's Name: _____

Grade: _____

Name of School: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date Signed: _____

<p>For Office Use Only:</p> <p>Consent Form Received (Date) _____</p> <p>Authorized Signature _____</p> <p>Please Print Name _____</p>
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