

#### **Student Registration Form**

(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

\*New registrants to Buffalo Trail Public Schools must provide the school with a copy of the student's <u>birth certificate</u> 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 <u>not been</u> 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 Last Name:

Legal First Name:

Legal Middle Name(s):

Does the stud Yes	ent wish to be No		name differ AKA Surnan AKA First Na	ne:	n the legal name?		
Gender:	Male		Female		Unspecified		
Date of Birth	(month/day/ye	ar):					
Country of Bir	th:						
Primary Langu	uage Spoken a	t Home:	English	<u>OR</u>	Other:		
Grade Level E	ntering:						
School Enrollr	ment Starting	Date (mo	onth/day/year	):			
Siblings atten	ding the same	school:					
Student <b>Maili</b>	<b>ng</b> Address:	Box/St City, Pi Postal	rovince				
Student <b>Physi</b>	<b>cal</b> Address: If No:		the same as and Location		ing address? Idress	Yes	No
				OR			
		Reside	ntial Address	5			
Preferred Pho	one Number to	contact	: Parents/Gu	ardians :			
This phone is	a: Land	line	Cell		(Used for attenda	ance, emer	gencies, etc.)
Student Cell F	hone Numbe	r (Option	al) :				

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

**Student Medical Information:** 

<sup>\*</sup>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 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 Stude	
Mailing Address:	Box/Street City, Province Postal Code
Physical Address:	Is this the same as the mailing address?  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 Stude	nt:
Mailing Address:	Box/Street
	City, Province
	Postal Code
Physical Address:	Is this the same as the mailing address?  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
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(C) Parent/Guardia Name:	ın			
Relationship to Stud	dent:			
Mailing Address:	Box/Street			
7 (44)	City, Province			
	Postal Code			
	i ostai code			
Physical Address:	Is this the same as the mailing	address?	Yes	No
	If No: Legal Land Location/93	L1 Address		
	<u>OR</u>			
	Residential Address			
Home Phone:				
Cell Phone:				
Work Phone:				
Email Address:		(used to	send scho	ol and Parent Portal info
		(4000)		or arra r ar erre r errar ring e
Does this student liv	ve with you? Yes	No		
(D) Parent/Guardia Name:	n			
Relationship to Stud	Nant:			
Mailing Address:	Box/Street			
Ivialiling Address.	City, Province			
	Postal Code			
	Postal Code			
Physical Address:	Is this the same as the mailing	address?	Yes	No
-	If No: Legal Land Location/9:	L1 Address		
	OR OR			
	Residential Address			
Home Phone:				
Cell Phone:				
Work Phone:				
		, , , , ,		al and Danasi D. J. J. C.
Email Address:		(used to	send scho	ol and Parent Portal info
Does this student li	ve with you? Yes	No		

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

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

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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 <u>first</u> language (Francophone) education?

Yes No

\*Note: To exercise your Section 23 rights, you must enroll your child in a French <u>first</u> 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: <a href="https://education.alberta.ca/system-supports/results-reporting/">https://education.alberta.ca/system-supports/results-reporting/</a> 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 780-842-6144.

#### 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

#### 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**

l,		, 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 (mm/dd/yyyy): Signature:

<sup>\*</sup>Note: If yes, please refer to BTPS 201.4AP Independent Students for procedures

<sup>\*</sup> Typed signature is acceptable

# 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 it's 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;
- 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.

<sup>\*\*</sup>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:	
* Typed signature is acceptable	
Date Signed (mm/dd/yyyy):	
For Office Use Only:	
Consent Form Received (Date-mm/dd/yyyy)	
Please Print Name	
Authorized Signature	
* Typed signature is acceptable	