

HOLY FAMILY CATHOLIC REGIONAL DIVISION NO. 37 STUDENT REGISTRATION FORM

This is a legal document, please ensure all areas are completed, mark "n/a" if area is not applicable.

Provincial ID Number: _____ Date of Registration: _____

Glenmary Good Shepherd Holy Family Rosary St. Andrew's St. Stephen's Providence Cyberhigh

For New Registration to Holy Family C.R.D. No. 37 please provide proof of legal name:

Birth Certificate Adoption Order Canadian Citizenship Permanent/Landed Immigrant

SECTION A – STUDENT INFORMATION

Legal Surname _____ Legal First Name _____ Legal Middle Name _____ Preferred Full Name – also known as _____

Sex: Male Female Date of Birth: ____/____/____ Grade Attending: ____ English French Immersion
Year/Month/Day

Street Address _____ Box Number _____ Town _____ Postal Code _____ Phone Number _____

Student's Email Address: _____

Legal Land Description (Rural Students):

Quarter _____ Section _____ Township _____ Range _____ Meridian _____

Please Provide 911 Address (Civic Address): _____

Name, phone number and address of school last attended: _____

_____ Grade: _____

Name and Grade of other Children in your family:

Name and Grade _____ Name and Grade _____

Name and Grade _____ Name and Grade _____

Medical Information and Support Services

Alberta Health Care Number: _____

Please indicate all allergies, medication and serious health problems: _____

Family Physician: _____ Phone Number: _____

Child has received services: Speech/Language Therapist Psychologist Behavior Specialist
 Occupational/Physical Therapist Glenrose Hospital/Others Received school-based Special Education Services

**** Please provide a copy of specialists' report or medical reports that require close attention.**

SECTION B – PARENT INFORMATION

Mother's/Legal Guardian's Name and Address: _____
Home Telephone: _____

Cell Phone: _____ Work Telephone: _____ Email Address: _____

Father's/Legal Guardian's Name and Address: _____
Home Telephone: _____

Cell Phone: _____ Work Telephone: _____ Email Address: _____

Emergency Contact Name: _____ Telephone: _____

Work Telephone: _____ Cell Phone: _____

Language Spoken at Home: _____

The Student lives with Father & Mother Mother Only Father Only Independent
 Mother & Step-Father Father & Step-Mother Other/Guardian Grandparent(s)

Who has legal custody of the child? Parents Mother Father Guardian Grandparent

If legal custody is not the mother or father of the child, please provide legal documentation of appointment of guardianship. Is there anything we should know about the custody? Please provide legal documentation.

If Student requires busing:

Does your child ride the bus? Yes No If Yes, Bus number (if known): _____ Route Number: _____

SECTION C – CATHOLIC SCHOOL DECLARATION

I wish to have my child registered and I support the philosophy and objectives of the Holy Family Catholic Regional Division No. 37 and those of its schools. Pursuant to the School Act, religion of parents/guardians is required.

Father/Legal Guardian: Are you of the Catholic Faith Yes No

Print Name: _____ Signature: _____

Mother/Legal Guardian: Are you of the Catholic Faith Yes No

Print Name: _____ Signature: _____

Do you live in an area where a Catholic School District exists? Yes No Don't Know

If you have an interfaith marriage, please indicate the District or Division you declare this child to be a resident of:

Catholic School District Public School District

If you own your own home and have not filled out a SCHOOL SUPPORT NOTICE, please confirm your support with your municipal office.

SECTION D – NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION

The *Alberta Human Rights Act* requires a school board to give notice to a parent/guardian when courses of study, education programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion.

All of the schools in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises.

Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

Sacramental Preparation

In partial fulfillment of the right, responsibility and duty of Catholic separate schools to fully permeate Catholic theology, philosophy, practices and beliefs, the principle of the Gospel and teachings of the Catholic Church in all aspects of school life, this school is actively involved in sacramental preparation of students. To assist in sacramental preparation, please advise whether your child has received any of the following sacraments:

- Baptism (please provide a copy of Baptismal Certificate)
- Reconciliation
- First Communion
- Confirmation

SECTION E – ABORIGINAL STUDENT DECLARATION

Complete if applicable.

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

- Status Indian/First Nations Treaty No. _____ Non-Status Indian/First Nations
- Métis Inuit

Alberta Learning 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 mandate and responsibilities to measure system effectiveness over time 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 Sector, Information and Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton, AB T5J 4L5, (780) 427-8501.

Does the student have treaty status? Yes No Does the student reside on reserve? Yes No

On which reserve does he/she reside? _____

Does the student have Métis status? Yes No Does the student reside on a settlement? Yes No

On which settlement does he/she reside? _____

Parent/Legal Guardian Name (Please Print):

Parent/Legal Guardian Signature: _____

SECTION F – FRANCOPHONE EDUCATION ELIGIBILITY DECLARATION

Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms:
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 instruction in French; or
- 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.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional Authority.

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? Please check one.

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

To exercise your *Section 23* rights, you must enroll your child with the Northwest Francophone Education Region No. 1 – St. Isidore (780-624-8855).

Name of parent/legal guardian:

Please Print

Signature

Date

SECTION G – FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The personal information requested on this form is being collected for the school registration process pursuant to the provisions of the *School Act* and its regulations (e.g. for the establishment of a student record, determination of student residency) and under the authority of the *Freedom of Information and Protection of Privacy Act (FOIP) Act*. If you have any questions or concerns regarding the collection and the intended purposes, please contact the Secretary-Treasurer for the Holy Family C.R.D. No. 37 at 10307 – 99 Street, Peace River, AB T8S 1R5 – 780-624-3956.

Declaration of Parent/Legal Guardian

I hereby certify the foregoing information to be true, correct and complete.

Parent/Legal Guardian Signature

Date

SECTION H – ANTI-SPAM LEGISLATION

In accordance with new anti-spam legislation, I give consent to receive Commercial Electronic Messages from Holy Family Catholic Regional Division No. 37. From time to time emergent and important school or Division information/news will be communicated to parent(s)/guardian(s) via mail/email and/or telephone.

Yes

FOR SCHOOL OFFICE USE ONLY – ACCEPTANCE OF REGISTRATION

Resident Student: Registration accepted.

Principal's Signature _____

Date _____

Non-Resident Student: Registration Accepted if room and resources available.

room and resources available (Principal's Initials)

provisions have been made with Resident Board for Special Education Funding. (Principal's Initials)

Principal's Signature _____

Date _____