



BLACK GOLD REGIONAL DIVISION No. 18

Student Registration

Registration Year 20___/___

This registration form is a legal document. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent or guardian, or by the student (if living independently). This form is used to enroll a student who is new to BGRD No. 18, or who is returning to the Division. Use this form to record important changes, such as the student identification (legal name, date of birth, gender, identification document type and document number), legal relationship of student and parent/guardian, francophone rights or Aboriginal self-identification. This information is collected in accordance with Section 23 of the *School Act*, with *Alberta Education Regulation 71/99* and the *Freedom of Information and Protection of Privacy Act*, Section 33. Information acquired through this form is kept secure and access is restricted.

| Student Information | Office Use Only | |
|---------------------|-----------------|---------------------|
| School | ASN # | BGRS # |
| Grade | Program | First Day of School |

| Student Information | Please print the student's legal surname (last name) and given names below. These are the names on 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 name. | | | | | | | | | | | | |
|---|--|--|------|---------------|----------|------------------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Student's Legal Last Surname | | | | | | | | | | | | | |
| Student's Legal First Name | | | | | | | | | | | | | |
| Student's Legal Middle Name | | | | Date of Birth | Month | Day | Year | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | |
| Student's Physical Address | | | | | | | | | | | | | |
| Address | | | City | | Province | | Postal Code | | Box, Site, R.R. | | | | |
| Student's Mailing Address (if different than student's residence) | | | | | | | | | | | | | |
| Address | | | City | | Province | | Postal Code | | Box, Site, R.R. | | | | |
| Home Phone (with area code) | | | | | | Other Phone (with area code) | | | | | | | |
| Preferred First Name | | | | | | Preferred Last Name | | | | | | | |
| School History | Has the student ever registered in a Black Gold Regional School? | | | | | Yes | | <input type="checkbox"/> | | No | | <input type="checkbox"/> | |
| Previous Non BGRD School Attended | | | | | | | | | | | | | |
| City | | | | | | Province/Country | | | | | | | |
| Has your child previously been enrolled in a Pre-kindergarten program | | | | | | | | | | | | | |
| Yes | | | | | | <input type="checkbox"/> | | No | | <input type="checkbox"/> | | | |

| Sibling Information |
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| The provision of sibling information is optional and is collected for communication purposes only; please indicate if you wish. |
| Babysitter's Name and Address |

| Custody: If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy must be placed on the student record. |
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| In some instances a child may be designated as protected, or may be the subject of a Custody or Access Order if a court order has been issued under the Child Welfare Act , the Domestic Relations Act , the Divorce Act , the Young Offenders Act , or a separation agreement has been entered into between two parents. Please indicate if any such order affecting the safety, security, custody or access of the child has been issued: |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |
| NOTE: If yes, please make an appointment to discuss this situation with the school administration. You will need to supply legal documentation. |

FOIP: The personal information collected on this form is part of the Division registration process and is authorized under the provisions of the School Act and its regulations and also under Section 33(c) of the FOIP Act. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions or concerns regarding the collection or intended use of this information please contact the school principal.

| | |
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| Parent/Guardian Information | If there is more than one parent or legal guardian, it is important to fill in appropriate 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 a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or section 23 of the Family Law Act. |
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| First Contact Parent and/or Guardian Information |
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|--|--|--|--|--------------------------------|
| Relationship to Student (<i>select one</i>) | | Biological or adoptive mother <input type="checkbox"/> | Step Mother <input type="checkbox"/> | other <input type="checkbox"/> |
| Surname | | | Mrs, Ms, Dr., etc. | |
| First Name | | | Does the student reside with this individual? Yes <input type="checkbox"/> or No <input type="checkbox"/> | |
| Address if different from student | | | | |
| Address | | City | Province | Postal Code |
| Home Phone (with area code) | | Business (with area code) | | |
| Other Phone (with area code) | | Email | | |
| The school wishes to keep you up to date via electronic communications that may include information about offers, advertisements or promotions. These can include things like: Yearbooks, Field Trip Opportunities, Student Photos, Tickets or other related opportunities. Do you give consent to receive these messages? | | | Yes, I give consent <input type="checkbox"/> | |
| | | | No, I do not give consent <input type="checkbox"/> | |

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| Second Contact Parent and/or Guardian Information |
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|--|--|--|--|--------------------------------|
| Relationship to Student (<i>select one</i>) | | Biological or adoptive father <input type="checkbox"/> | Step Father <input type="checkbox"/> | other <input type="checkbox"/> |
| Surname | | | Mrs, Ms, Dr., etc. | |
| First Name | | | Does the student reside with this individual? Yes <input type="checkbox"/> or No <input type="checkbox"/> | |
| Address if different from student | | | | |
| Address | | City | Province | Postal Code |
| Home Phone (with area code) | | Business (with area code) | | |
| Other Phone (with area code) | | Email | | |
| The school wishes to keep you up to date via electronic communications that may include information about offers, advertisements or promotions. These can include things like: Yearbooks, Field Trip Opportunities, Student Photos, Tickets or other related opportunities. Do you give consent to receive these messages? | | | Yes, I give consent <input type="checkbox"/> | |
| | | | No, I do not give consent <input type="checkbox"/> | |

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| Third Contact Parent and/or Guardian Information |
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|--|--|--|--|--|--------------------------------------|--------------------------------|
| Relationship to Student (<i>select one</i>) | | Biological or adoptive father <input type="checkbox"/> | Step father <input type="checkbox"/> | Biological or adoptive mother <input type="checkbox"/> | Step Mother <input type="checkbox"/> | other <input type="checkbox"/> |
| Surname | | | Mrs, Ms, Dr., etc. | | | |
| First Name | | | Does the student reside with this individual? Yes <input type="checkbox"/> or No <input type="checkbox"/> | | | |
| Address if different from student | | | | | | |
| Address | | City | Province | Postal Code | | |
| Home Phone (with area code) | | Business (with area code) | | | | |
| Other Phone (with area code) | | Email | | | | |
| The school wishes to keep you up to date via electronic communications that may include information about offers, advertisements or promotions. These can include things like: Yearbooks, Field Trip Opportunities, Student Photos, Tickets or other related opportunities. Do you give consent to receive these messages? | | | | Yes, I give consent <input type="checkbox"/> | | |
| | | | | No, I do not give consent <input type="checkbox"/> | | |

| Citizenship: What is the citizenship or immigration status of the student? | |
|--|---|
| <input type="checkbox"/> a) Canadian Citizen <input type="checkbox"/> b) Permanent Resident / Landed Immigrant <input type="checkbox"/> c) Child of Canadian Citizen – Student NOT a Canadian Citizen | <input type="checkbox"/> d) Child of Citizen Lawfully Admitted to Canada for permanent or temporary residence. <input type="checkbox"/> e) Other |
| Complete the next two if b, c, d, e are checked: | Student Visa # _____ |
| Entry into Canada Month Day Year | Expiry Date: Month Day Year |
| English As a Second Language (ESL) Eligibility: A student may be eligible for ESL support when the primary language spoken at home is a language other than English. (ESL students may be Canadian born or Foreign born) Is English the primary language spoken at home? Yes <input type="checkbox"/> No <input type="checkbox"/> Canadian Born – Number of Years in Canada years or Foreign Born – Number of Years in Canada years | |

| FRANCOPHONE ELIGIBILITY | |
|---|---|
| According to Section 5 of 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 his/her children receive school instruction in French. | |
| <ul style="list-style-type: none"> This applies if the parent is a resident of Alberta, and French was the first language learned, and is still understood by at least one parent; or if one or more of the parents or one or more of the children have received, or are receiving instruction in a French first language program or school. This does NOT include a French Immersion program. The Charter does not afford this opportunity to guardians acting on the student's behalf. If you claim Francophone Eligibility, please check "yes" in the appropriate box on the Registration Form. If you wish to exercise your rights to access programming, where it is available, please check "yes" in the appropriate box on the Registration Form. | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Is the student to be identified as having Francophone eligibility? |
| | In cases of Francophone eligibility, does the parent wish to exercise that right? |

| Health and Education Providers | Alberta Health Care Number (Optional): |
|---|--|
| Please list any medical conditions or medications of which you feel school personnel should be aware. Please describe any specialized services received in the past (such as: speech, language, hearing, vision, behaviour, mental health, occupational /physical therapy, educational or developmental.) | |
| Service Providers: | |

| Aboriginal Status |
|---|
| If you wish to declare that you have Aboriginal heritage, please specify. For more information, please contact Alberta Education (780) 427-8501. Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> |
| 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 mandate and responsibilities to measure system effectiveness, develop policies, programs, and improved services. |

| Bus Student | Programs |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> French Immersion <input type="checkbox"/> IOP / PEP <input type="checkbox"/> Special Education <input type="checkbox"/> Black Gold Outreach <input type="checkbox"/> Christian Program (Linsford Park School only) <input type="checkbox"/> Roman Catholic Religious Instruction (Beaumont schools only) |
| Bus Route Number (If Known) | |
| Bus Drivers Name (If Known) | |
| Subdivision (If Applicable) | |

| EMERGENCY CONTACT In case a student's parent or guardian is not available, please indicate the LOCAL adult emergency contact, who has consented, and is available during school hours | | |
|---|-----------|----------|
| Name 1: | Phone No. | Cell No. |
| Name 2: | Phone No. | Cell No. |

Independent Student Status

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 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

Declaration By Parent, Guardian or Independent Student

I hereby certify that, to the best of my knowledge, this information is true, correct and complete.

Signed:

Date:

For further information on completing this form, please contact the Principal of your child's school.

Thank You for Completing the Registration form:

How did you become aware to register your child for kindergarten? Please check all that apply.

- | | | | | |
|---|----------------------------------|---|---|--|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Radio | <input type="checkbox"/> The School informed me | <input type="checkbox"/> Other Parents | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> Billboard | <input type="checkbox"/> Division Website | <input type="checkbox"/> School Newsletter |
| <input type="checkbox"/> School Website | | | | |

Other. Please specify _____