



STUDENT REGISTRATION FORM

Registration Approved by School Administrator

 Resident Student Non-Resident Student

Principal's Name: _____

Signature: _____

Date: _____

School	School Year		
Legal Surname	Birthdate		
	M	D	Y
Legal Given Name	Home Phone Number ()		
Middle Name	Student Cell Phone Number ()		
Also Known As Name (if different from legal name)			

Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Grade Entering	ECS	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Last Grade Successfully Completed
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MAILING ADDRESS		PERMANENT ADDRESS (If Different from Mailing Address)	
Street		Street	
Town/City	Postal Code	Town/City	Postal Code
Subdivision Name		Postal Code	
Legal Land Location (Rural)			

LAST SCHOOL ATTENDED AND DATES OF ENROLLMENT			
School Name		Dates Attended	From
			M D Y
City and Province	Postal Code		To
			M D Y

STUDENT LIVES WITH (Please check one)			
Both Parents <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Father Only <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
		Living Independently <input type="checkbox"/>	Other <input type="checkbox"/> _____
Mother/Step-Mother/Guardian		Day Ph	
Address (if different from student)		Evening Ph	
Email:	Catholic <input type="checkbox"/>	Non-Catholic <input type="checkbox"/>	Cell Ph
Father/Step-Father/Guardian		Day Ph	
Address (if different from student)		Evening Ph	
Email:	Catholic <input type="checkbox"/>	Non-Catholic <input type="checkbox"/>	Cell Ph

GUARDIANSHIP, CUSTODY OR ACCESS RIGHTS				
Guardians of the student must be identified to ensure each party's rights are respected. If an order exists affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. In rare instances a child may be designated as 'protected' if a court issues a restraining order under the <i>Child Welfare Act</i> , the <i>Divorce Act</i> , the <i>Young Offenders Act</i> or similar legislation.				
Please indicate if any such document(s) exists: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Type of legal document	Access and/or Custody <input type="checkbox"/>	Parenting <input type="checkbox"/>	Guardianship <input type="checkbox"/>	Protection <input type="checkbox"/>
Copy in Student Record	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

PROFESSION OF FAITH	
My child has been baptized in the Catholic Church <input type="checkbox"/>	If yes, please include a copy of the baptismal certificate.
My child has not been baptized <input type="checkbox"/>	
If your child has been baptized Catholic, indicate which sacraments he or she has received.	Eucharist <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation <input type="checkbox"/>

SPECIAL NEEDS EDUCATION	
Does your child have any special education needs? (Please check one)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain. _____	

CITIZENSHIP	
Legal Verification - a student cannot be registered without a copy of a legal document that provides proof of legal name, age and citizenship or immigration status.	
Is the student a Canadian citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please include a copy of the student's birth certificate.	
If no, please check one of the following and supply supporting documents:	
<input type="checkbox"/> Permanent Resident/Landed Immigrant	
<input type="checkbox"/> Child of a Canadian Citizen	
<input type="checkbox"/> Child of Individual Lawfully Admitted to Canada for Permanent or Temporary Residence	
<input type="checkbox"/> Student Authorization - Visa Number and Expiry Date: _____	

MEDICAL INFORMATION (OPTIONAL)

You do not have to provide information about medical concerns, but the information could be crucial to the well-being of the student.

Student Physician's Name:

Phone Number:

Student Alberta Health Care Number

MEDICAL/ALLERGIES

Does the student have any medical or physical conditions of which the school should be made aware? If so, please explain and provide supporting documentation.

Medical Diagnosis

Treatment

Emergency Contact Person (If parent is unavailable)

Name	Day Phone	Evening Phone	Relationship To Child
Name	Day Phone	Evening Phone	Relationship To Child
Name	Day Phone	Evening Phone	Relationship To Child

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.

A. 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 place an X in the appropriate box. Yes No Do Not Know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education? Yes No

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

A student is eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be Canadian-born or foreign-born.

Does your child qualify for ESL support? Yes No

If yes, is your child: Canadian born or Foreign born

Student's primary home language is (specify):

ABORIGINAL RIGHTS

If you wish to declare that you are an Aboriginal person, please specify:

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

Alberta Education is collecting this personal information pursuant to Section 33 (c) of the Freedom of Information and Protection of Privacy (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, T4J 4L5, (780) 427-8501.

Do you reside on Reserve or Crown Land? Yes No If yes, please indicate the following:

Band Number	Band Name	Family Number	Child Position Number
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TRANSPORTATION

Will your child require bussing? Yes No Note: If your child does require bussing, please contact the school for more information.

Other Children	Date of Birth (M-D-Y)	School
Note: The provision of sibling information is optional and is collected for communication and planning purposes		

Declaration by Parent, Legal Guardian or Student (if student living independently)

I hereby affirm that I have read the registration form and understand how the information may be used. I affirm that the information provided on this registration form is complete and correct.

Date	Signature
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The information collected on this registration form is required to allow the Division, through its administrators, to make such decisions as are necessary in order to fulfill its obligation to provide students with an appropriate education program that meets their needs, to provide a safe and secure environment, to protect the student's rights and to determine eligibility for particular programs and the funding available both under the *School Act* and its regulations and through the *Charter of Rights and Freedoms*. The information will be made available to employees of St. Thomas Aquinas Catholic Schools, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the children or students in schools and to Alberta Education on a "need to know" basis. We realize that there may be occasion where you have concerns relating to the safety of your child with respect to any of the uses of this information. In this case, please contact the school where your child attends. If you have questions regarding the use or disclosure of this information, please contact the FOIP Coordinator at St. Thomas Aquinas Catholic Schools, 4906 - 49 Avenue, Leduc, Alberta T9E 6W6, (780) 986-2500 or 1-800-583-0688.



NOTICE OF SCHOOL ACTIVITIES

Parents and Guardians - Please read carefully.

As a public body, St. Thomas Aquinas Catholic Schools is required to act in accordance with the *Freedom of Information and Protection of Privacy (FOIP) Act* which sets out standards as to the collection, use, and disclosure of personal information.

Personal information is collected pursuant to the provision of the *School Act* and its regulations and pursuant to Section 33 (c) of the *FOIP Act*. The following is a list of school activities in which personal information may be collected, used and/or disclosed during the school year. These activities are a normal part of school operations and student participation in these and related activities are viewed as a central part of your child's education. **Please read this list carefully and complete the consent form on the following page.**

1. Students' names, photos and comments may be included in the school calendar, yearbook, newsletter, annual report or other school publications.
2. Individual, class or team photos may be taken and used for the purpose of identification.
3. Students' names may be included on artwork or other creative work or materials of students displayed at school or at Division sites or a school or school board sponsored displays in the community.
4. Students' information (including photos) and parents'/guardians' telephone numbers may be used for the purpose of taking attendance at school, field trips and transportation services.
5. Students' names, telephone numbers and addresses may be included in school directories.
6. Students' names may be included in listings of honour rolls, graduations, scholarships, awards or for special recognition (e.g. birthday) purposes.
7. Students' names may be included on class lists posted for the purpose of class placement.
8. Students' names, grade level and parent/guardian name, phone number and mailing address may be provided to the School Council or classroom parent representatives or for fan-outs.
9. Students' name, address, date of birth, sex and school; and the name, address and telephone number of the student's parent or guardian may be provided to the Public Health Nurse for the purposes of health and immunization programs.
10. Students' name 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. The use of students' names, related contact information and telephone numbers for absenteeism verification.
12. The taking of photos and/or videos of classroom and school activities, and their use by the media or other organizations, where students are not interviewed or identified by name.
13. The circulation of information on a "need to know" basis regarding students who have severe or life-threatening medical conditions.
14. Students' written compositions and/or art work may be posted on the school or Division website with or without the students' first name. Unnamed photographs may be posted on the school web site.
15. Students' faith information gathered from this registration form may be shared with parishes and Division administration for the purpose of ongoing faith development.

Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be requested of parents/guardians. Parents/guardians will be contacted prior to such events taking place. Photos and videos of school activities that are open to the general public may be taken and used for purposes outside the school.

The Division's list of collected, used, and disclosed personal information is set out in the previous page. This consent is valid for the 2008 - 2009 school year. In the event that during the 2008 - 2009 school year, you wish to revoke or change your consent, please advise your child's principal in writing. In the event that you do not provide consent, the Division reserves the right to exclude your child from any activity described on the previous page where the collection, use and/or disclosure of personal information may occur.

Please provide your consent to enable the Division to collect, use and/or disclose personal information as per the Notice of School Activities by signing either A or B.

A

I (parent/guardian/independent student) hereby consent to the collection, use and disclosure of ALL of the personal information as listed and similar collection, use, and disclosure of personal information described in the Notice of School Activities.

Full Name of Student

Signature of Parent/Guardian/Independent Student

Date

B

I (parent/guardian/independent student) hereby consent to the collection, use and disclosure of the information of my child/self as listed and described in the Notice of School Activities EXCEPT for the following items:

Number _____ Comment _____

Number _____ Comment _____

Number _____ Comment _____

Number _____ Comment _____

Number _____ Comment _____

Full Name of Student

Signature of Parent/Guardian/Independent Student

Date

Field Trip Approval

As parent/guardian, I authorize _____ (Name of Student) to attend field trips within 10 km of the school, such as swimming, skating or parish visits. The school will continue to inform you of the date and time of these field trips.

Signature of Parent/Guardian/Independent Student

Date

If you have any questions concerning the
Freedom of Information and Protection of Privacy (FOIP) Act
please contact the **FOIP Coordinator**
St. Thomas Aquinas Catholic Schools
4906 - 49 Avenue, Leduc AB T9E 6W6

Phone (780) 986-2500 • Toll Free 1-800-583-0688 • Fax (780) 986-8620