



PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. It must be accurate and complete.

The registration form is also used to record important information changes. This includes changes to:

Before a student can be registered by a school, a student registration form must be completed in its entirety and signed by the parent or guardian, or by the student (if living independently).

- legal name of the student or parent/guardian
• legal relationship of parent/guardian to student
• entitlement to francophone rights

The student registration form is used to enrol a student who is new to Edmonton Public Schools, or who is returning to the district.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Registration example...MAR 16 2001
Edmonton Public Schools Number (if available) Alberta School Number (if available)

STUDENT INFORMATION

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 names".

Student's Legal Surname: \_\_\_\_\_
Student's Legal First Name: \_\_\_\_\_
Student's Legal Middle Name(s): \_\_\_\_\_

Legal Verification - a student cannot be registered without a copy of a legal document that provides proof of legal name and age. Any of the following documents are acceptable to copy: birth certificate, permanent residency document, Canadian citizenship document, passport, or student visa.

Date of Birth (Month-Day-Year) example...MAR 16 2001 Male Female

The indicated original documents have been provided to the school and copies made:

Birth Certificate Residency document Canadian Citizenship document Passport
Student Visa Temporary Declaration of Legal Name and Age form

STAFF MAY REQUEST PROOF OF RESIDENCE BEFORE REGISTRATION CAN PROCEED.

Student's Residence: \_\_\_\_\_
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM STUDENT'S RESIDENCE (MAILOUTS FROM THE SCHOOL SHOULD BE SENT TO THIS ADDRESS)

Student's Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_
Preferred Surname: \_\_\_\_\_
Preferred First Name: \_\_\_\_\_

SCHOOL HISTORY

Has the student ever registered at an Edmonton Public School?: Yes No

NON EPS HISTORY

Name of last school attended: \_\_\_\_\_
City of last school: \_\_\_\_\_
Last school province, if not Alberta: \_\_\_\_\_
or Country, if not Canada: \_\_\_\_\_

Student's Name:

Surname

First

Middle

## PARENT OR GUARDIAN RESIDENCY INFORMATION

If there are two parents or guardians, it is important to fill in both 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.

**\*NOTE:** It is very important that you indicate whether or not **each** parent/guardian is Roman Catholic or not Roman Catholic. Under the terms of the School Act, the residency status of a student is based on religion and where the parent(s) or legal guardian(s) live. A student is a "resident" of Edmonton Public Schools if at least one of the parents/guardians live in Edmonton and is not Roman Catholic.

FIRST PARENT/ GUARDIAN

Relationship to Student: (please select one)

biological or adoptive mother  step-mother  Other \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Mr., Mrs., Ms., Dr., etc. \_\_\_\_\_

Address (if different from student's): Does the student reside with this individual? Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Other Phone: \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Religious Declaration: (check one) See note above\*.  Not Roman Catholic  Roman Catholic

SECOND PARENT/ GUARDIAN

Relationship to Student: (please select one)

biological or adoptive father  step-father  Other \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Mr., Mrs., Ms., Dr., etc. \_\_\_\_\_

Address (if different from student's): Does the student reside with this individual? Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Other Phone: \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Religious Declaration: (check one) See note above\*.  Not Roman Catholic  Roman Catholic

THIRD PARENT/ GUARDIAN

Relationship to Student: (please select one)

biological or adoptive father  step-father  biological or adoptive mother  step-mother  Other \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Mr., Mrs., Ms., Dr., etc. \_\_\_\_\_

Address (if different from student's): Does the student reside with this individual? Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Other Phone: \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Religious Declaration: (check one) See note above\*.  Not Roman Catholic  Roman Catholic

Relationship to Student: (please select one)

biological or adoptive father  step-father  biological or adoptive mother  step-mother  Other \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Mr., Mrs.,  
Ms., Dr., etc. \_\_\_\_\_

Address (if different from student's): Does the student reside with this individual? Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Other Phone: \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Religious Declaration: (check one) See note above\*.  Not Roman Catholic  Roman Catholic

## 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 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

Religious Declaration:  Not Roman Catholic  Roman Catholic

## FAMILY CIRCUMSTANCES

Are there any family circumstances about which you wish the school to be aware? \_\_\_\_\_

## EMERGENCY CONTACTS

An "emergency contact person" is someone other than the student's parent or guardian.

Emergency Contact #1: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Other Phone: \_\_\_\_\_

## MEDICAL INFORMATION (Optional)

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

Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:

Diabetes  Epilepsy  Allergies (please specify)  Haemophilia  Heart Condition  Asthma  Other (please specify)

Medical Notes: \_\_\_\_\_

Student's Alberta Health Care Number: \_\_\_\_\_

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)

The personal information collected on this form is part of the district 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 uses of this information please contact the school principal.

