



Student Registration Form

ASN: _____	(Completed by School Office Staff)
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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 _____ School.

New registrants to Buffalo Trail Public Schools must provide the school with a copy of the student's **birth certificate 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 not been 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

All student-related documents (report cards, fee invoices, etc.) will contain the student's legal name.

Legal Surname: _____

Legal First Name: _____

Legal Middle Name(s): _____

Does the student wish to be called a name different from the legal name?

____ Yes ____ No If yes: AKA Surname: _____
AKA First Name: _____

Gender: ____ Male ____ Female

Date of Birth (month/day/year): _____

Grade Level Entering: _____

School Enrollment Starting Date (month/day/year): _____

Siblings attending the same school: _____

Student **Mailing** Address: Box/Street _____
City, Province _____
Postal Code _____

Student **Physical** Address: Is this the same as the mailing address? ____ Yes ____ No
If No: Legal Land Location/911 Address _____

OR

Residential Address _____

Phone number to call in regard to this student: _____

Student Medical Information:

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

***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) – request a copy of the student’s birth certificate

____ Code 2-Permanent Resident (student has a PR Card) – request a copy of the student’s birth certificate, the student’s passport 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 (Unfunded Visiting Student) – request a copy of the student’s birth certificate, student’s study permit; enter the expiry date of the study permit in the SIS software and assess tuition fees

____ Code 6-Child of a Canadian Citizen (One or both parents are Canadian citizens, but the student was born outside Canada) – request a copy of the student’s birth certificate and a copy of the parent(s) birth certificate or the parent(s) Certificate of Canadian Citizenship

____ Code 7-Child of a Resident (One or both parents are in Canada on a work permit) – request a copy of the student’s birth certificate, the student’s passport and the parent(s) work permit; take note of the expiry date on the work permit (submit this documentation to the SIS Department)

____ 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 Student: _____

Mailing Address: Box/Street _____

City, Province _____

Postal Code _____

Physical Address: Is this the same as the mailing address? ____ Yes ____ No

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 Student: _____

Mailing Address: Box/Street _____

City, Province _____

Postal Code _____

Physical Address: Is this the same as the mailing address? ____ Yes ____ No

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

(C) Parent/Guardian

Name: _____

Relationship to Student: _____

Mailing Address: Box/Street _____
City, Province _____
Postal Code _____

Physical Address: Is this the same as the mailing address? ____Yes ____No
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

(D) Parent/Guardian

Name: _____

Relationship to Student: _____

Mailing Address: Box/Street _____
City, Province _____
Postal Code _____

Physical Address: Is this the same as the mailing address? ____Yes ____No
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

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

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

Alternate Contact #1

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Alternate Contact #2

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Alberta Education Information**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 first language (Francophone) education?

____ Yes ____ No

*Note: To exercise your Section 23 rights, you must enroll your child in a French first 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 Learner Data Collection Initiative

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. Alberta school boards are also collecting this information pursuant to the same section in conjunction with section 2(1)(t) of the Student Record Regulation and for the same purposes. This information will also be used to determine the provincial First Nations, Métis and Inuit Funding Allocation provided to school authorities. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501. If you have questions regarding the collection activity by Buffalo Trail Public Schools, please contact the BTPS 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

*Note: If yes, please refer to BTPS 201.4AP Independent Students for procedures

Declaration by Parent, Legal Guardian or Independent Student

I, _____, hereby certify the above information to be
(Please Print Name)

true, correct and complete. I have also identified all guardians for this student.

Date: _____ Signature: _____

