

Student Registration Form

Please Note: All parents registering a student will be required to show an original (not photocopied) birth certificate or legal documentation to verify the information contained in this form.

Student Information Registration	on Date:
Primary language spoken at home:	
Student Legal Name (as on birth certificate):	
Student Also Known As Name:	
Birth Date: Grade:	
Gender:	X- Unspecified
Home Phone: Student Cell P	Phone:
Mailing Address: Box No: Apt. No:	
Street:	
	ostal Code:
Land Location: Blue Sign:	
Eg: NW-22-12-17	Eg: 101021 Highway 36
Residence Address (if different than mailing) Box No: Street:	
City/Town:	
Bus Student: ☐ Yes ☐ No Student E-mail Ad	
Citizenship: (Please check ONE) □ Canadian Citizen □ Permanent Resident/Landed Immigrant □ Child of a Canadian Citizen (student not Canadian Citi □ Child of a citizen lawfully admitted to Canada for permoderational Student Program – Temporary Resident □ Other:	manent or temporary residence - Visiting Student
Complete the next two questions if NOT Canadian Citizen: Date of Entry into Canada: Student St	dent Visa Expiry Date:
School History	
School Last Attended:	Phone: Fax:
Box No/Street:	
City or Town:	
Parent/Guardian Information Student lives with: □ Both Parents □ Father □ Mother □ Guard	lian 🗖 Other
Mother's Name:	
	ll Phone:

	Business Phone:
E-mail Address:	
Father's Name:	
	Cell Phone:
	Business Phone:
Guardian's Name:	
	Cell Phone:
Employer:	Business Phone:
Parent or Guardian Address (if di	fferent from student): Father Mother Guardian
Box No: Apt. N	0:
Street:	
	Postal Code:
Land Location:	Blue Sign:
Eg: NW-22-12-17	Eg: 101021 Highway 36
	☐ Mother ☐ Guardian ☐ Other
☐ Both Parents ☐ Father (Complete this address only if OT	☐ Mother ☐ Guardian ☐ Other THER is checked.)
☐ Both Parents ☐ Father (Complete this address only if OT Box No: Apt. N	☐ Mother ☐ Guardian ☐ Other THER is checked.) o:
☐ Both Parents ☐ Father (Complete this address only if OT Box No: Apt. N Street:	☐ Mother ☐ Guardian ☐ Other THER is checked.)
Both Parents Father (Complete this address only if OT Box No: Apt. N Street: City/Town: Billet Information Please provide a billet(s) for your Name: Home Phone:	Mother Guardian Other THER is checked.) o: Postal Code: child in case of inclement weather and buses are unable to run.
Both Parents Father (Complete this address only if OT Box No: Apt. N Street: City/Town: Billet Information Please provide a billet(s) for your Name: Home Phone: Apt. No:	Mother Guardian Other THER is checked.) o: Postal Code: child in case of inclement weather and buses are unable to run. Cell Phone:
Both Parents Father (Complete this address only if OT Box No: Apt. N Street: City/Town: Billet Information Please provide a billet(s) for your Name: Home Phone: Apt. No: Street:	Mother Guardian Other THER is checked.) O: Postal Code: This child in case of inclement weather and buses are unable to run. Cell Phone:
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Emergencies			
Health Care Number:			
Doctor:	Phone:		
Please comment on any hea allergies, hearing, medicatio	ons, eyesight, etc.)	d be aware of. (E.g. needs	epi-pen, asthma,
than a parent or guardian.	or guardian is not available, p		
	Ce		
Employer:		Business Phone:	
Immersion or French course To be eligible for French Inst 1. Either parent's mo by one of the pare 2. Either parent was 3. One or more child French.	educated in French in Canada Iren in the family have receive	three conditions must exist was the first language are. d primary or secondary sc	et: nd is still understood hool instruction in
_	a Francophone education und	der the terms of the Schoo	II Act?
☐ Yes ☐ No Do you wish to exercise the	se rights? Yes	No	
Aboriginal Self-identificat	tion		
	udent is Aboriginal, please		Γ
irst Nation (status)	First Nation (non-status)	Metis	Inuit
• •	ase refer to https://educatio	on.alberta.ca/system-su	pports/results-reporting
r contact Alborta Education	1 at 780_427_8501		

If you have questions regarding the collection of student information by the school board, please

contact the School Board Superintendent at: wilco.tymensen@horizon.ab.ca or by calling 403-223-3547.

Disclosure of Student Name/Photograph/Video

Signature of Parent or Guardian

With the implementation of the Freedom of Information and Privacy Protection Act, it is necessary to receive your consent for the publication of your child's name and/or photograph/video in school-related activities and operations while a student in the Horizon School Division No.67. (Note: this does not apply to events open to the public.) Examples of where your child's name or picture may appear include the following: **Coat Pegs** Art Displays **Concert Programs** Newspaper Articles Class pictures Emergency fan-out lists Award announcements/lists Yearbooks Website (no names) **Honor Roll Lists Club Activities** Health organizations (e.g. Barons-Eureka-Warner) This consent form will be updated annually. As the parent or legal guardian of _____ (Child/Student Name) (School) Check one: ☐ I give my consent I do NOT give my consent Signature of Parent or Guardian Date **Receive Important Updates, Newsletters** New federal legislation regarding electronic communications comes into effect on July 1, 2014, which will affect how you receive e-mail updates from the Horizon School Division, its Schools, and School Councils. In order to continue to send you e-mails about our school services, events, newsletters, and publications containing offers to purchase goods, products, and services such as apparel, yearbooks, school photos, travel opportunities, lunch programs, electronic communication recruiting individuals in connections with school programs, fundraising activities, and advertisements for school activities, events, and programs for which there is a fee, we need your expressed consent. Check one: ☐ I give my consent ☐ I do NOT give my consent Signature of Parent or Guardian Date Declaration of Parent, Legal Guardian, or Student (if living independently) I hereby declare the foregoing information to be true, correct, and complete.

Date