



# STUDENT REGISTRATION

For Office Use Only	ASN		WRPS #	
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Form 320-1

School:	Program: <input type="checkbox"/> English <input type="checkbox"/> French	Registration Date: MM DD YYYY	School Year:	Entering Grade:
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STUDENT INFORMATION

**NOTE:** A student cannot be registered without a copy of a **legal document** providing proof of legal name and age. *Staff may request proof of residence.*

Legal Document Provided:  Birth Certificate  Passport  Residency  Citizenship Card  Work/Student Visa  Temporary Declaration of Legal Name & Age

Legal Surname: \_\_\_\_\_ Preferred Surname: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_ Birth Date: MM DD YYYY  Male  Female

Name(s) of Sibling(s) attending same school: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Resident Address: (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Rural Land Location: Quarter \_\_\_\_\_ Section \_\_\_\_\_ Twp \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student's Personal Email: \_\_\_\_\_

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 *Child, Youth and Family Enhancement Act*.

Are you claiming status as an "Independent Student" under the definition of the *School Act*?  YES  NO

Complete information is required below for **EACH legal parent/guardian** in accordance with the *Family Law Act*, *Child Welfare Act*, and the *Child, Youth and Family Enhancement Act*.

STUDENT CONTACTS

<b>First Parent/Guardian</b>	Relationship to Student (check one):	Surname: _____	First Name: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
	<input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Step Father <input type="checkbox"/> Other: _____	Student resides with this Parent/Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Work Phone: _____		Cell: _____	Email: _____	

Complete below if different than student information above.

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

<b>Second Parent/Guardian</b>	Relationship to Student (check one):	Surname: _____	First Name: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
	<input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Step Father <input type="checkbox"/> Other: _____	Student resides with this Parent/Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Work Phone: _____		Cell: _____	Email: _____	

Complete below if different than student information above.

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

<b>Third Parent/Guardian</b>	Relationship to Student (check one):	Surname: _____	First Name: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
	<input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Step Father <input type="checkbox"/> Other: _____	Student resides with this Parent/Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Work Phone: _____		Cell: _____	Email: _____	

Complete below if different than student information above.

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

<b>Fourth Parent/Guardian</b>	Relationship to Student (check one):	Surname: _____	First Name: _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
	<input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Step Father <input type="checkbox"/> Other: _____	Student resides with this Parent/Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Work Phone: _____		Cell: _____	Email: _____	

Complete below if different than student information above.

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**CUSTODY**

**Legal guardians** of the student must be identified to ensure each party's rights are respected. If a Court Order exists affecting guardianship, custody or access rights, a copy of the Order is required to be placed on the Student Record. In rare instances a child may be designated as 'protected' if a court issues a restraining order under the *Child Welfare Act*, the *Divorce Act*, the *Young Offenders Act* or similar legislation.

**Court Order:**  YES  NO **Expiry:** MM DD YYYY **Type:**  Access/Custody  Parenting  Guardianship  Information Disclosure Restriction

Social Worker/Case Worker (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY**

An **Emergency Contact** person is someone other than the student's parent or guardian.

Emergency Contact #1: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**CITIZENSHIP**

The student is:	Citizenship Documentation	Document Expiry Date
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Parent Work Visa	MM DD YYYY
<input type="checkbox"/> Child of individual who is lawfully admitted to Canada for permanent/temporary residence (does not include tourists/visitors)	<input type="checkbox"/> Parent Student Visa	MM DD YYYY
<input type="checkbox"/> Lawfully admitted to Canada for permanent residence	<input type="checkbox"/> Permanent Residency	MM DD YYYY
<input type="checkbox"/> Child of a Canadian citizen	<input type="checkbox"/> Temporary Residency	MM DD YYYY
<input type="checkbox"/> International student (Parent/Guardian residing in another country)	<input type="checkbox"/> Citizenship Card	MM DD YYYY
Birth Country, if not Canada: _____	<input type="checkbox"/> International Student Visa	MM DD YYYY
Date of arrival in Canada (if applicable): MM DD YYYY	<input type="checkbox"/> Refugee Claimant	MM DD YYYY
	<input type="checkbox"/> Refugee – Status Granted	

**SECTION 23**

According to Section 10 of the *School Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, parents have the right to have their children receive school instruction in French. *This does not include French Immersion programs or French as a 2<sup>nd</sup> language.*

This applies if the parent/guardian is a Canadian citizen and resident of Alberta and:

- French was the first language learned, and is still understood, by at least one parent or,
- One or more of the parents, or one or more of their children have received or are receiving instruction in French first language program or school in Canada (this does not include French Immersion program).

**Do you claim entitlement to a Francophone education under the terms of the *School Act*?**  YES  NO

**If yes, do you wish to exercise your right to have your child receive a Francophone education?**  YES  NO

*If YES, provincial Student Record Regulation requires Wetaskiwin Regional Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction.*

**MEDICAL**

If applicable, note any **serious medical conditions** you wish the school to be aware of. *Please provide specific details:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We will make every attempt to inform teachers of the above. However, please also notify your child's teacher(s) of significant medical conditions to ensure they are aware.

**SELF-IDENTIFICATION**

**Aboriginal Self-Identification:** If you wish to declare the student is Aboriginal, please select one:

First Nations (status)  First Nation (non-status)  Metis  Inuit

For further information, refer to [www.education.alberta.ca/system-supports/results-reporting](http://www.education.alberta.ca/system-supports/results-reporting) or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by the School Board, contact the School Board Superintendent at 780-352-6018.

**ABORIGINAL ELIGIBILITY**

**Does the student reside on reserve?**  YES  NO **If YES, complete this section of the Registration Form.**

Ensure that you have provided your FULL residence address on page 1.

**Please indicate:**

Band Name \_\_\_\_\_ Band Number

Family Number      Family Position Number

Band of Residence (if different from Band name) \_\_\_\_\_

**SCHOOL HISTORY**

**Has the student registered with WRPS in the past?**  YES  NO

Name of last school attended: \_\_\_\_\_ City: \_\_\_\_\_

Last school province/country, if not in Alberta: \_\_\_\_\_ If registering from out of Alberta, has the student ever attended school in Alberta?  YES  NO

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT - NOTICE OF ACTIVITIES** (as required by FOIP Act, Sections 32(c), 33 & 37)

Complete the following giving or denying permission to release personal information in the context of a school setting:

FOIP

- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Interviewed by the media, approved community organizations, School Division  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Photographed by the School Division, media, approved community organizations   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Videotaped by the media, approved community organizations, School Division   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Student work to be displayed, recognized or reproduced outside of school (i.e., signed art work, creative writing, Student of the Day, academic presentations, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Student image and name to appear in the school year book   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Student image on the School or Division website  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Student name on the School or Division website   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Student image on school or division publications and documents   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Photograph of student image posted on Division or School Social Media Accounts such as Facebook or Twitter   |

For more information regarding FOIP, refer to the 'Parent' tab on our website at [www.wrps.ab.ca](http://www.wrps.ab.ca)

**Consent to Receive Electronic Messages**

In accordance with Canada's Anti-Spam Legislation (CASL), EACH Parent/Guardian and Independent Student must complete and SIGN their section below for consent or refusal to receive electronic messages from the school/school council/division.

Please ensure your EMAIL ADDRESS is provided on page 1 if you are consenting to CASL.

**First Parent/Guardian (or Independent Student)**

CASL Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname: _____	First Name: _____
Signature: _____	Date: _____	MM DD YYYY

CASL

**Second Parent/Guardian**

CASL Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname: _____	First Name: _____
Signature: _____	Date: _____	MM DD YYYY

**Third Parent/Guardian**

CASL Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname: _____	First Name: _____
Signature: _____	Date: _____	MM DD YYYY

**Fourth Parent/Guardian**

CASL Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname: _____	First Name: _____
Signature: _____	Date: _____	MM DD YYYY

For more information regarding CASL, refer to the 'Parent' tab on our website at [www.wrps.ab.ca](http://www.wrps.ab.ca)

DECLARATION

**To be dated and signed by the parent/guardian completing this Registration form.**

I hereby certify the above information to be true, correct and complete. I have identified ALL guardians for this student.

Date: MM DD YYYY _____	Signature: _____
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In accordance with the *Freedom of Information and Protection of Privacy Act (FOIP Act)*, 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 questions, contact the *FOIP* Coordinator at (780)352-6018.