



# STUDENT REGISTRATION FORM

PLEASE RETURN COMPLETED REGISTRATION FORM TO YOUR SCHOOL.

THE FORM MUST BE SIGNED BY THE PARENT OR GUARDIAN OR BY THE STUDENT (IF LIVING INDEPENDENTLY)

The information requested on this form is being collected pursuant to the *School Act* (Student Record Regulation), the *Freedom of Information and Protection of Privacy (FOIP) Act*, and the *Canadian Charter of Rights and Freedoms*, Section 23. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or the FOIP Coordinator, Rocky View Schools, 2651 Chinook Winds Drive, Airdrie, Alberta T4B 0B4 or phone 403.945.4013. **For all other inquiries, call 403.945.4000.**

## SCHOOL OFFICE USE ONLY:

SCHOOL:			HOME ROOM:
ENTRY CODE:	ENTRY DATE: _____ / _____ / _____ MONTH DAY YEAR	ALBERTA EDUCATION #:	SCHOOL ID #:

## STUDENT INFORMATION

(A copy of the student's birth certificate or visa/immigration documentation is required for all Kindergarten and all students new to RVS)

LEGAL LAST NAME:	LEGAL FIRST NAME:	LEGAL MIDDLE NAME:
PREFERRED LAST NAME:	PREFERRED FIRST NAME:	
RESIDENCE ADDRESS: _____ 5th	CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):	CITY:	POSTAL CODE:
HOME TELEPHONE:	BIRTH DATE: _____ / _____ / _____ MONTH DAY YEAR	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
		ENTERING GRADE:

## CITIZENSHIP/ IMMIGRATION STATUS (A copy of the student's birth certificate, passport, or visa/immigration documentation is required.)

CANADIAN CITIZEN: YES  NO  (If no, check appropriate box below and complete International Student Application LS 034)

BIRTH COUNTRY, IF NOT CANADA:	OFFICE USE ONLY
<input type="checkbox"/> Temporary Resident (student has a study permit and living under the care of a legal guardian). <b>Non-refundable registration fee and International Fees apply.</b> Student Visa Expiry Date: MONTH _____ / DAY _____ / YEAR _____	CITIZENSHIP CODE: <b>5</b> ENROLLMENT CODES: IN CANADA: <b>415</b> OUTSIDE CANADA: <b>416</b>
<input type="checkbox"/> A child lawfully admitted to Canada for permanent residence must present a permanent residency card.	CITIZENSHIP CODE: <b>2</b>
<input type="checkbox"/> A child living in Canada, with a biological or adopted parent who is a Canadian Citizen.	CITIZENSHIP CODE: <b>6</b>
<input type="checkbox"/> A child living in Canada, with a biological or adopted parent who has <b>Landed Immigrant Status</b> or <b>Study Permit</b> or <b>Work Visa</b> . Proof of parent's documentation and copy of child's passport required.	CITIZENSHIP CODE: <b>7</b>
<input type="checkbox"/> A step-child of a Canadian; student presents passport and study permit. Biological or adopted parent provides passport and proof of application for permanent residency and fee payment to Citizenship and Immigration Canada.	CITIZENSHIP CODE: <b>9</b> ENROLLMENT CODE: <b>417</b>
<input type="checkbox"/> A step-child of a Temporary Foreign Worker; student presents passport and study permit. Biological or adopted parent provides passport; step-parent provides passport and work permit.	CITIZENSHIP CODE: <b>9</b> ENROLLMENT CODE: <b>418</b>
<b>EXCHANGE STUDENT</b> - involved in an approved reciprocal exchange program (does not include Rotary exchanges)	
<input type="checkbox"/> A student from another province or territory in Canada	ENROLLMENT CODE: <b>412</b>
<input type="checkbox"/> A student from outside Canada	ENROLLMENT CODE: <b>413</b>

**SCHOOL AT WHICH STUDENT IS REGISTERING**

NAME OF SCHOOL:

ENTERING GRADE:

Selected RVS schools offer a French Immersion Program. Are you registering in French Immersion? Yes  No

**KINDERGARTEN**

Kindergarten is a **half-day program** at most RVS schools; the exception is at Indus School, Westbrook School, Kathryn School, and Cochrane Christian Academy, where it is a **full-day program** for a portion of each week.

In the **half-day program**, do you prefer\* your child to attend: Mornings  ? Afternoons  ? Flexible  ?

*\*Note: Your preference will be a consideration in your child's Kindergarten class placement; the school cannot guarantee the availability of your choice.*

**LAST SCHOOL ATTENDED**

NAME OF SCHOOL:

GRADE:

WITHDRAWAL DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

Please provide the following information if not advancing from another school in RVS.

ADDRESS:

CITY:

PHONE:

PROVINCE:

POSTAL CODE:

FAX:

Reason for leaving last school:

Has your child ever received a special education program (IPP- Individual Program Plan or IEP - Individual Education Plan)?  
Yes  No

Has the student been expelled? Yes  No  If YES, has this been resolved? Yes  No

**MEDICAL INFORMATION (You are under no obligation to provide this information)**

**STUDENTS WITH A STUDENT VISA MUST REGISTER WITH THE ALBERTA HEALTH CARE INSURANCE PLAN WITHIN THREE MONTHS OF ARRIVAL.**

For the benefit of your child please identify any medical diagnosis, treatments or personal concerns of which your child's teacher and School Administration should be aware:

Physical Disabilities  Allergies  Medical Diagnosis  Medical Treatment   
Mental Health Issue  Personal Issue  Family Issue  Other

Please explain (list all allergies and reactions):

.....  
.....  
.....  
.....  
.....  
.....  
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**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 and living independently or who is party to an agreement under 57.2 of the *Child Youth and Family Enhancement Act*. Independent students may complete this form and register in Rocky View Schools without parental consent.

Are you claiming 'Independent Student' status as defined in the *School Act*? Yes  No

**GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS**

Guardians of the student must be identified to ensure the rights of each party are respected. A child may be designated as "Protected" if a court has issued an order under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act*, the *Protection Against Family Violence Act*, or the *Young Offenders Act*, or is the subject of a custody or access order including but not limited to parenting order under the *Child, Youth, and Family Enhancement Act* that is a predecessor to or a substitute for any of the said Acts. If your child is subject to any such order or agreement, please indicate below and discuss this situation with the school administration. If an order exists affecting guardianship rights or custody or access rights, a copy of the order or agreement will be required for the student's record.

Does such an order exist? Yes:  No:

If this order affects communication regarding the student to anyone other than the first parent/guardian listed please explain: \_\_\_\_\_

ACCESS AND/OR CUSTODY  PARENTING  GUARDIANSHIP  PROTECTION

**PARENT/GUARDIAN INFORMATION (CONSULT THE FAMILY LAW ACT FOR GUARDIANSHIP INFORMATION)**

It is important to fill out information for each parent or guardian, whether or not they are living together. Information is collected to ensure communications are directed to the appropriate address. All communications regarding the student will be directed to the first parent / guardian listed, unless noted above. Email is used only for non-confidential information.

<b>FIRST</b> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		STUDENT'S PLACE OF RESIDENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		CITY:	POSTAL CODE:
<b>SECOND</b> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		STUDENT'S PLACE OF RESIDENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):		CITY:	POSTAL CODE:

<b>THIRD</b> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		STUDENT'S PLACE OF RESIDENCE:    YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT:    MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):		CITY:	POSTAL CODE:

<b>FOURTH</b> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		STUDENT'S PLACE OF RESIDENCE:    YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT:    MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):		CITY:	POSTAL CODE:

**CONTACT IN CASE OF EMERGENCY OR SCHOOL CLOSURE**

An 'emergency contact' is someone **other than** the student's parent or guardian. Please provide emergency contacts to be used in the event that school personnel cannot contact those listed as parent(s) or guardians.

NAME	PHONE #	CELL #	RELATIONSHIP TO STUDENT

**CHILD CARE PROVIDER** *(if applicable)*

NAME OF FACILITY :		
CONTACT NAME:	WORK PHONE:	CELL PHONE:
ADDRESS:	CITY:	POSTAL CODE:

<b>STUDENT NAME:</b>	<b>GRADE:</b>
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**FRANCOPHONE ELIGIBILITY**

According to the *Education Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a parent who is a Canadian Citizen has the right to have all his/her children receive primary and secondary instruction in French if:

1. Either parent's first language learned and still understood is French (*mother or father's native tongue is French*) or,
2. Either parent received their primary school instruction in Canada at a Francophone school (K-12), or,
3. Any child in the same family has received or is receiving primary or secondary school instruction at a Francophone school in Canada.

**Note:** Francophone eligibility rights are not multi-generational, and refer only to the native tongue of the parent(s).

Do you claim entitlement to a Francophone education under the terms of the *Education Act*?    Yes     No

If YES, RVS is required to release demographic information about the student to the local Francophone Education Board upon written request from that school jurisdiction in conformance with provincial Student Record Regulations.

**ENGLISH AS A SECOND LANGUAGE (ESL)**

A student may be eligible for ESL support when the primary language spoken at home is a language other than English. Is your child's primary language English?    Yes     No

If NO, my child's primary language is: \_\_\_\_\_ The language commonly spoken at home is: \_\_\_\_\_

**FIRST NATIONS, MÉTIS AND INUIT ELIGIBILITY**

If you wish to declare that your child is an Aboriginal student, please specify:  
 Status Indian/First Nations     Non-Status/First Nations     Métis     Inuit

A student may be eligible for FNMI support when parents claim their child as an FNMI student. Alberta Education is collecting this personal information pursuant to section 33 (c) of the FOIP Act as the information relates directly to and is necessary to meet its mandates and responsibilities to measure system effectiveness and develop policies, programs and services to improve FNMI learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, FNMI Policy, Policy and Planning Sector, Strategic Services Division, Alberta Education, 10155 – 102 Street, Edmonton, AB T5J 4L5; p. 780.427.5151.

**STUDENTS WHO DO NOT RESIDE IN THE SCHOOL ATTENDANCE AREA**

Each school must register students living within the school's attendance area. Parents may request 'Out-of-Attendance Area' registration in another RVS school. This request is reviewed by the Principal of the requested school and may be approved if space and resources are available. Parents are responsible for transporting out-of-attendance area students to and from school. RVS form SR027 must be completed to begin the application process.

Is your residence located outside of the attendance area of this school?    Yes     No

I understand I am responsible for transportation and may not be able to access RVS school bus service.    Yes

**RVS SCHOOL BUS TRANSPORTATION**

Rocky View Schools offers full bus transportation at a parent cost for Grade 1-12 students who live outside the walk limit for their designated school. Kindergarten who live outside the walk limit for their designated school are provided at no cost with either morning or afternoon bus service. Parents may apply for school bus transportation online at:  
[www.rockyview.ab.ca/transportation/register-here](http://www.rockyview.ab.ca/transportation/register-here)

Contact RVS Student Transportation for details on schedule and fees:

**Chestermere: 403.945.4101**  
**Airdrie: 403.945.4102**  
**Cochrane: 403.945.4104**  
**Springbank: 403.945.4103**

## CONSENT TO ELECTRONIC COMMUNICATIONS

Rocky View School Division No. 41 (RVS) would like to keep you informed about the latest school and school board information, events, announcements and opportunities for parents and students, through electronic communications such as e-mails and newsletters from your child's school and from RVS, school councils, and other school based or supported entities. Occasionally these communications may include information about offers, advertisements or promotions related to school activities or RVS activities such as but not limited to event tickets, school fees, yearbooks, field trip opportunities, student photos, and may fall into the definition of a "commercial electronic message" under the new Canadian Anti Spam Law.

Due to the Canadian Anti-Spam Law, effective July 1, 2014, your child's school and RVS may not be able to send you these types of communications electronically without your permission.

To continue to receive such communications please sign below indicating your consent to receive such communications even if they are in whole or in part with the definition of a "commercial electronic message".

If you have any questions or wish to withdraw your consent at any time contact your child's school principal either by e-mail or at the address of the school, both of which are on the school's website.

As defined by the Canada Anti-Spam Law, a "commercial electronic message" is:

(2) For the purposes of this Act, a commercial electronic message is an electronic message that, having regard to the content of the message, the hyperlinks in the message to content on a website or other database, or the contact information contained in the message, it would be reasonable to conclude has as its purpose, or one of its purposes, to encourage participation in a commercial activity, including an electronic message that:

- a) offers to purchase, sell, barter or lease a product, goods, a service, land or an interest or right in land;
- b) offers to provide a business, investment or gaming opportunity;
- c) advertises or promotes anything referred to in paragraph (a) or (b); or
- d) promotes a person, including the public image of a person, as being a person who does anything referred to in any of paragraphs (a) to (c), or who intends to do so.

**I wish to continue to receive electronic communication from RVS and my child's school:**

STUDENT LEGAL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ INDEPENDENT STUDENT SIGNATURE: \_\_\_\_\_

### School Division Use of Personal Information

The information collected on the registration form contains personal information covered by the Freedom of Information and Protection of Privacy (FOIP) Act. This information is required to properly register your child within Rocky View Schools and is necessary to fulfill the school board's obligation to provide each student with an educational program that meets their needs. Once this information is collected and compiled, Rocky View Schools believes the uses listed below are part of a vital, healthy and functioning school, and participation of all students is important and encouraged. There may be occasions where there are concerns relating to the safety of your child with respect to the use of this information. In that case, please contact the school principal or the Rocky View Schools FOIP Coordinator at 403.945.4013.

Examples of activities where personal information may be used are:

- ✓ The use of a student's name, school, grade, photograph, academic information and/or written material in a school newsletter, yearbook or other school board publication.
- ✓ The taking of individual, class, team, group or club photographs for school activities and the display of these photographs for recognition purposes in school or school board sites.
- ✓ The use of a student's name, address, birth date, school, grade, and photograph for identification purposes in a school or school-related activity.
- ✓ The use of a student's name, school and grade on art work, written work or other creative work or material displayed at the school or school board sites.
- ✓ The use of a student's name, school, grade, photograph and academic information for honour rolls, graduation ceremonies, and other recognition awards at the school or school board sites.
- ✓ The use of a student's name, school, grade birth date and academic information for determining eligibility or suitability for awards or scholarships or school board sponsored athletics.
- ✓ The use of a student's name, address, and related contact information for the provision of transportation services.
- ✓ The taking of photographs or videos of classroom or other school sponsored activities by school board personnel for non-profit and educational purposes, at the school or school board sites.
- ✓ The use of a student's name, telephone number, grade and related contact information by assigned classroom volunteers for absenteeism verification, emergency fan-outs, field trips and other school sponsored activities.
- ✓ The use of a student's name, school, grade and photo for athletic events, fine arts productions, celebrations and other school sponsored activities at the school or school board sites.
- ✓ The use of a student's name and any health and/or related personal information to assist authorized individuals in responding to emergency health situations or to assist students who have severe or life-threatening medical or other conditions.

This list does not include all the activities or programs that take place in a school. School personnel will contact parents/guardians for written consent if activities occur that are inconsistent with those listed above.

#### Notes:

- Photos/videos of school activities (e.g. athletic events, concerts, graduation or other ceremonies) that are open to the general public may be taken and used for purposes within and outside the school. The school is not able to restrict such activity at public events.
- Schools will ensure that e-mail addresses are not used in a fashion that would make them available for public use.

#### DECLARATION

**I hereby declare that I have read and understand the information contained on this Student Registration Form and in the "School Division Use of Personal Information" section and that the information I have provided is correct.**

**If required by a court order all legal parents/guardians are required to sign this form.**

STUDENT LEGAL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ INDEPENDENT STUDENT SIGNATURE: \_\_\_\_\_

**IF INFORMATION PROVIDED ON THIS FORM CHANGES, PLEASE CONTACT THE SCHOOL IMMEDIATELY.**