

School: Choose One

Program: ☐ English ☐ French

Registration Date: MM DD YYYY

School Year:

Entering Grade:

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*.

First Parent/Guardian Relationship to Student (check one): Surname: First Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.
☐ Biological / Adoptive Mother ☐ Step Mother ☐ Biological / Adoptive Father ☐ Step Father Other: Student resides with this Parent/Guardian: ☐ YES ☐ NO

Work Phone: Cell: Email:

Complete below if different than student information above.

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

Second Parent/Guardian Relationship to Student (check one): Surname: First Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.
☐ Biological / Adoptive Mother ☐ Step Mother ☐ Biological / Adoptive Father ☐ Step Father Other: Student resides with this Parent/Guardian: ☐ YES ☐ NO

Work Phone: Cell: Email:

Complete below if different than student information above.

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

Third Parent/Guardian Relationship to Student (check one): Surname: First Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.
☐ Biological / Adoptive Mother ☐ Step Mother ☐ Biological / Adoptive Father ☐ Step Father Other: Student resides with this Parent/Guardian: ☐ YES ☐ NO

Work Phone: Cell: Email:

Complete below if different than student information above.

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

Fourth Parent/Guardian Relationship to Student (check one): Surname: First Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.
☐ Biological / Adoptive Mother ☐ Step Mother ☐ Biological / Adoptive Father ☐ Step Father Other: Student resides with this Parent/Guardian: ☐ YES ☐ NO

Work Phone: Cell: Email:

Complete below if different than student information above.

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

CUSTODY	<p>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 <i>Child Welfare Act</i>, the <i>Divorce Act</i>, the <i>Young Offenders Act</i> or similar legislation.</p> <p>Court Order: <input type="checkbox"/> YES <input type="checkbox"/> NO Expiry: MM DD YYYY Type: <input type="checkbox"/> Access/Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship <input type="checkbox"/> Information Disclosure Restriction</p> <p>SocialWorker/CaseWorker (if applicable): _____ Phone: _____</p>																											
EMERGENCY	<p>An Emergency Contact person is someone other than the student's parent or guardian.</p> <p>Emergency Contact #1: _____ Day Phone: _____ Other Phone: _____</p> <p>Emergency Contact #2: _____ Day Phone: _____ Other Phone: _____</p>																											
CITIZENSHIP	<table><tr><th>The student is:</th><th>Citizenship Documentation</th><th>Document Expiry Date</th></tr><tr><td><input type="checkbox"/> Canadian citizen</td><td><input type="checkbox"/> Parent Work Visa</td><td>MM DD YYYY</td></tr><tr><td><input type="checkbox"/> Child of individual who is lawfully admitted to Canada for permanent/temporary residence (does not include tourists/visitors)</td><td><input type="checkbox"/> Parent Student Visa</td><td>MM DD YYYY</td></tr><tr><td><input type="checkbox"/> Lawfully admitted to Canada for permanent residence</td><td><input type="checkbox"/> Permanent Residency</td><td>MM DD YYYY</td></tr><tr><td><input type="checkbox"/> Child of a Canadian citizen</td><td><input type="checkbox"/> Temporary Residency</td><td>MM DD YYYY</td></tr><tr><td><input type="checkbox"/> International student (Parent/Guardian residing in another country)</td><td><input type="checkbox"/> Citizenship Card</td><td>MM DD YYYY</td></tr><tr><td>Birth Country, if not Canada: _____</td><td><input type="checkbox"/> International Student Visa</td><td>MM DD YYYY</td></tr><tr><td>Date of arrival in Canada (if applicable): MM DD YYYY</td><td><input type="checkbox"/> Refugee Claimant</td><td>MM DD YYYY</td></tr><tr><td></td><td><input type="checkbox"/> Refugee – Status Granted</td><td></td></tr></table>	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	
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	<p>According to Section 10 of the <i>School Act</i> and Section 23 of the <i>Canadian Charter of Rights and Freedoms</i>, parents have the right to have their children receive school instruction in French. <i>This does not include French Immersion programs or French as a 2nd language.</i></p> <p>This applies if the parent/guardian is a Canadian citizen and resident of Alberta <u>and</u>:</p> <ul style="list-style-type: none">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). <p>Do you claim entitlement to a Francophone education under the terms of the <i>School Act</i>? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, do you wish to exercise your right to have your child receive a Francophone education? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>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.</i></p>																											
MEDICAL	<p>If applicable, note any serious medical conditions you wish the school to be aware of. <i>Please provide specific details:</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>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.</p>																											
SELF-IDENTIFICATION	<p>Aboriginal Self-Identification: If you wish to declare the student is Aboriginal, please select one:</p> <p><input type="checkbox"/> First Nations (status) <input type="checkbox"/> First Nation (non-status) <input type="checkbox"/> Metis <input type="checkbox"/> Inuit</p> <p>For further information, refer to www.education.alberta.ca/system-supports/results-reporting or contact Alberta Education at 780-427-8501.</p> <p>If you have questions regarding the collection of student information by the School Board, contact the School Board Superintendent at 780-352-6018.</p>																											
ABORIGINAL ELIGIBILITY	<p>Does the student reside on reserve? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete this section of the Registration Form.</p> <p>Ensure that you have provided your FULL residence address on page 1.</p> <p>Please indicate:</p> <p>Band Name _____ Band Number _____</p> <p>Family Number _____ Family Position Number _____</p> <p>Band of Residence (if different from Band name) _____</p>																											
SCHOOL HISTORY	<p>Has the student registered with WRPS in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name of last school attended: _____ City: _____</p> <p>Last school province/country, if not in Alberta: _____</p> <p>If registering from out of Alberta, has the student ever attended school in Alberta? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>																											

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:

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

Consent to Receive Commercial Electronic Messages

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

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

First Parent/Guardian
(or Independent Student)

Surname: _____

First Name: _____

Signature: _____

Date: MM DD YYYY

Second Parent/Guardian

Surname: _____

First Name: _____

Signature: _____

Date: MM DD YYYY

Third Parent/Guardian

Surname: _____

First Name: _____

Signature: _____

Date: MM DD YYYY

Fourth Parent/Guardian

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

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: _____

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.