

SCHOOL OFFICE USE ONLY:

# 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:					l l	HOME ROOM	•	
ENTRY CODE:	ENTRY DATE:	/ H DAY	/ YEAR	ALBERTA EDUC	ALBERTA EDUCATION #: SCHOOL ID			t:
STUDENT INFORMATION (A copy of the student's		sa/immi	gration documen	tation is require	d for all K	indergaı	rten and all s	tudents new to RVS)
LEGAL LAST NAME: LEGAL FIRST NAME			ME:	LEGAL MIDDLE NAME:				
PREFERRED LAST NAME:					PREFERR	ED FIRST	NAME:	
RESIDENCE ADDRESS: APT: HOUSE: STREET:			CITY:	POSTAL CC		DE:		
(or Rural 911 Address):  MAILING Address (IF DIFFERENT FROM ABOVE):			Сіту:	POSTAL CO		DE:		
HOME TELEPHONE:	Birth		MONTH DAY	/ YEAR	MAI	LE	FEMALE	ENTERING GRADE:
CITIZENSHIP/ IMMIGRA	TION STATUS							
Canadian Citizen: YE				s required.				
Canadian Citizen: <b>NC</b>	If so, complete t	he follov	wing section.					1
BIRTH COUNTRY, IF NOT	CANADA:							OFFICE USE ONLY
Temporary Resident (student has a study permit and living under the care of a legal guardian).  Non-refundable registration fee and International Fees apply.  Student Visa Expiry Date: MONTH/ DAY/ YEAR					CITIZENSHIP CODE: 5 ENROLLMENT CODES: IN CANADA: 415 OUTSIDE CANADA: 416			
A child lawfully admitted to Canada for permanent residence must present a permanent residency card.				CITIZENSHIP CODE: 2				
A child living in Canada, with a biological or adopted parent who is a Canadian Citizen.Proof of parent's Canadian birth certificate or Canadian Citzenship documents.				CITIZENSHIP CODE: 6				
A child living in Canada, with a biological or adopted parent who has Landed Immigrant Status or Study Permit or Work Visa. Proof of parent's documentation and copy of child's passport required.				CITIZENSHIP CODE: 7				
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: 9 ENROLLMENT CODE: 417				
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: 9 ENROLLMENT CODE: 418					
EXCHANGE STUDENT -	involved in an approv	ed recip	orocal exchange	program (does	not include	Rotary	exchanges)	
A student from another province or territory in Canada				ENROLLMENT CODE: 412				
A student from outside Canada				ENROLLMENT CODE: 413				

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 of School, and Cochrane Christian Academy, where it is a full-da  In the half-day program, do you prefer* your child to attend to the school of the scho	y program for a portionend: Mornings? Aft	ernoons?  Flexible?	
LAST SCHOOL ATTENDED			
NAME OF SCHOOL:	GRADE: WITHDRAWAL DATE:///		
Please provide the following information if not advancing from	n 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 (IPF	P- Individual Program Pla	an or IEP - Individual Education Plan)? Yes 🗌 No 🗌	
Has your child ever had formal testing or assessments such as placed of testing:	psychological, speech, o	ccupational therapy, visual or hearing: Yes  No	
Has the student been expelled? Yes No	If YES, has this been res	solved? Yes 🗌 No 🗌	
MEDICAL INFORMATION  Students with a student visa must register with the Alberta Health No:	ılth Care Insurance plan	within three months of arrival.	
ALLERGIES:  SPECIAL MEDICAL CONDITIONS (i.e. medications, dietary restriction etc.):	ns, physical disabilities, r	mental health or behaviour disabilities,	

Independent Student Statu	S			
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 'Independ	Are you claiming 'Independent Student' status as defined in the School Act? Yes No			
GUARDIANSHIP RIGHTS, CUST	ODY 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 communexplain:	ication regarding the student to	o anyone other than the first	t pare	nt/guardian listed, please
Access and/or Custody	PARENTING	GUARDIANSHIP	PROT	ECTION
PARENT/GUARDIAN INFORMA	TION (CONSULT THE FAMILY LAW AC	T FOR GUARDIANSHIP INFORMAT	ION)	
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.				
FIRST PARENT	GUARDIAN (CHECK ONE)	LIVES WITH STUDENT: YES		ио 🗌
LAST NAME:		FIRST NAME:		
RELATIONSHIP TO STUDENT:	GUARDIAN OTHER (PLEASE SPECIFY)			
HOME PHONE: WORK PHONE:		CELL PHONE:	EMAIL ADDRESS:	
RESIDENCE ADDRESS:		CITY:		Postal Code:
Mailing Address (if differen	Сіту:		Postal Code:	
SECOND PARENT	GUARDIAN (CHECK ONE)	LIVES WITH STUDENT: YES		ио 🗌
LAST NAME:	FIRST NAME:			
relationship to student: \(\Lambda\)	UARDIAN OTHER (PLEASE SPECIFY)			
Home phone:	CELL PHONE: EMAIL		. ADDRESS:	
RESIDENCE ADDRESS:	CITY:		POSTAL CODE:	
MAILING ADDRESS (IF DIFERENT	Сіту:		Postal Code:	

THIRD PARENT G	UARDIAN (CHECK ONE)	LIVES WITH STUDEN	NT: YES	NO [
LAST NAME:	FIRST NAME:			
RELATIONSHIP TO STUDENT: MO	OTHER FATHER G	Jardian 🗌 💮 Ot	THER (PLEASE SPEC	IFY)
HOME PHONE:	CELL PHONE: EMAIL ADI		DRESS:	
RESIDENCE ADDRESS:		CITY:		POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FI	ROM ABOVE):	Сіту:		POSTAL CODE:
FOURTH PARENT C	GUARDIAN (CHECK ONE)	LIVE WITH STUDENTS: YES NO		
LAST NAME:	FIRST NAME:			
RELATIONSHIP TO STUDENT: MOTHER FATHER GUARDIAN OTHER (PLEASE SPECIFY)				
HOME PHONE: WORK PHONE:		CELL PHONE: EMAIL ADI		DRESS:
RESIDENCE ADDRESS:		Сіту:		POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FI	ROM ABOVE):	Сіту:		POSTAL CODE:
CONTACT IN CASE OF EMERGEN	CY OR SCHOOL CLOSURE			
An 'emergency contact' is someone <u>other than</u> 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 applied	cable)			
NAME OF FACILITY:				
Contact Name:	WORK PHONE:		CELL PHONE:	
Address:	CITY:		POSTAL CODE:	

STUDENT NAME:	GRADE:		
FRANCOPHONE ELIGIBI	LITY		
_	ation Act and Section 23 of the Canadian Charter of Rights and Freedo the right to have all his/her children receive primary and secondary i	· · ·	
Either parent re     Any child in the     school in Canad	first language learned and still understood is French (mother or father eceived their primary school instruction in Canada at a Francophone so same family has received or is receiving primary or secondary schoolda.  Is splittly rights are not multi-generational, and refer only to the native	chool (K-12), or, I instruction at a Francophone	
•	ent to a Francophone education under the terms of the Education Act?	Yes No N	
If YES, RVS is required	d to release demographic information about the student to the local Fr from that school jurisdiction in conformance with provincial Student Rec	ancophone Education Board	
ENGLISH AS A SECOND	LANGUAGE (ESL)		
A student may be eliç ls your child's primary	gible for ESL support when the primary language spoken at home is a language English? Yes \( \square\) No \( \square\)	language other than English.	
If NO, my child's prim	ary language is:The language commonly spoken a	It home is:	
FIRST NATIONS, MÉTIS	AND INUIT ELIGIBILITY		
Status Indian/First Na A student may be elic collecting this personal necessary to meet its services to improve FN please contact the off	that your child is an Aboriginal student, please specify:  Itions Non-Status/First Nations Métis  Gible for FNMI support when parents claim their child as an FNMI student information pursuant to section 33 (c) of the FOIP Act as the information mandates and responsibilities to measure system effectiveness and de NMI learner success. For further information or if you have questions refice of the Director, FNMI Policy, Policy and Planning Sector, Strategic 02 Street, Edmonton, AB T5J 4L5; p. 780.427.5151.	tion relates directly to and is velop policies, programs and garding the collection activity,	
STUDENTS WHO DO NO	T RESIDE IN THE SCHOOL ATTENDANCE AREA		
registration in another if space and resource	ster students living within the school's attendance area. Parents may re r RVS school. This request is reviewed by the Principal of the requested s are available. Parents are responsible for transporting out-of-atten in SRO27 must be completed to begin the application process.	school and may be approved	
Is your residence located outside of the attendance area of this school?			
I understand I am responsible for transportation and may <u>not</u> be able to access RVS school bus service. Yes			
RVS SCHOOL BUS TRA	NSPORTATION		
limit for their designar provided with either r	rovides full bus transportation at a parent cost for Grade 1-12 studer ted school. Kindergarten students who live outside the walk limit for the morning or afternoon bus service. Parents may apply for school bus transportation/register-here.	eir designated school are	
	Transportation for schedules and fees:		
	Chestermere, Langdon and Indus areas		
403.945.4102	Airdrie area		
403.945.4103	Springbank, Bragg Creek, Crossfield, Kathyrn and Beiseker areas		
403.945.4104 Cochrane, Bearspaw and Westbrook areas			

# **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 email 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**

Rocky View Schools collects personal information pursuant to the School Act and its regulation and under Section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act. Personal information, as defined in Section 1(n) of the FOIP Act as meaning recorded information about an identifiable individual, includes:

- the individual's name, home or business address or home or business telephone number,
- the individual's race, national or ethnic origin, colour or religious or political beliefs or associations,
- the individual's age, sex, marital status or family status,
- an identifying number, symbol or other particular assigned to the individual,
- the individual's fingerprints, other biometric information, blood type, genetic information or inheritable characteristics,
- information about the individual's health and health care history, including information about a physical or mental disability,
- information about the individual's educational, financial, employment or criminal history, including criminal records where a
  pardon has been given,
- anyone else's opinions about the individual, and
- the individual's personal views or opinions, except if they are about someone else.

Rocky View Schools collects, uses, and discloses personal information that is necessary for the operation of a school board as allowed under the FOIP Act. The following are examples of how personal information may be used by RVS:

- Report cards, attendance
- Student records
- Student identification cards
- School library cards
- School yearbooks, memory books
- Photos including individual, class, team, club or videos for use within RVS
- School newsletters
- Field trips
- Secure RVS online environments
- Parent/guardian contact for absenteeism, emergencies, etc.
- Transportation services
- Classroom or program assignments and showcases
- Displays at schools or school jurisdiction office
- School sponsored activities such as fine arts productions, presentations, fairs, celebrations, clubs, sports activities
- Eligibility or suitability for an honour, award, scholarship, athletic program, etc.
- Law enforcement and/or first responders relating to safety, health, and security

Schools will contact parents /guardians when any additional consent is required in specific circumstances not covered explicitly or implicitly by this general consent.

PLEASE NOTE: Photos, videos or images of students attending or participating in school activities (e.g., sporting events, concerts, cultural programs, clubs, field trips, graduation or other ceremonies), that are open to the general public, may be taken by RVS staff, the public-atlarge, including journalists, reporters, videographers and other members of the media and used for purposes within and outside the school or school district. RVS cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.

## 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.

At least one legal parent/guardian is required to sign this form.

STUDENT LEGAL NAME:	
Date:	Parent/Guardian Signature:
Date:	Independent student Signature*:

- \* As defined in the School Act "independent student" means a student 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 section 57.2 of the Child, Youth and Family Enhancement Act;

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