



Preschool Student Registration Form 2023-2024

École Mallaig School

Two Hills School

Date of Registration: (mm/dd/yyyy)

This Registration form is a legal document. It must be accurate and complete. Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent/guardian/independent student. Proof of residency may be required before registration can proceed.

Legal Last Name: Legal First Name: Middle Name:

AKA Last Name: AKA First Name:

Birthdate: (mm/dd/yyyy) Age: Gender:

Mailing Address: City: Province: Postal Code:

Home Phone: Student Cell Phone:

Rural Address (New County Address):

Legal Land Description:

Student Street Address (if different from above):

Student Joint custody Address (if different from above):

Student Permanent Address (if different from above):

If from another school: Report Card Submitted Previous School attended: City: Grade: Last Year Attended:

Resides with: Both Parents Father Mother Shared Custody Independent Mother/Stepfather Father/Stepmother Guardians

Name: Home Phone: Work Phone:

Relationship: Cell Phone: Email:

Name: Home Phone: Work Phone:

Relationship: Cell Phone: Email:

EMERGENCY INFORMATION (LOCAL Emergency Contacts other than parents/guardians)

Name: Home Phone: Work Phone:

Relationship: Cell Phone: can pick up from school:

Name: Home Phone: Work Phone:

Relationship: Cell Phone: can pick up from school:

CUSTODY

If an order exists affecting guardianship rights or custody access rights, a copy of the order will be required to be placed in the student's file. Circumstances may be such that a child be designated as "PROTECTED" if a court issues a restraining order under the Child Youth and Family Enhancement Act, the Domestic Relations Act, the Divorce Act or the Youth Criminal Justice Act.

Please indicate if the School Administration should be aware of any such Court Order for the protection of the student. Yes No

If Yes, please make arrangements to discuss this situation with the school administration. Is a copy in the student file? Yes No

Document Expiry Date (if applicable): _____ (Month/Day/Year)

Does this student meet the in-care status as defined by the Child Youth and Family Enhancement Act? Yes No

If Yes, please supply name of worker and agency:

Siblings

Name: _____ Grade: _____ School: _____

Name:	Grade:	School:

MEDICAL INFORMATION:

(Note: A doctor's letter is required if medication needs to be administered to your child)

Alberta Health Number: _____

Family Doctor: _____ City: _____ Phone Number: _____

Are there any medical problems or allergies your child may be experiencing which the school should be aware of?

Yes NO Allergies: _____

Special Medical Considerations: _____

Life Threatening Allergy/Condition Allergies Physical Disability

Serious Illness Medication to be administered

Please specify/explain: _____

Is your child immunized? Yes No

Are immunizations current? if No please specify Yes No

MEDICAL CONSENT:

I hereby give permission for this child to be referred to a doctor for emergency medical treatment.

Parent/Guardian Signature: _____ **Date:** _____ (mm/dd/yyyy)

CITIZENSHIP/STATUS

- 1.Canadian Citizen Birth Country if not Canada: _____
- 2.Permanent Resident Date of arrival in Canada: _____ (mm/dd/yyyy)
- 5.Study Permit Visa/Work Permit/Study Permit Expiry Date: _____ (mm/dd/yyyy)
- 6.Child of a Canadian Citizen Effective Date: _____ (mm/dd/yyyy)
- 7.Child of an individual lawfully admitted to Canada for permanent or temporary residence
- 9.Step-child of a Canadian citizen or Temporary Foreign Worker
- Other Jurisdiction / Resident Board (specify): _____

LEGAL DOCUMENTATION REQUIRED

A student cannot be registered without a copy of a legal document that provides proof of legal name, age and citizenship or immigration status. Any of the following documents are acceptable to copy: Canadian Birth Certificate, permanent resident card, student study permit, parent work permit or parent study permit.

Legal Documentation on file:

- Birth Certificate Last 4 Numbers: _____ Passport
- Canadian Citizenship Document: Permanent Resident Document
- Status Card Landed Immigrant
- Student Visa/Study Permit Other (specify): _____
- Custody Order

The information requested on this form is being collected pursuant to the School Act, Section 23, S.R.R.A.R. 225/06 and Section 33(c) of the FOIP Act. Information acquired through this form is kept secure and access is restricted.

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the Superintendent of Schools or the FOIP Coordinator at:

St. Paul School Division Phone Number: (780) 645-3323
 4313 48 Ave Fax Number: (780) 645-5789
 St. Paul, AB T0A 3A3

I hereby declare that the information I have provided is correct and that I have read and understood the information contained on this form.

Parent/Guardian Name
 (print clearly)

Signature

Date (mm/dd/yyyy)

Please Note:

This registration form is subject to the conditions of the course/classroom enrollment capacities at the school you wish to register at. Filling out this registration form does not guarantee acceptance.