

The following information is required for official school files. Please provide accurate information. Confirmation of some information may be requested. The information collected on this registration form is required to allow the board, through its administrator to make such decisions as are necessary for it to fulfill its obligation to provide a safe and secure environment, to protect the student's rights and to determine eligibility for particular programs and the funding available both under the *School Act* and its regulations and through the *Charter of Rights and Freedoms*. The information will be made available to employees of the Boyle Street Education Centre, its authorized agents, and the School Board, within the scope of their roles and responsibilities, and to individuals working with the children or students in schools and to *Alberta Education* on a need to know basis. The information will be used for authorized programs and activities that are a part of normal school life. Information on this form is protected under the *Freedom of Information and Protection of Privacy Act* (www.faip.gov.ab.ca).

ASN: _____ NAME: _____ FNMI: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____
 BIRTHDATE DAY: _____ MONTH: _____ YEAR: _____ GENDER: MALE FEMALE X AB HEALTH CARE: _____
 HOME ADDRESS: _____ EDMONTON, AB _____ POSTAL CODE _____ UNIT/BUZZER NO: _____
 STUDENT CELL: _____ HOME PHONE: _____ EMAIL: _____

PARENT/LEGAL GUARDIAN: _____ Relationship to student: _____ Phone: _____
 PARENT/LEGAL GUARDIAN: _____ Relationship to student: _____ Phone: _____
 PARENT/LEGAL GUARDIAN EMAIL: _____
 SOCIAL WORKER: _____ Cell Phone: _____ Office Phone: _____
 PROB. OFFICER: _____ Cell Phone: _____ Office Phone: _____
 OTHER WORKER: _____ Cell Phone: _____ Office Phone: _____

IF YOU WISH TO DECLARE YOURSELF AS INDIGENOUS, PLEASE SELECT ONE

First Nation (status) 331 First Nation (non-status) 332 Métis 333 Inuit 334
 First Nation: _____ Treaty Number: _____
 For further information, please refer <https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx>/or contact Alberta Education at 780-427-8501.
 If you have questions regarding the collection of student information by the school board, please contact the superintendent at 780-428-1420.

CITIZENSHIP STATUS

CANADIAN CITIZEN PERMANENT/LANDED IMMIGRANT OTHER (Specify) _____

FRANCOPHONE EDUCATION ELIGIBILITY DECLARATION

Under Section 23 of the Canadian Charter of Rights and Freedoms: Citizens of Canada whose first language learned and still understood is French; or who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language. In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.

According to the criteria above as set out in the Canadian Charter of Rights and Freedoms, are you eligible to have your child receive a French first language (Francophone) education?
 Yes No Do Not Know

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?
 Yes No

EMERGENCY CONTACT(S)

NAME: _____ Relationship to student: _____ Cell: _____
 NAME: _____ Relationship to student: _____ Cell: _____

Are you currently registered in another school? YES/NO If yes, what school: _____

Section 1(1)(n) of the *Education Act* defines an "independent student" as a student who is (i) 18 years of age or older, or (ii) 16 years of age or older and

- (A) living independently as determined by a board in accordance with section 6 [of the *Education Act*], or
- (B) a party to an agreement under section 57.2 of the *Child, Youth and Family Enhancement Act*.

Are you declaring as an **independent student**? Yes No **If yes**, you can sign this form yourself. **If no**, have your parent/legal guardian sign this form.
 Living Separately from parents Not supported financially by the parents Not under the care of children's services

I hereby certify that the information provided in this registration form is true, correct and complete to the best of my knowledge and belief.

 *Signature of independent student OR Signature of parent/legal guardian Date

In signing this form, the person doing so attests that he/she is the legal parent/guardian of the student

