

Student Registration Form

Please Note:

All parents registering a student will be required to show an original (not photocopied) birth certificate or legal documentation to verify the information contained in this form.

Student Information	Registration Date:				
Primary language spoken at home:					
Student Legal Name (as on birth certif					
Student Also Known As Name:					
Birth Date:	Grade:				
Gender:	☐ F	- Female $\ \square$	-		
Mailing Address: Box No:					
Street:					
City/Town:		Postal Cod	de:		
Land Location:		Blue Sign:			
Eg: NW-22-12-17		Eg: 10102	21 Highway 36		
Residence Address (if different than m Street:			Apt. No:		
City/Town:			al Code.		
Bus Student: Yes No					
 Canadian Citizen Permanent Resident/Landed Imr Child of a Canadian Citizen (stude Child of a citizen lawfully admitted International Student Program — Other: 	ent not (ed to Car Tempor	nada for permanent ary Resident- Visiting	g Student		
Complete the next two questions if No Date of Entry into Canada:			a Expiry Date:		
School History					
School Last Attended:		Phone	: Fax:		
Box No/Street:					
City or Town:					
Parent/Guardian Information Student lives with: ☐ Both Parents ☐ Father ☐		☐ Guardian ☐	Other		
Mother's Name:					
Home Phone:		cell Prione	•		

Employer:	Business Phone:					
E-mail Address:						
Father's Name:						
Home Phone:	Cell Phone:					
Employer:						
	Business Phone.					
Guardian's Name:						
	Cell Phone:					
Employer:						
E-mail Address:						
	om student): Father Mother Guardian					
Box No: Apt. No:						
Street:						
	Postal Code:					
	Blue Sign:					
Eg: NW-22-12-17	Eg: 101021 Highway 36					
Mailing						
Mail from school should be addressed to:						
	ner 🗖 Guardian 🗖 Other					
(Complete this address only if OTHER is che						
	·					
Box No: Apt. No:						
Street:	Postal Code:					
City/ IOWII.	i ostai code.					
Billet Information						
	ase of inclement weather and buses are unable to run.					
Name:						
	Cell Phone:					
Apt. No:						
Street:						
	Postal Code:					
Custody						
In rare instances a student may be designa	ted as "Protected" if a court issued a restraining order under					
the Child Welfare Act, The Domestic Relation	ons Act, The Divorce Act, or The Young Offenders Act. Please					
indicate if the school administration should	be aware of any such court order for the protection of the					
student. U Yes U No (Note	e: If yes, please make an appointment to discuss this situation					
with administration. You will need to suppl	y legal documentation.)					

Health Care Number:							
Doctor:		Phone:					
Please comment on any health problems the school should be aware of. (E.g. needs epi-pen, asthma, allergies, hearing, medications, eyesight, etc.)							
In case the student's parent or guardian is not available, please indicate an emergency contact <u>other</u> than a parent or guardian.							
Emergency Contact's Name:							
Relationship to Student:							
	Ce						
Employer:		Business Phone:					
Section 23 French instruction or instruction in French means instruction in a Francophone environment, not French Immersion or French courses in junior high or senior high. To be eligible for French Instruction, one of the following three conditions must exist: 1. Either parent's mother tongue is French. (French was the first language and is still understood by one of the parents.) 2. Either parent was educated in French in Canada. 3. One or more children in the family have received primary or secondary school instruction in French. Do you claim entitlement to a Francophone education under the terms of the School Act? Yes No Do you wish to exercise these rights? Yes No Aboriginal Self-identification							
you wish to declare the student is Aboriginal, please select one:							
rst Nation (status)	First Nation (non-status)	Metis	Inuit				
• •	• ,						

If you wish to declare the student is Aboriginal, please select one: First Nation (status) First Nation (non-status) Metis Inuit For further information, please refer to https://education.alberta.ca/system-supports/results-reporting/ 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 School Board Superintendent at: wilco.tymensen@horizon.ab.ca or by calling 403-223-3547.

Disclosure of Student Name/Photograph/Video

With the implementation of the Freedom of Information and Privacy Protection Act, it is necessary to receive your consent for the publication of your child's name and/or photograph/video in school-related

to events open to the public.) Examples of where your child's name or picture may appear include the following: Coat Pegs				t in the Horizon School Division	No.67. (Note: this does not apply
Coat Pegs	•		•		a fallaccina
Newspaper Articles	·	iere	your child's name o	, , , ,	•
Award announcements/lists Yearbooks Website (no names) Honor Roll Lists Club Activities Health organizations (e.g. Barons-Eureka-Warner) This consent form will be updated annually. As the parent or legal guardian of	_	icles		· ·	-
Honor Roll Lists	• •		ents/lists	•	- ·
Health organizations (e.g. Barons-Eureka-Warner) This consent form will be updated annually. As the parent or legal guardian of			21163/11363		Website (no names)
This consent form will be updated annually. As the parent or legal guardian of			s (e.g. Barons-Eurek		
As the parent or legal guardian of	· ·			·	
Check one:	This consent fo	rm w	vill be updated annu	ally.	
Check one:	As the parent o	r leg	al guardian of		at the
Signature of Parent or Guardian Date Receive Important Updates, Newsletters New federal legislation regarding electronic communications comes into effect on July 1, 2014, which will affect how you receive e-mail updates from the Horizon School Division, its Schools, and School Councils. In order to continue to send you e-mails about our school services, events, newsletters, and publications containing offers to purchase goods, products, and services such as apparel, yearbooks, school photos, travel opportunities, lunch programs, electronic communication recruiting individuals in connections with school programs, fundraising activities, and advertisements for school activities, events, and programs for which there is a fee, we need your expressed consent. Check one: I give my consent I do NOT give my consent Date Declaration of Parent, Legal Guardian, or Student (if living independently) I hereby declare the foregoing information to be true, correct, and complete.				(Child/Student Name)	(School)
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Signature of Parent or Guardian Date	I hereby declare	e the	foregoing informat	ion to be true, correct, and cor	nplete.
- (1	Signature of Pa	 rent	or Guardian		 Date