

For Office Use Only

Registration Approved by Administrator: __ Date __ Signature:___ ____ Resident Student ____Non-Resident Student

STUDENT REGISTRATION FORM 2020 - 2021

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

by the parent or guardian, or by the student (if living independently). T form to record important information, such as the student identification document number), legal relationship of student and parent/guardian,	
STUDENT INFORMATION	
Print the student's legal surname (last name) and given names below. or adoption papers. If the student uses a different first or last name,	
School Name Grade Entering	
Student's Legal Last Name Student's Legal First Name	Student's Legal Date of Birth Middle Name (Month/Day/Year)
Preferred Last Name Preferred First Name	
	Female Male X
Student's Residence: Street Address or 911 and Legal Land Location if Rural	Postal City Province Code
Mailing Address (If different than above: Mail-Outs will be sent to this address)	Postal City Province Code
Residential Subdivision Home Phone	(with area code) Other Phone (with area code)
Last School Attended (School Name) City and Province	Number of Years
TRANSPORTATION	

Will your child require bus service? If your child requires bus service, please complete the	"Transportation Request" form
on the Division's web site: www.starcatholic.ab.ca/busing/registration-and-fees/	

O No

What was the student's first language spoken at home?			
SPECIAL EDUCATION NEEDS			
STAR Catholic Schools offers individual program planning identified as having a special need and/or received special	g for students identifie alized programming se	d with special education r rvices?	needs. Has your child been
Yes No			
PARENT/GUARDIAN INFORMATION If there are two parents or guardians, it is important t together. A guardian is defined in section 20 of the Family 5 of the Child, Youth and Family Enhancement Act or sect each parent/guardian or independent student is or is not based on religion and where the parent(s) or legal guardione of the parents/guardians is Roman Catholic and lives	/ Law Act, or a guardia ion 23 of the Family La Roman Catholic. Unde an(s) live. A student is	n appointed under Part 5 w Act. NOTE: It is very in ir the terms of the School considered to be a reside	of the Child Welfare Act, Part 1, Division portant that you indicate whether or not Act, the residency status of a student is
First Parent/Guardian			
Religious Declaration	Email		
O Catholic O Non-Catholic			
Relationship to Student			
Biological or adoptive mother Step-mother		Other:	
Biological or adoptive father Step-father			
Last Name	First Name	Mr	., Mrs., Ms., Dr., etc.
Address (if different from student)	ty	Province	Postal Code
Bood the ottagont rootage with this	ome Phone vith area code)	Business Phone (with area code)	Other Phone (with area code)
○ Yes ○ No			
Second Parent/Guardian			
Religious Declaration	Email		
Catholic Non-Catholic			
Relationship to Student			
Biological or adoptive father Step-father		Other	
Biological or adoptive mother Step-mother			
Last Name	First Name	Mr	., Mrs., Ms., Dr., etc.

Address (if different from student)	City		Province		Postal Code	_
Does the student reside with this individual? Yes No	Home I (with a	Phone rea code)	Business Pho (with area co		Other Phone (with area code)	
Third Parent/Guardian						
Religious Declaration		Email				
Catholic Non-Catholic						
0	Step-father Step-mother			Other		
Last Name		First Name		Mr., M	rs., Ms., Dr., etc.	
Address (if different from student)	City		Province		Postal Code	
]
Does the student reside with this individual?	Home Phone (with area co		Business Phone (with area code)		er Phone h area code)	
○ Yes ○ No						
Fourth Parent/Guardian						
Religious Declaration		Email				
Catholic Non-Catholic						
Relationship to Student			(Other		
Biological or adoptive father	Step-father		[
Biological or adoptive mother	Step-mother					
Last Name		First Name		Mr., N	Irs., Ms., Dr., etc	
Address (if different from student)	City		Province		Postal Code	
Does the student reside with this individual?	Home Phone (with area coo	de)	Business Phone (with area code)		Other Phone with area code)	
Yes No						

DISCLOSURE RESTRICTIONS A guardian or parent may have their right to access information about a student removed by a legal process. Please indicate if a legal document exists which restricts access to information about this student. If you have answered yes, the school will collect the required documentation which will be retained on the student's record. () No Yes **FAMILY CIRCUMSTANCES** Are there any family circumstances about which you wish the school to be aware? **CITIZENSHIP STATUS** What is the citizenship or immigrant status of the student? Canadian Citizen (documentation required) Lawfully admitted to Canada for permanent residence (documentation required) Temporary Resident: - (International students only - Will need to provide a copy with expiration date) Child of a Canadian Citizen (documentation required) Child of an individual lawfully admitted to Canada for permanent or temporary residence (documentation required) Step-child of a Canadian or Temporary Foreign Worker (documentation required) NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION The Alberta Human Rights Act requires a school board to give notice to a parent/guardian when courses of study, education programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion. All of the schools in our Division are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both within and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion. **Sacramental Preparation** In partial fulfillment of the right, responsibility and duty of Catholic Separate Schools to fully permeate Catholic theology, philosophy, practices and beliefs, the principle of the Gospel and teachings of the Catholic Church in all aspects of school life, this school is actively involved in sacramental preparation of students. To assist in sacramental preparation, please advise whether your child has received any of the following sacraments: Baptism - Catholic (please provide a copy of Certificate) Reconciliation First Communion Confirmation **SECTION 23 – FRANCOPHONE RIGHTS (Optional)** According to the School Act and section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/guardian is a

resident of Alberta and: 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 a French first language program or school in Canada (this does not include a French immersion program). Do you claim entitlement to a francophone education under the terms of the School Act? If eligible, provincial Student Record Regulation requires STAR Catholic Schools to release demographic information about the student and parent/guardian to the local Francophone Education Board upon written request from that school jurisdiction.

C Eligible C Ineligible

INDEPENDENT STUDENT STATUS								
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 section 57.2 of the Child, Youth and Family Enhancement Act. Are you claiming status as an Independent Student under the definition of the School Act?								
Yes	☐ No		Catholic	☐ Non-Ca	tholic			
ABORIGINAL S	ELF-IDENTIFIC	CATION						
If you wish to decla	re the student is A	boriginal, pleas	e select one	:				
First Nations (S	Status)	First N	ations (Non-	Status)	O Métis			
If you reside on Re Crown Land - Band		Band N	lame	ŀ	Family Num	ber	Child Position Number	
For further informati 780-427-8501. If you have question 780-986-2500.		•				-	Alberta Education at ne Division office at	
EMERGENCY O Emergency Contact	CONTACTS An	emergency c	·	son is someone	e other tha	an the student's Other Phone (wi	s parent or guardian. ith area code)	
Relationship to Stu	dent							
Emergency Contac	et #2	· · ·	Home Phone	e (with area code)		Other Phone (wi	th area code)	
Relationship to Stu	dent							
MEDICAL INFO	RMATION							
	provide informatio					rucial to the well-	being of the student. Are	
Diabetes		lepsy		llergies		Haemophelia		
Asthma	Hea	art Condition		Other (Note below))			

Medical Notes:
Note: Additional forms will need to be completed for students requiring the administration of medication at school.
Student's Alberta Health Care Number
COLLECTION AND USE OF PERSONAL INFORMATION
In accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, STAR Catholic Schools is authorized and required under the provisions of the Education Act and its regulations to collect, use, and disclose personal information when that information relates directly to and is necessary for providing educational programming and ensuring student and staff safety. Please note that consent is not required for these purposes.
When STAR Catholic Schools uses and/or discloses personal information for reasons not directly related to delivering educational programming or ensuring student and staff safety, written consent is required. For more information on how STAR Catholic Schools handles your or your child's personal information, please contact the Division FOIP Coordinator at 780-986-2500 or 1-800-583-0688.
CONSENT FOR USE OF STUDENT INFORMATION
STAR Catholic Schools is requesting your permission for the following uses of your child's personal information. Please note that consent is not a requirement. You may choose whether or not to grant your consent. Once given, consent can be given or revoked prior to any such use or disclosure by notifying the school principal in writing.
Please respond Yes or No to each (response to each section required).
I hereby give STAR Catholic Schools permission to use, post, publish or copyright the written work, creative work and/or personal information (e.g. first name, last name, grade, photograph, audio-visual recordings) of my child to any public websites, social media accounts, or publications owned or operated by the Division for the purposes of highlighting individual achievements and promoting Division activities.
Yes No
I hereby give STAR Catholic Schools permission to permit the media and other outside organizations to photograph, make audio-visual recordings and/or interview my child while under the supervision of STAR Catholic Schools. I acknowledge that STAR Catholic Schools cannot control the further distribution of these photographs, recordings or interviews once they have occurred.
Yes No
If you wish to grant consent with an exception (e.g. no publishing of surnames) please list the exception in the space below:

It is important to understand school events that are open to the public are not subject to the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, special activities, academic-focused activities, and athletics. The general public, parents, and media may be in attendance, and are allowed to take photographs, create video and audio recordings, and conduct interviews without first obtaining consent. (It is not expected that the general public or parents will conduct interviews.) The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

Unless the school is notified of a change, the signed document will be in effect for the entire time that your son/daughter is registered in the Division. If you have any questions or concerns regarding the collection or use of information, please contact the FOIP Coordinator at STAR Catholic Schools Division office — 780-986-2500 or 1-800-583-0688.

The school wishes to keep you up to date with communications that may include information about offers, advertisements or promotions from our Division or schools. These can include things like: Yearbooks, Field Trip Opportunities, Student Photos, Tickets or other related opportunities.					
Yes, I give my consent to receive these messages					
No, I do not give my consent to receive these message	No, I do not give my consent to receive these messages				
SIBLINGS ATTENDING STAR CATHOLIC SCHOOLS	S				
Please indicate the sibling's name and the school they	attend				
Sibling #1 Name/School	Sibling #2 Name/School				
Sibling #3 Name/School	Sibling #4 Name/School				
DECLARATION BY PARENT, GUARDIAN, OR INDEPENDENT STUDENT I hearby certify the above information to be true, correct, and complete. I have identified all guardians for this student.					
Date:Signate:	gnature:				
OFFICE USE ONLY					
	ould be placed in the Student Record. Documents with asterisks More than one document may be required to verify student on in Alberta.				
Select Applicable documentation(s):					
Legal Student Identification Document					
Alberta Birth Certificate *	Canadian Passport *				
Alberta Adoption Order *	Canadian Permanent Resident Visa *				
Alberta Health Care Card	Canadian Study Permit *				
Alberta Identification Card	Canadian Temporary Resident Visa *				
Alberta Change of Name Certificate	Canadian Work Visa *				
Alberta Operator's Licence (Independent Student)	Foreign Birth Certificate				
Canadian Birth Certificate outside Alberta	☐ International Student Visa				
Canadian Citizenship Certificate *	Passport issued outside Canada				
Canadian Marriage Certificate	Registration Form (temporary declaration) *				