



PALLISER REGIONAL SCHOOLS Student Registration Form

FOR OFFICE USE ONLY

Local ID: _____

ASN: _____

ENTRY DATE: _____

STUDENT INFORMATION (Please Print Clearly)

School: _____ Resident school board: _____
(if other than Palliser)

Legal Name: _____
First Middle Last

AKA Surname: _____ AKA Given Name: _____
(Name by which the student is commonly known in the family and community)

Birthdate: _____ Home phone: _____
YYYY/MM/DD

Gender: M F

The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. A photocopy will be placed in the Official Student Record.

Name of official document (please specify): _____

Mailing address: _____
(House and Street or Box Number) (City/Town) (Province) (Postal Code)

911 Emergency Services address (if different): _____

If no 911 address, provide Legal Land Description: _____
Qtr. Sect. Twnshp Range

Last school attended: _____ Location (City/Town/Province): _____

School jurisdiction: _____ Grade: _____ last completed or _____ current

PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Contact 2 (parent/guardian)

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

To receive school newsletters and other school correspondence by email, please provide an address (optional)

Email address: _____

Student is living with (check all that apply) Contact 1 Contact 2 Other _____

If school staff are required to enforce a custody or restraining order, a copy MUST be submitted to the school.

MEDICAL INFORMATION

Medical information (allergies, medical conditions, etc.): _____

If school staff will be required to administer medication, please request the appropriate form from the school office.

EMERGENCY CONTACT INFORMATION

First & last names: _____

Relationship to student: _____

Address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

In the event the parents/guardians listed as Contact 1 and 2 are unavailable, please provide an emergency contact person. Please ensure the contact person you provide is advised that their name has been provided for this purpose.

CITIZENSHIP

Is the student a Canadian citizen? Yes No Birth country, if not Canada: _____

Citizenship, if not Canadian: Permanent Resident/Landed Immigrant Child of a Canadian Citizen Child of a lawfully admitted permanent or temporary resident Refugee Claimant

Student Authorization - Study Permit Study Permit Expiry Date: _____

YYYY/MM/DD

FRANCOPHONE ELIGIBILITY

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exists:

- Either parent's first language learned and still understood is French, or
- Either parent has received their primary school instruction in Canada, in French, or
- One or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada

Does your child have Francophone Eligibility? Yes No

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. Contact the school office for a listing of Francophone authorities.

ABORIGINAL SELF-IDENTIFICATION

If you wish to declare the student is Aboriginal, please selection one:

First Nation (Status)

First Nation (Non-Status)

Metis

Inuit

For further information, please refer to <https://education.alberta.ca/systeme-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 Palliser Regional Schools Superintendent at 403-328-4111.

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

A student may be eligible for ESL support when the language spoken mainly at home is a language other than English. ESL students can be Canadian born or foreign born.

Do you think your child would benefit from ESL support? Yes No Do you need assistance with interpretation? Yes No

Language mainly spoken at home _____

SIBLING INFORMATION

If the student has siblings attending other schools in Palliser, please list name, birthdate (YYYY/MM/DD) and school:

NOTICE OF RELIGIOUS INSTRUCTION

Students attending this alternative school within Palliser Regional Schools will be receiving religious faith-based instruction, exercises and instructional materials which permeates the school program and culture. The Palliser Board of Trustees supports faith-based alternative programs within Palliser Regional Schools. Should you have questions, please discuss them with your school Principal.

CERTIFICATION

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief. I also certify that I have received and read the brochure explaining the implications of the Freedom of Information and Protection of Privacy (FOIPP) Act, and I am aware of the uses that will be made of personal information collected herein:

Signature of Parent/Legal Guardian/Independent Student

Date

"Together we will ensure learning success for all students to develop their unique potential as caring citizens in a changing world."

PALLISER REGIONAL SCHOOLS MEDICAL ALERT FORM



Post on Staff Room Bulletin Board for All Staff

Student: _____ Grade _____

PHOTO OF STUDENT:

Teacher: _____

Medical Condition: _____

Symptoms of Reaction: _____

DO THIS IMMEDIATELY: _____

Staff Who Know How to Help Student: _____

Medical Treatment: _____

Name of Medication: _____

Dosage: _____ Method of Administration: _____

Location of Medication: _____

Administer within _____ minutes.

If no relief: _____

Possible side effects: _____

**N.B.: FOR LIFE-THREATENING REACTIONS,
CALL 911 FOR AMBULANCE**

PALLISER REGIONAL SCHOOLS PERMISSION TO POST STUDENT MEDICAL INFORMATION



The *Freedom of Information and Protection of Privacy Act* (FOIP) sets controls and standards on how school boards collect, use, disclose and dispose of the personal information in their custody or under their control.

Because it is important to quickly identify the type of medical attention required by a student in need of medical treatment, we are requesting your permission to post your child's information (student's name, picture and medical information) as listed on the Medical Alert Form in the staff room. We understand that the student's medical information is provided to us in confidence and it will be protected and used in compliance with the *FOIP Act*.

I, _____ (parent/guardian) hereby grant consent to Palliser Regional Schools to post my child's information as listed and described on the Medical Alert Form.

Full Name of Student

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Questions or concerns regarding this information may be directed to:

Palliser Regional Schools

#101, 3305 – 18 Avenue North, Lethbridge, AB T1H 5S1

Phone: (403) 328-4111 (1-877-667-1234 toll-free)



Educational Accommodations

Please note: Alberta Education provides limited funding to accommodate additional needs.
Each case will be evaluated based on the specific needs of the student.

****This form must be completed for each student applying, regardless of their need for resource support and returned with your application.****

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ GRADE ENTERING: _____

Please complete the following section as thoroughly as possible. The information you provide will better enable us to accommodate and/or determine if there is assistance available for your child. *Please be advised the assessment team may request to contact the last school your child attended to be better informed of your child's education needs.*

- 1) Has your child ever received:
- | | |
|---------------------------------------|----------|
| Speech Therapy? | YES / NO |
| Occupational Therapy? | YES / NO |
| Psycho Educational Assessment ? | YES / NO |
| Psychological Counseling? | YES / NO |
| Extra tutoring from Private Facility? | YES / NO |
| Behaviour Support? | YES / NO |
| Physio Therapy? | YES / NO |

**If YES, please send reports with application package.*

- 2) Has your child received additional assistance from a Learning Support Teacher or Learning Assistant? YES / NO
If YES, please describe level and types of support received:

GRADE	SUPPORT
_____	_____
_____	_____

- 3) Has your child ever been on an Individual Program Plan (IPP) in school? YES / NO

If YES, please include a copy of the most up-to-date program plan.

If YES, please note the grade level your child level was in when the IPP was introduced, as well as the grade level when the IPP was deemed no longer necessary. (An end date may not be applicable).

- 4) How was the need for support determined?

Personal evaluation Registered psychologist General practitioner Teacher/Learning Support Teacher Other

- 5) Has your child ever been coded for resource support? YES / NO

If YES, please include supporting documentation. What number (level)? _____

- 6) Is your child currently undergoing testing and/or evaluation with a psychologist or other support person? YES / NO

I acknowledge that the information I have given on this form is true and accurate to the best of my knowledge.

Parent/Guardian FULL NAME

SIGNATURE

DATE

Providing false or misleading information may be cause for revocation of admission.



Calgary Christian School

RELEASE OF STUDENT CUMULATIVE AND/OR CONFIDENTIAL RECORDS

To: _____

Fax: _____ Date: _____

The following student(s) has/have registered at Calgary Christian School. Please forward their file(s) to us as soon as possible. If you do not have these files, please inform us. Thank you for your time.

- Cumulative Records Program Information
 Confidential Files *(may also include Psycho-educational Reports or other Assessments)*

NAME	BIRTHDATE	GRADE
1.		
2.		
3.		
4.		
5.		
6.		

Parent's/Guardian's Signature: _____

Please forward the school records to:

K – Grade 6

Calgary Christian School
2839 – 49 Street SW
Calgary, AB T3E 3X9
Tel: 403-242-2896
Fax: 403-242-6682

Grades 7 – 12

Calgary Christian School
5029 – 26 Avenue SW
Calgary, AB T3E 0R5
Tel: 403-242-2896
Fax: 403-686-1281