



STUDENT REGISTRATION

For Office Use Only	ASN		WRPS #	
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Form 320-1

School:	Program: <input type="checkbox"/> English <input type="checkbox"/> French	Registration Date: MM DD YYYY	School Year:	Entering Grade:
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STUDENT INFORMATION

NOTE: A student cannot be registered without a copy of a legal document providing proof of legal name and age. Staff may request proof of residence.

Legal Document Provided:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Residency <input type="checkbox"/> Citizenship Card <input type="checkbox"/> Work/Student Visa <input type="checkbox"/> Temporary Declaration of Legal Name & Age			
Legal Surname:	Preferred Surname:			
Legal First Name:	Preferred First Name:			
Legal Middle Name(s):	Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Birth Date: MM DD YYYY	Name(s) of Sibling(s) attending same school:			
Mailing Address:	City:	Province:	Postal Code:	
Resident Address				
(if different from above):	City:	Province:	Postal Code:	
Home Phone:	Student Cell:			
Student's Personal Email:				
Blue Sign #:	<input type="checkbox"/> RR <input type="checkbox"/> TWP			
Rural Land Location:	Quarter	Section	Twp	Range Meridian
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 57.2 Child, Youth and Family Enhancement Act.				
Are you claiming status as an "Independent Student" under the definition of the School Act?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

STUDENT CONTACTS

Complete information is required below for EACH legal parent/guardian in accordance with the Family Law Act, Child Welfare Act, and the Child, Youth and Family Enhancement Act.

First Parent/Guardian	Relationship to Student (check one):	Surname:	First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
<input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Step Father	Other:	Student resides with this Parent/Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Work Phone:	Cell:	Email:		
Complete below if different than student information above.				
Mailing Address:	City:	Province:	Home Phone:	Postal Code:
Second Parent/Guardian	Relationship to Student (check one):	Surname:	First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
<input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Step Father	Other:	Student resides with this Parent/Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Work Phone:	Cell:	Email:		
Complete below if different than student information above.				
Mailing Address:	City:	Province:	Home Phone:	Postal Code:
Third Parent/Guardian	Relationship to Student (check one):	Surname:	First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
<input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Step Father	Other:	Student resides with this Parent/Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Work Phone:	Cell:	Email:		
Complete below if different than student information above.				
Mailing Address:	City:	Province:	Home Phone:	Postal Code:
Fourth Parent/Guardian	Relationship to Student (check one):	Surname:	First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
<input type="checkbox"/> Biological / Adoptive Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Biological / Adoptive Father <input type="checkbox"/> Step Father	Other:	Student resides with this Parent/Guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Work Phone:	Cell:	Email:		
Complete below if different than student information above.				
Mailing Address:	City:	Province:	Home Phone:	Postal Code:

CUSTODY

Legal guardians of the student must be identified to ensure each party’s rights are respected. If a Court Order exists affecting guardianship, custody or access rights, a copy of the Order is required to be placed on the Student Record. In rare instances a child may be designated as ‘protected’ if a court issues a restraining order under the *Child Welfare Act*, the *Divorce Act*, the *Young Offenders Act* or similar legislation.

Court Order: ☐ YES ☐ NO Expiry: MM DD YYYY Type: ☐ Access/Custody ☐ Parenting ☐ Guardianship ☐ Information Disclosure Restriction

SocialWorker/CaseWorker (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY

An **Emergency Contact** person is someone other than the student’s parent or guardian.

Emergency Contact #1: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

CITIZENSHIP

<b>The student is:</b>	<b>Citizenship Documentation</b>	<b>Document Expiry Date</b>
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Parent Work Visa	MM DD YYYY
<input type="checkbox"/> Child of individual who is lawfully admitted to Canada for permanent/temporary residence (does not include tourists/visitors)	<input type="checkbox"/> Parent Student Visa	MM DD YYYY
<input type="checkbox"/> Lawfully admitted to Canada for permanent residence	<input type="checkbox"/> Permanent Residency	MM DD YYYY
<input type="checkbox"/> Child of a Canadian citizen	<input type="checkbox"/> Temporary Residency	MM DD YYYY
<input type="checkbox"/> International student (Parent/Guardian residing in another country)	<input type="checkbox"/> Citizenship Card	MM DD YYYY
Birth Country, if not Canada: _____	<input type="checkbox"/> International Student Visa	MM DD YYYY
Date of arrival in Canada (if applicable): MM DD YYYY	<input type="checkbox"/> Refugee Claimant	MM DD YYYY
	<input type="checkbox"/> Refugee – Status Granted	

SECTION 23

According to Section 10 of the *School Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, parents have the right to have their children receive school instruction in French. *This does not include French Immersion programs or French as a 2<sup>nd</sup> language.*

This applies if the parent/guardian is a Canadian citizen and 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 French first language program or school in Canada (this does not include French Immersion program).

**Do you claim entitlement to a Francophone education under the terms of the *School Act*?** ☐ YES ☐ NO

**If yes, do you wish to exercise your right to have your child receive a Francophone education?** ☐ YES ☐ NO

*If YES, provincial Student Record Regulation requires Wetaskiwin Regional Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction.*

MEDICAL

If applicable, note any **serious medical conditions** you wish the school to be aware of. *Please provide specific details:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We will make every attempt to inform teachers of the above. However, please also notify your child’s teacher(s) of significant medical conditions to ensure they are aware.

SELF-IDENTIFICATION

**Aboriginal Self-Identification:** If you wish to declare the student is Aboriginal, please select one:

☐ First Nations (status) ☐ First Nation (non-status) ☐ Metis ☐ Inuit

For further information, refer to [FNMI Self-Identification Information](#) or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by the School Board, contact the School Board Superintendent at 780-352-6018.

ABORIGINAL ELIGIBILITY

**Does the student reside on reserve?** ☐ YES ☐ NO **If YES, complete this section of the Registration Form.**

Ensure that you have provided your FULL residence address on page 1.

**Please indicate:**

Band Name \_\_\_\_\_ Band Number 

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Family Number 

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 Family Position Number 

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Band of Residence (if different from Band name) \_\_\_\_\_

SCHOOL HISTORY

**Has the student registered with WRPS in the past?** ☐ YES ☐ NO

Name of last school attended: \_\_\_\_\_ City: \_\_\_\_\_

Last school province/country, if not in Alberta: \_\_\_\_\_ If registering from out of Alberta, has the student ever attended school in Alberta? ☐ YES ☐ NO

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT - NOTICE OF ACTIVITIES (as required by FOIP Act, Sections 32(c), 33 & 37)

Complete the following giving or denying permission to release personal information in the context of a school setting for:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Wetaskiwin Regional Public Schools Publications/Websites/Social Media Accounts</b> Posting student personal information including full name, photographs, recordings, and/or interviews on Division and school publications/websites/social media accounts.
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Wetaskiwin Regional Public Schools' Student Creative Work</b> Displaying the creative work of students produced through school activities, such as a photograph, digital recording, or actual presentation of the item with identification of the student by full name and grade, used and displayed at external exhibits at community sites, competitions, and reproduced in Division promotional publications distributed outside of the Division, including websites.
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>External Organizations or Media</b> Authorizing media and outside organizations to photograph, record and/or interview students with identification by full name and grade to be collected, used, reproduced and broadcast by media or outside organizations.

For more information regarding FOIP, refer to the 'Parent' tab on our website at [www.wrps11.ca](http://www.wrps11.ca)

Consent to Receive Electronic Messages

In accordance with Canada's Anti-Spam Legislation (CASL), EACH Parent/Guardian and Independent Student must complete and SIGN their section below for consent or refusal to receive electronic messages from the school/school council/division.

NOTE: Ensure your EMAIL ADDRESS is provided on page 1 if you are consenting to CASL.

First Parent/Guardian (or Independent Student)

CASL Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname: _____	First Name: _____
Signature: _____	Date: _____	MM DD YYYY

Second Parent/Guardian

CASL Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname: _____	First Name: _____
Signature: _____	Date: _____	MM DD YYYY

Third Parent/Guardian

CASL Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname: _____	First Name: _____
Signature: _____	Date: _____	MM DD YYYY

Fourth Parent/Guardian

CASL Consent <input type="checkbox"/> Yes <input type="checkbox"/> No	Surname: _____	First Name: _____
Signature: _____	Date: _____	MM DD YYYY

For more information regarding CASL, refer to the 'Parent' tab on our website at [www.wrps11.ca](http://www.wrps11.ca)

To be dated and signed by the parent/guardian completing this Registration form.

I hereby certify the above information to be true, correct and complete. I have identified ALL guardians for this student.

Date: MM DD YYYY	Signature: _____
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