



Student Registration Form

Student Information System (SIS)

This form must be completed for all new students who are registering in a Calgary Board of Education (CBE) school (K-12).

CBE ID #: _____
Program: _____
Full-day Kindergarten: ☐ Yes ☐ No
Address Verified: ☐ Yes ☐ No
Entered by: _____ Date: _____
YYYY/MM/DD

STUDENT INFORMATION (Please print)

DECLARATION OF RESIDENCY

The student named below is a resident of the Calgary Board of Education as defined by the *School Act*. ☐ Yes ☐ No

See **Student Residency** and **Important Information for Parents** on page 4 of this form.

Has the student named below ever registered in a Calgary Board of Education (CBE) school? ☐ Yes ☐ No

If yes, name the last CBE school attended _____

Last Grade
Completed

School Withdrawal Date

CBE Student ID Number

Alberta Education ID Number

YYYY

MM

DD

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 (specify) _____

Student's Legal Name

Student's AKA Name (name by which the student is commonly known in the family and community)

Birthdate

Surname

AKA Surname

YYYY

MM

DD

First Name

AKA First Name

Middle Name

Gender ☐ Female ☐ Male ☐ Other / Prefer not to disclose

Address

City

Postal Code

Phone Number

☐ Unlisted

☐ Listed

Quadrant of City (please select one)

☐ NW

☐ NE

☐ SW

☐ SE

Residential District

MEDICAL INFORMATION (Note: The CBE is not allowed to collect Alberta Health Care numbers as per the *Health Information Act*.)

If the student's attendance at school may be affected by an existing medical or physical condition, it is your responsibility to complete and submit the Student Health Plan that is available from the school or online at www.cbe.ab.ca.

Does your child have any medical or physical conditions that may affect his/her attendance at school? ☐ Yes ☐ No

If yes, please give a brief description _____

Have you completed the Student Health Plan? ☐ Yes ☐ No

SCHOOL INFORMATION

Name of school at which student is registering

Grade Entering

Start Date

YYYY

MM

DD

Name of last school attended

Reason for leaving last school

Grade Completed

Was the student suspended or expelled from the last school? ☐ Yes ☐ No

If yes, was the suspension resolved? ☐ Yes ☐ No

(If the suspension has not been resolved, CBE staff will refer to Student Services-Suspensions)

If the suspension has been resolved, provide further information.

Address of last school (If outside CBE)

City

Province

Postal Code

Country

Phone number of last school

Fax number of last school

Office Use Only

SIS

Fees

Codes

Request Records