

Entered by:

Student Registration Form

Dependent Student

This form is a legal document. It must be completed in its entirety by a legal guardian or parent for each Kindergarten to grade 12 student registering in a school in The Calgary Board of Education. The information for each legal guardian, including custodial parents, must be included on this form. The Declaration must be signed in front of school personnel. Please bring (government issued) photo identification. You may be asked to provide documentation confirming guardianship. Please print.

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Dependent Student				
Legal Last Name:	Grade Entering:			
Legal First Name:	CBE Student ID Number (if known):			
Legal Middle Name:	Alberta Education ID Number (if known):			
Resident / Non-Resident of The Calgary Bo	pard of Education (CBE)			
Under the <i>Education Act</i> , a student is considered to care of the student resides in the boundaries of CE refer to Boundaries of CBE at the end of this document.	BE and at least one of them is NOT of the Roman	Catholic faith. For more information		
By signing below, I declare that (check one):				
☐ all legal guardians / parents with day-to-day c	are of the student identified on this form, do not r	reside within CBE boundaries		
	o-day care of the student identified on this form, r	esides within CBE boundaries		
and (check one):		5 0 11 11 1 11		
all legal guardians / parents with day-to-day c				
☐ at least one of the legal guardians / parents w Roman Catholic faith	ith day-to-day care of the student identified on thi	is form, is not of the		
Print Legal Guardian / Parent Name	Signature Legal Guardian / Parent	Date (MM/DD/YYYY)		
Student Name and Address				
For acceptable identification refer to Proof of Age	, Legal Name and Citizenship at the end of this	document.		
Preferred Last Name:	Preferred Last Name: Preferred First Name:			
Birth Date: / / Go	ender: □ Female □ Male □ Another:			
MM DD YYYY	(Optio	onal)		
Student Mobile Phone (only high school students):	: <u> </u>			
Student Personal Email Address for Alberta myPa	ss (students 13 or older):			
Provide the address of the legal guardian / parent live together, the legal guardians must choose one				
Apt / Suite #:				
Street:		City:		
Province: Postal Code:				
Home Community (in Calgary):				
Office Use Only				
Name of School:	Program:	Lottery/Draw: ☐ Yes ☐ No		
Expected Start Date (MM/DD/YYYY):		Policy/brown. ☐ Fes ☐ No		
Proof of Address Document:		al Name Verified: ☐ Yes ☐ No		

Resident of CBE: ☐ Yes ☐ No

Date Entered (MM/DD/YYYY):

Student Citizenship			
Birth Country: Primary Language Spoken at Home:			
All Languages Spoken in the Home:			
Student is a Canadian Citizen:			
If Canadian Citizen, name of Canadian document (e.g., birth certificate, passport, Canadian Citizenship Certificate):			
If not Canadian Citizen, name of document (e.g., Permanent Resident, Landed Immigrant, Refugee Claimant, Temporary Resident, Child of Canadian Citizen, Child of a lawfully admitted permanent or temporary resident, Stepchild of a Canadian or Temporary Foreign Worker):			
Effective Date of Document: / / Expiry Date of Document: / / MM DD YYYY			
Student Medical Information			
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 <i>Student Health Plan</i> form to the school.			
Does the student have any medical or physical conditions that may affect their attendance at school? 🛘 Yes 🔻 No			
Does the student have any life-threatening allergies? ☐ Yes ☐ No			
If yes to either of the above questions, give a brief description:			
Has the <i>Student Health Plan</i> form been completed and submitted to the school? ☐ Yes ☐ No			
Francophone Eligibility			
The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the <i>Education Act</i> and Section 23 of the <i>Canadian Charter of Rights and Freedoms</i> , 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; 			
 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			
If yes , and you wish to exercise your right, please contact the Conseil Scolaire FrancoSud at 403-686-6998.			
The Alberta Student Records Regulations requires that, if requested, The Calgary Board of Education provide the name, address, date of birth and gender of Section 23 eligible students to the Francophone School District as well as the name, address and telephone number of the student's parent.			
Self-Identify as Indigenous			
If you wish to declare the student as Indigenous, select one:			
☐ First Nation (status) ☐ First Nation (non-status) ☐ Métis ☐ Inuit			
For further information, refer to https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx or contact Alberta Education at 780-427-8501 (dial 310-0000 first to be connected toll-free from anywhere in Alberta).			

Previous School Information	
Has the student <i>ever</i> registered in a s	school in The Calgary Board of Education (CBE)? ☐ Yes ☐ No
If yes , provide:	
Name of CBE School:	
Grade Completed:	Withdrawal Date (MM/DD/YYYY):
Has the student attended school else	where (including with an Early Childhood provider)? Yes No
If yes , provide:	
Name of the Last School A	attended:
Name of School Contact:	
Grade Completed:	Withdrawal Date (MM/DD/YYYY):
Reason for Leaving:	
Was the student suspende	d or expelled? ☐ Yes ☐ No
Address of School:	
School Phone:	School Fax:
Student Learning Needs	
	al Program Plan (IPP), Individual Education Plan (IEP) or had a learning, medical or mental health mendations to support the student's learning? \square Yes \square No
If yes , provide the school with the assessment, physician letter).	ne learning, medical or mental health assessment document (e.g., psycho-educational
If yes and from inside Alberta,	provide a description and if known, the Alberta Education special education code(s).
If yes and from outside Alberta	ı, provide a description and if known, the special education code(s).
Has the student <i>ever</i> been in a specia	al education program/class or unique setting in CBE or elsewhere?
If yes , what was the name of the	e program/class or setting, and if not from CBE, provide a description.
Are there any language needs or other	er unique learning needs we should know in order to support the student's learning?
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Legal Guardians / Parents / Others

If there is more than one Legal Guardian, include the information for each guardian on this form whether the guardians live together or not.

A legal guardian may be a parent or other person who is legally responsible for the well-being of the child and makes important decisions for the child. Legal guardian is defined in section 1(2) of the *Education Act* and in the Alberta Government website.

For more information refer to the Relationship and Custody and Guardianship Documents at the end of this document.

Set the phone preferences using the 'Call Order'. Select 1 for the preferred phone number.

Please provide a minimum of TWO emergency contacts. They may be legal guardians, non-legal guardians or a combination of both.

Legal Guardian						
First Name: La	ast Name:					
Relationship to Student:	Language interpretation requested: ☐ Yes ☐ No					
Lives with Student: ☐ Yes ☐ No Same Address as Stude	nt: ☐ Yes ☐ No					
Emergency Contact: ☐ Yes ☐ No Contact Order (assign a priority level): ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐ 5 th ☐ 6 th						
Legal Guardians / Parents Live Together: ☐ Yes ☐ No If yes Custody: ☐ Sole Custody / Parenting ☐ Joint / Shared Cus Court Order: ☐ Yes ☐ No If yes , a copy must be provide Emergency Protection Order: ☐ Yes ☐ No If yes , a cop If there are no court documents, a brief written summary of the	tody / Parenting Delegation of Authority Decision Making ed for the student record. y must be provided for the student record.					
Home Phone:	Call Order (preference): ☐ 1 ☐ 2 ☐ 3					
Work Phone: – – Ext.	Call Order (preference): ☐ 1 ☐ 2 ☐ 3					
Mobile Phone: – –	Call Order (preference):					
Email Address:						
Home Address: Apt / Suite #:	Mailing Address: Apt / Suite #:					
Street: City:	Street: City:					
Province: Postal Code:	Province: Postal Code:					
Home Community (in Calgary):						
Legal Guardian						
	est Name:					
First Name:	ast Name: Language interpretation requested: ☐ Yes ☐ No					
First Name: La	Language interpretation requested: ☐ Yes ☐ No					
First Name: La Relationship to Student: Ves	Language interpretation requested: ☐ Yes ☐ No					
First Name: La Relationship to Student: Lives with Student: Yes No Same Address as Stude Emergency Contact: Yes No Contact Order (assign a Legal Guardians / Parents Live Together: Yes No If yes	Language interpretation requested: Yes No nt: Yes No a priority level): 1st 2nd 3rd 4th 5th 6th skip to Home Phone. tody / Parenting Delegation of Authority Decision Making and for the student record. by must be provided for the student record.					
First Name:	Language interpretation requested: Yes No nt: Yes No a priority level): 1st 2nd 3rd 4th 5th 6th skip to Home Phone. tody / Parenting Delegation of Authority Decision Making and for the student record. y must be provided for the student record. current family status is required:					
First Name:	Language interpretation requested: Yes No nt: Yes No a priority level): 1st 2nd 3rd 4th 5th 6th skip to Home Phone. tody / Parenting Delegation of Authority Decision Making and for the student record. y must be provided for the student record. current family status is required:					
First Name:	Language interpretation requested:					
First Name:	Language interpretation requested: Yes No nt: Yes No a priority level): 1st 2nd 3rd 4th 5th 6th skip to Home Phone. tody / Parenting Delegation of Authority Decision Making and for the student record. y must be provided for the student record. current family status is required:					
First Name: Relationship to Student: Lives with Student:	Language interpretation requested:					
First Name:	Language interpretation requested:					
First Name: Relationship to Student: Lives with Student:	Language interpretation requested:					

Legal Guardian					
First Name:		_ast Name:			
Relationship to Student:					
Lives with Student: ☐ Yes ☐ No Same Address as Student: ☐ Yes ☐ No					
Emergency Contact: ☐ Yes ☐ No Contact O	rder (assign	n a priority level): ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐ 5 th ☐ 6 th			
Legal Guardians / Parents Live Together: Yes Custody: Sole Custody / Parenting Joint / Court Order: Yes No If yes , a copy must Emergency Protection Order: Yes No If there are no court documents, a brief written su	/ Shared Cusust be provid	stody / Parenting Delegation of Authority Decision Making ded for the student record.			
Work Phone:	Ext	Call Order (preference):			
Mobile Phone: – –		Call Order (preference):			
Email Address:					
Home Address: Apt / Suite #:		Mailing Address: Apt / Suite #:			
Street: City:		Street: City:			
Province: Postal Code:		Province: Postal Code:			
Home Community (in Calgary):					
, , , <u> </u>					
NOT Legal Guardian / Others (e.g., stepparent	, babysitte	er, interpreter, probation officer)			
First Name:		st Name:			
Relationship to Student:		Lives with Student: Yes No			
Permission to Pick Up Student from School:	□ No				
Emergency Contact: Yes No Contact O	rder (assign	a priority level):			
Release of Information Form (only needed if giving this	s person acc	cess to your child's information):			
If yes , has the form been discussed and signed b	y both certif	icated school staff and legal guardian / parent? 🏻 Yes 🔻 No			
Home Phone: – –		Call Order (preference): ☐ 1 ☐ 2 ☐ 3			
Work Phone: – –	- − Ext. Call Order (preference): □ 1 □ 2 □ 3				
Mobile Phone: – –		Call Order (preference):			
NOT Legal Guardian / Others (e.g., stepparent	, babysitte	er, interpreter, probation officer)			
First Name:	Las	st Name:			
Relationship to Student:		Lives with Student: Yes No			
Permission to Pick Up Student from School:	□ No				
Emergency Contact: ☐ Yes ☐ No Contact On	rder (assign	a priority level): 🔲 1 st 🔲 2 nd 🔲 3 rd 🔲 4 th 🔲 5 th 🔲 6 th			
Release of Information Form (only needed if giving this	s person acc	cess to your child's information): Yes No			
If yes , has the form been discussed and signed b	y both certif	ficated school staff and legal guardian / parent? 🏻 Yes 🔻 No			
Home Phone:		Call Order (preference): ☐ 1 ☐ 2 ☐ 3			
Work Phone: – – –	Ext.	Call Order (preference):			
Mobile Phone: – –		Call Order (preference): \Box 1 \Box 2 \Box 3			

NOT Legal Guardian / Others (e.g., stepparent, babysitter, interpreter, probation officer)				
First Name:		Last Name:		
Relationship to Stud	dent:		Lives with Student:	
Permission to Pick	Up Student from School: □	Yes 🗆 No		
Emergency Conta	nct: ☐ Yes ☐ No Con	tact Order (assign a priority	level): \Box 1 st \Box 2 nd \Box 3 rd \Box 4 th \Box 5 th \Box 6 th	
Release of Information	tion Form (only needed if givi	ng this person access to yo	ur child's information):	
If yes , has the	form been discussed and sig	ned by both certificated sch	nool staff and legal guardian / parent? 🛚 Yes 🔻 No	
Home Phone:			Call Order (preference): ☐ 1 ☐ 2 ☐ 3	
Work Phone:		Ext	Call Order (preference): ☐ 1 ☐ 2 ☐ 3	
Mobile Phone:		<u> </u>	Call Order (preference): ☐ 1 ☐ 2 ☐ 3	
Sibling Informati	ion			
Siblings can be con	nnected in the student informa	ation system. Please provid	e the other children's CBE school information (optional):	
Name:	- <u></u>	CBE School: Grade:		
Name:		CBE School:	Grade:	
Name:		CBE School: Grade		
Name:		CBE School:	Grade:	
Declaration				
	n must be signed in front of so documentation confirming g		ng (government issued) photo identification. You may be	
			pister the student identified on this form. I have identified t I have provided on this form is complete and accurate.	
I will immediate	ely notify the school of any	changes to the information	on on this form.	
Print Legal Guardian / Parent Name		Prin	t Staff Witness Name	
Signature Lega	Signature Legal Guardian / Parent		Signature Staff Witness	
Date of Signatur	re (MM/DD/YYYY)	Date	of Signature (MM/DD/YYYY)	

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*, the *Education Act* and its regulations, and the *Canadian Charter of Rights and Freedoms*, Section 23. This information will be used for the maintenance of the student's record, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under their administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

If you have any questions about this form please contact the school.

Boundaries of CBE

- North | 144 Avenue N.W. east to Carringvue Manor N.W. alignment (to the south), north to northern boundary of Livingston community (north limit of Section 4, Township 26, Range 1, Meridian 5), east to 6 Street N.E., south to 144 Avenue NE, east on 144 Avenue N.E. to 84 Street N.E.
- East | 84 Street N.E. south to 146 Avenue S.E., east to 88 Street S.E., 88 Street S.E.
- South | Bow River west to Deerfoot Trail S.E., follow Deerfoot Trail S.E. south to city limits, west to Macleod Trail S.E., Macleod Trail S.E., north to alignment with 210 Avenue S.E. (to the west), west (following creek) along to 210 Avenue S.E., becoming 210 Avenue S.W., to alignment with Silverado Plains Circle S.W. (to the north), north to 194 Avenue S.W., west on 194 Avenue S.W. to Spruce Meadows Way S.W., north on Spruce Meadows Way S.W. to alignment with Silverado Skies Drive S.W. (to the east), west to alignment with Bridleridge Road S.W. (to the north), south to alignment with 186 Avenue S.W. (to the west), 186 Avenue S.W. to city limits, city limits west to 85 Street S.W.
- West | 85 Street S.W. north to 146 Avenue S.W., east to 37 Street S.W., 37 Street S.W. north through Glenmore Park back to 37 Street S.W., north to the Glenmore Trail S.W., Glenmore Trail S.W. west and follow city limits to 101 Street S.W., north to 2 Avenue S.W. alignment, west along the south boundary of Crestmont community and north along the west boundary of Crestmont and Valley Ridge communities to Bow River, Bow River east to alignment with Twelve Mile Coulee Road N.W. (to the north), north on Twelve Mile Coulee Road N.W. (excludes Lynx Ridge) to 112 Avenue NW, follow 112 Avenue, becoming Country Hills Blvd N.W., east to Rocky Ridge Road N.W., follow Rocky Ridge Road N.W. north to 144 Avenue N.W.

Supplied by: Planning and Transportation Services, June 2020

Early Childhood Services

Children who are not resident to CBE may be enrolled in an Early Development Centre (EDC) preschool or Kindergarten program in CBE. However, enrolment in an early childhood services program does not guarantee enrolment for grade one in the school. Priority will be given to CBE resident students living in the designated attendance area for the school.

Proof of Age, Legal Name and Citizenship

The original document must be provided to the school. The school will make the copy.

The legal guardian / parent must produce the student's Canadian birth certificate at the time of registration. If a Canadian birth certificate is not available, the school may accept a:

- Canadian passport;
- Canadian citizenship certificate or card;
- Canadian provincial government Notice of Live Birth;
- Canadian Indigenous status card; or
- Canadian court order that states the legal name and age or date of birth of the child (e.g. Alberta adoption order).

The school can not accept a:

- document from another country;
- Canadian federal government Record of Landing; or
- Canadian federal government Permanent Resident Card, Permanent Resident Record or Confirmation of Permanent Residence.

A legal guardian / parent who cannot show proof of the student's Canadian citizenship must register the student through CBE Welcome Centre. For more information visit www.cbe.ab.ca or call 403-817-4000.

Exception – Students in Shelters

If the legal guardian / parent does not have one of the documents listed above, they will provide a written summary of current family status until documentation can be provided. The legal guardian / parent is to apply to the government to acquire the required document. Shelter staff can help with this. If applicable, the legal guardian / parent will provide the Restraining Order (RO) or Emergency Protection Order (EPO).

Relationship

The following are the options for relationships:

- Agency Representative
- Babysitter
- Cousin
- Custodian
- DLSA CBE Diversity & Learning Support Advisor
- Family Friend
- Father
- Foster Parent
- Grandparent
- Group Home Case Worker
- Home Stay Parent
- Interpreter
- Legal Guardian
- Mother
- Other
- Outside School Care

- Parent
- Partner
- Physician
- Probation Officer
- Psychologist
- Relative
- Sibling
- Social Worker
- Sponsor
- Spouse
- Stepfather
- Stepmother
- Stepparent
- Stepsibling
- System AP, Global Learning
- Unspecified

Custody and Guardianship Documents

The original court document must be provided to the school. The school will make a copy of the document, which will be placed in the Official Student Record (OSR).

- **Decision Making** legal authority for making day-to-day decisions affecting the child. Similar to joint custody, can be court ordered. If not addressed in an Order, the guardians usually both have rights and responsibilities for this.
- **Delegation of Powers and Duties to a Child Caregiver** implicit sub-allocation of powers and duties by the Director of Child and Family Services, or their delegate (i.e., the social worker), under the Child, Youth and Family Enhancement Act. Done by the social worker for a child in protective custody either Temporary Guardianship Order (TGO) or Permanent Guardianship Order (PGO).
- Joint / Shared Custody / Parenting more than one guardian may exercise the powers, responsibilities and entitlements of
 guardianship, unless the court orders otherwise; shall use best efforts to co-operate with one another in exercising their powers,
 responsibilities and entitlements of guardianship. Can be court ordered, or presumed if the parents were married and are now
 separated but have not been to court.
- Sole Custody / Parenting allocation, generally or specifically, of the powers, responsibilities and entitlements of guardianship exclusive to one individual. Usually court ordered.