



# 1. STUDENT INFORMATION

Write the student's **legal** surname (last name) and first name below. These are the names on the student's birth certificate or adoption papers.

Student's **Legal** Surname: \_\_\_\_\_

Student's **Legal** First Name: \_\_\_\_\_

Student's **Legal** Middle Name(s): \_\_\_\_\_

Date of Birth            /            /  
                                  YR        MM        DD

\* School's verification of birth date:     Birth Certificate     Passport     Other  
 \* **Copy received for student file**

**Citizenship of student:**

Canadian Citizen     Landed Immigrant     Study Visa     Child of a temporary Resident    **Expiry Date:** \_\_\_\_\_

**Copy received for student file**

**First language spoken in the home:**     English     French     Other \_\_\_\_\_  
**Second language spoken in the home:**     English     French     Other \_\_\_\_\_

**Please ensure you read and complete this section**

*If you wish to declare that you are an Aboriginal person, please specify:*

**Status Indian/First Nations**     **Non-Status Indian/First Nations**     **Métis**     **Inuit**

**Treaty Number:** \_\_\_\_\_    **Band Name:** \_\_\_\_\_

*Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet Ministry mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. Alberta school boards are also collecting this information pursuant same section in conjunction with section 2(1)(t) of the Student Record Regulation and for the same purposes. This information will also be used to determine the provincial First Nations, Métis and Inuit funding allocation provided to school authorities.*

*For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Strategic Services Division, Alberta Education, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-8501 . If you have questions regarding the collection activity by the Fort McMurray Public Schools District, please contact the Superintendent at the District Office, 231 Hardin Street, Fort McMurray, AB, T9H 2G2, (780) 799 7900.*

**Does not apply.**

List all siblings, whether school age or not:

Name:	Date of Birth:	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

# 2. STUDENT HISTORY

**HAS YOUR CHILD BEEN IDENTIFIED WITH A DISABILITY OR SPECIAL NEED?**     Yes     No  
 School's verification of special need     diagnosis     IPP     Assessment

### **MEDICAL INFORMATION**

**Student's Medical Information.** Are there any serious medical conditions about which you wish the school be aware?

Yes  No If yes, please list below:

Medical notes: \_\_\_\_\_

### **STUDENT'S RESIDENCE:** *Student lives with: (check one)*

<input type="checkbox"/> Both Parents	<input type="checkbox"/> 1 <sup>st</sup> Parent	<input type="checkbox"/> 2 <sup>nd</sup> Parent	<input type="checkbox"/> Independent	<input type="checkbox"/> Other (please specify)
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### **Custody:**

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. Please indicate if the school administration should be aware of any such Court Order for the protection of your child.  Yes  No

**(If "yes" please make arrangements to discuss this situation with the school administration. Legal documentation will be required.)**

### **PARENT (OR LEGAL GUARDIAN) RESIDENCY INFORMATION**

If there are two parents or legal guardians, it is important to fill in both sections 2 and 3 whether or not the parents or legal guardians are living together. (A "legal guardian" is a person appointed by the court as the guardian. Documentation is required).

### **3. FIRST PARENT/ LEGAL GUARDIAN OR INDEPENDENT STUDENT**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Mr. Mrs. Ms. etc. \_\_\_\_\_

Relationship to Student:  Mother  Father  Legal Guardian  Other Please specify \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email Address (please print): \_\_\_\_\_ Cell phone: \_\_\_\_\_

### **4. SECOND PARENT OR LEGAL GUARDIAN**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Mr. Mrs. Ms. etc. \_\_\_\_\_

Relationship to Student:  Mother  Father  Legal Guardian  Other Please specify \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email Address (please print): \_\_\_\_\_ Cell phone: \_\_\_\_\_

## 5. EMERGENCY CONTACT

An "emergency contact person" is someone **other than** the student's parent or guardian. Mr. Mrs. Ms. etc

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

### **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPP)**

The information collected on this form as part of the school registration process is personal information as referred to in the FOIP Act. This personal information is collected pursuant to the provisions of the *School Act* and its regulations (e.g. for the establishment of a student record, determination of residency) and pursuant to section 33(c) of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment (e.g. 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 his administration (e.g. research, statistical analysis).

I give Fort McMurray Public Schools/District permission for:

**Yes No**

- my child's work to be displayed** within the school, at community and public events and competitions.
- my child's name to be included** in the list of names, phone numbers, class lists for distribution to coaches, supervisors, parent association, volunteers, school council and school newsletters.
- my child's name to be released** with respect scholarships, honor rolls, achievements, and other special recognition to the school district, government or media officials.
- my child's image to appear** in yearbooks, class albums, on ID cards and school displays.
- my child's image to appear** on school websites, public displays and in the media.
- my child to accompany his/her** class on school sponsored field trips.

**Other permissions for the Fort McMurray Public School District:**

- I would like my son/daughter to participate in the human sexuality sections of the Health Program.
- I would like my son/daughter to participate in the abuse prevention component of the Health Program.

### **DECLARATION BY PARENT OR LEGAL GUARDIAN:**

I hereby certify the foregoing information to be true, correct and complete.

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature (REQUIRED)**

**OPTIONAL INFORMATION**

I give permission to provide access to my child's information to the District ESL/ELL New Family Coordinator.  Yes  No

Religious denomination: \_\_\_\_\_

**HIGH SCHOOL ONLY:**

Parent's place of employment for Scholarship purposes:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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