



## Horizon School Division No.67 Student Registration Form

Please Note: All parents registering a student will be required to show an original (not photocopied) birth certificate or legal documentation to verify the information contained in this form.

### Student Information

Registration Date: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Student Legal Name (as on birth certificate): \_\_\_\_\_

Student Also Known As Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  Male  Female

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Mailing Address: Box No: \_\_\_\_\_ Apt. No: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Location: \_\_\_\_\_ Blue Sign: \_\_\_\_\_

Eg: NW-22-12-17

Eg: 101021 Highway 36

Residence Address (if different than mailing) Box No: \_\_\_\_\_ Apt. No: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Bus Student:  Yes  No Student E-mail Address: \_\_\_\_\_

### Citizenship: (Please check ONE)

- Canadian Citizen
- Permanent Resident/Landed Immigrant
- Child of a Canadian Citizen (student not Canadian Citizen)
- Child of a citizen lawfully admitted to Canada for permanent or temporary residence
- International Student Program – Temporary Resident- Visiting Student
- Other: \_\_\_\_\_

Complete the next two questions if NOT Canadian Citizen:

Date of Entry into Canada: \_\_\_\_\_ Student Visa Expiry Date: \_\_\_\_\_

### School History

School Last Attended: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Box No/Street: \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Parent/Guardian Information

Student lives with:

- Both Parents  Father  Mother  Guardian  Other \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Parent or Guardian Address (if different from student):  Father  Mother  Guardian  
Box No: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Land Location: \_\_\_\_\_ Blue Sign: \_\_\_\_\_  
Eg: NW-22-12-17 Eg: 101021 Highway 36

### Mailing

Mail from school should be addressed to:  
 Both Parents  Father  Mother  Guardian  Other \_\_\_\_\_  
(Complete this address only if OTHER is checked.)  
Box No: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Billet Information

Please provide a billet(s) for your child in case of inclement weather and buses are unable to run.  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Apt. No: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Custody

In rare instances a student may be designated as "Protected" if a court 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 the student.  Yes  No (Note: If yes, please make an appointment to discuss this situation with administration. You will need to supply legal documentation.)

## Emergencies

Health Care Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please comment on any health problems the school should be aware of. (E.g. asthma, allergies, hearing, medications, eyesight, etc.)

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In case the student's parent or guardian is not available, please indicate an emergency contact **other** than a parent or guardian.

Emergency Contact's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## Section 23

French instruction or instruction in French means instruction in a Francophone environment, not French Immersion or French courses in junior high or senior high.

To be eligible for French Instruction, one of the following three conditions must exist:

1. Either parent's mother tongue is French. (French was the first language and is still understood by one of the parents.)
2. Either parent was educated in French in Canada.
3. One or more children in the family have received primary or secondary school instruction in French.

Do you claim entitlement to a Francophone education under the terms of the School Act?

Yes  No

Do you wish to exercise these rights?  Yes  No

## Aboriginal Self-identification

<b>If you wish to declare the student is Aboriginal, please select one:</b>			
<b><i>First Nation (status)</i></b>	<b><i>First Nation (non-status)</i></b>	<b><i>Metis</i></b>	<b><i>Inuit</i></b>
For further information, please refer to <a href="https://education.alberta.ca/system-supports/results-reporting/">https://education.alberta.ca/system-supports/results-reporting/</a> 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 School Board Superintendent at: <a href="mailto:wilco.tymensen@horizon.ab.ca">wilco.tymensen@horizon.ab.ca</a> or by calling 403-223-3547.			

## Disclosure of Student Name/Photograph/Video

With the implementation of the Freedom of Information and Privacy Protection Act, it is necessary to receive your consent for the publication of your child's name and/or photograph/video in school-related

activities and operations while a student in the Horizon School Division No.67. (Note: this does not apply to events open to the public.)

Examples of where your child's name or picture may appear include the following:

Coat Pegs	Art Displays	Concert Programs
Newspaper Articles	Class pictures	Emergency fan-out lists
Award announcements/lists	Yearbooks	Website (no names)
Honor Roll Lists	Club Activities	
Health organizations (e.g. Barons-Eureka-Warner)		

This consent form will be updated annually.

As the parent or legal guardian of \_\_\_\_\_ at the \_\_\_\_\_  
(Child/Student Name) (School)

Check one:  I give my consent  
 I do NOT give my consent

\_\_\_\_\_  
Signature of Parent or Guardian Date

### Receive Important Updates, Newsletters

New federal legislation regarding electronic communications comes into effect on July 1, 2014, which will affect how you receive e-mail updates from the Horizon School Division, its Schools, and School Councils.

In order to continue to send you e-mails about our school services, events, newsletters, and publications containing offers to purchase goods, products, and services such as apparel, yearbooks, school photos, travel opportunities, lunch programs, electronic communication recruiting individuals in connections with school programs, fundraising activities, and advertisements for school activities, events, and programs for which there is a fee, we need your expressed consent.

Check one:  I give my consent  
 I do NOT give my consent

\_\_\_\_\_  
Signature of Parent or Guardian Date

### Declaration of Parent, Legal Guardian, or Student (if living independently)

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

\_\_\_\_\_  
Signature of Parent or Guardian Date