



**Medical Information**

Please indicate all allergies, medication and serious health problems.

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_ Alberta Health Care No. \_\_\_\_\_

Child has been under the care of:  Speech/Language Therapist  Psychologist  Behavior Specialist   
Occupational/Physical Therapist  Glenrose Hospital/Others  Received school-based Special Education Services

**\*\* Please provide a copy of specialist's report or medical reports that require close attention.**

**SECTION B – PARENT INFORMATION**

Mother's/Legal Guardian's Name and Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-Mail address \_\_\_\_\_

Father's/Legal Guardian's Name and Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-Mail address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_

The student lives with:

- Father & Mother  Mother Only  Father Only  Independent  Mother & Step-Father  
 Father & Step-Mother  Other/Guardian  Grandparent

Who has legal custody of the child?  Parents  Mother  Father  Guardian  Grandparent

If legal custody is not the mother or father of the child, please provide legal documentation of appointment of guardianships.

Is there anything we should know about the custody? Please provide legal documentation.

**If Student is Catholic, please provide certificate of Baptism:**

Baptized:  Yes  No Date \_\_\_\_\_ Parish \_\_\_\_\_  
 First Communion:  Yes  No Date \_\_\_\_\_ Parish \_\_\_\_\_  
 Confirmation:  Yes  No Date \_\_\_\_\_ Parish \_\_\_\_\_  
 Reconciliation:  Yes  No Date \_\_\_\_\_ Parish \_\_\_\_\_

**If Student requires bussing:**

Does your child ride the bus?  Yes  No  
 Bus Number (if known) \_\_\_\_\_ Name of Driver (if known) \_\_\_\_\_  
 Route Number (if known) \_\_\_\_\_

**CATHOLIC SCHOOL DECLARATION**

*I wish to have my child registered and I support the philosophy and objectives of the Holy Family Catholic Regional Division No. 37 and those of its schools. Pursuant to the School Act, religion of parents/guardians is required.*

Father/Legal Guardian: Are you of the Catholic Faith?  Yes  No

\_\_\_\_\_  
 Print Name Signature

Mother/Legal Guardian: Are you of the Catholic Faith?  Yes  No

\_\_\_\_\_  
 Print Name Signature

Do you live in an area where a Catholic School District exists?  Yes  No  Don't Know.

If you have an interfaith marriage, please indicate the District or Division you declare this child to be a resident of:

Catholic School District or  Public School District

If you own your own home and have not filled out a SCHOOL SUPPORT NOTICE, please confirm your support with your municipal office.

**SECTION 23 FRANCOPHONE EDUCATION ELIGIBILITY DECLARATION**

Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms:  
 Citizens of Canada

- Whose first language learned and still understood is French; or

January 2004

Updated April 19, 2007



**SECTION C- FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

The personal information requested on this form is being collected for the school registration process pursuant to the provisions of the School Act and its regulations (e.g. for the establishment of a student record, determination of student residency) and under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions or concerns regarding the collection and the intended purposes, please contact Ian Becker, FOIP Coordinator for the Holy Family C.R.D. NO. 37 at 10307 – 99 Street, Peace River, AB T8S 1R5, Phone: 780-624-3956.

**SECTION D - DECLARATION BY PARENT/LEGAL GUARDIAN**

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date of Registration

**FOR SCHOOL OFFICE USE ONLY  
ACCEPTANCE OF REGISTRATION**

Resident Student: registration accepted

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

*Non-Resident Student: registration accepted if room and resources available.*

- room and resources available. (Principal's initials)
- provisions have been made with Resident Board for Special Education Funding. (Principal's initials)

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date