

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

Language spoken at home: _____

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) _____

SECTION C**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 D**ABORIGINAL STUDENT DECLARATION (Complete If applicable)**

If you wish to declare that your child is an Aboriginal person, please specify:

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

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 – 102 Street, Edmonton, AB T5J 4L5, (780) 427-8501.

Does the student have treaty status: Yes No Does the student reside on reserve? Yes No

On which reserve does he/she reside? _____

Does the student have Métis status: Yes No Does the student reside in a settlement? Yes No

On which settlement does he/she reside? _____

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____

January 2004

Updated May 29, 2008/ April 3, 2008/February 15, 2008/ June 15, 2007/April 19, 2007

SECTION E**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
- Who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary instruction in French; or
- Of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.

SECTION 23 FRANCOPHONE EDUCATION ELIGIBILITY DECLARATION (continued)

According to the criteria above as set out in the Canadian Charter of Rights and Freedoms, are you eligible to have your child receive a French first language (Francophone) education? (Please check one)

Yes No Do not know

If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

Yes No

To exercise your Section 23 rights, you must enroll your child with the Northwest Francophone Education Region No. 1 – St. Isidore (780) 624-8554

Name of parent/legal guardian:

_____ Date: _____
 (Please Print) (Signature)

January 2004

Updated May 29, 2008/ April 3, 2008/February 15, 2008/ June 15, 2007/April 19, 2007

SECTION F**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 the Corporate Secretary for the Holy Family C.R.D. NO. 37 at 10307 – 99 Street, Peace River, AB T8S 1R5, Phone: 780-624-3956.

DECLARATION BY PARENT/LEGAL GUARDIAN

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

Parent/ Legal 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

January 2004

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