



NEW STUDENT Registration Form for 2011-2012 School Year

Beaverlodge Regional High School
Bag 700
Beaverlodge, Alberta
Telephone: 780-354-2189 Fax: 780-354-8440
Email: www.brhs.ab.ca

1. STUDENT INFORMATION (Identification/Location/Registration)										
LEGAL First Name					Home Phone Number					
LEGAL Middle Name					Mailing Address					
LEGAL Last Name					City/Town/Province					
Grade					Postal Code					
PREFERRED First Name					Physical Address (Quarter-Twp-Range-Meridian or Trailer Crt/Lot or Subdivision/Lot or Street & Avenue)					
PREFERRED Last Name					CITIZENSHIP:					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Canadian (Copy of Birth Certificate or Passport)					
Birthdate	Year			Month		Day			<input type="checkbox"/> Permanent Resident (Copy of Birth Certificate and Permanent Resident Card)	
									<input type="checkbox"/> Temporary Resident (Copy of Birth Certificate and Immigration papers or student visa/study permit and passport)	
Sample	1	9	9	0	D	E	C	2	5	<input type="checkbox"/> Child of Canadian Citizen (Copy of Birth Certificate and copy of Canadian Parent's Birth Certificate)
Age					<input type="checkbox"/> Child of an individual lawfully admitted to Canada for permanent or temporary residence (Copy of Birth Certificate and copy of Immigration papers)					
Alberta Student Number (ASN)					<input type="checkbox"/> Other - explain					
Previous School					Any applicable EXPIRY DATE					
Previous School City/Province										
Language Spoken at Home										
If you reside outside of Peace Wapiti Public School Division, please indicate school district in which you do reside?										
Has your child ever attended a school in Alberta? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Has your child ever attended a school within Peace Wapiti School Division? <input type="checkbox"/> Yes <input type="checkbox"/> No										

FRANCOPHONE INFORMATION	Appendix A – Section 23 Eligibility Declaration Form
Section 23 Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No All parents to complete and sign Appendix A – required by NEW AND RETURNING STUDENTS	

ABORIGINAL LEARNER DATA COLLECTION INITIATIVE	Appendix B – FNMI Letter
If you wish to declare that you are an Aboriginal person, please specify: ALL PARENTS TO READ APPENDIX B	
<input type="checkbox"/> Status Indian/First Nations	*A person who is registered as an Indian under the Indian Act.
<input type="checkbox"/> Non-Status Indian/First Nations	*An Indian person who is not registered as an Indian under the Indian Act.
<input type="checkbox"/> Metis	*People of mixed First Nation and European ancestry who identify themselves as distinct from First Nations people, Inuit, or non-Aboriginal people
<input type="checkbox"/> Inuit	*An Aboriginal people in Northern Canada, who live in Nunavut, Northwest Territories, Northern Quebec and Northern Labrador.

Alberta Education is collecting this personal information pursuant to Section 33 (c) of the FOIP Act as the information relates directly 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 in addition to other legislation applicable to the educational institution. 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 Education, 10155-102 Street, Edmonton T5J 4L5, (780) 427-8501.

2. MEDICAL INFORMATION Appendix C – Student Allergy Form

Allergy Note _____ Alberta Health Care No. _____(optional)
 (If allergies are potentially fatal or debilitating, parents must complete Appendix C.) Doctor's Name/Phone No. _____(optional)
 Dentist's Name/Phone No. _____(optional)

Emergency Note _____ Medical Disabilities Physical Disabilities Serious Illness

Has your child had any previous special needs testing or assistance? Yes No

If yes, indicate program name _____ Contact _____

Continued on Reverse

3. CONTACTS

CUSTODY INFORMATION

Appendix D – Parenting Order/Custody and Access Form

Are there any court orders affecting access to the student? Yes No

If 'Yes', *Appendix D* MUST be completed and copy of order MUST be provided to the school.

PARENT/GUARDIAN INFORMATION

Child resides with: Parents Mother Father Guardian(s) Other

Mother Stepmother Guardian Other

Full name _____

Address _____
(If different from student)

Phone: Home _____ Work _____

Cell _____ Pager _____

E-mail _____

Father Stepfather Guardian Other

Full name _____

Address _____
(If different from student)

Phone: Home _____ Work _____

Cell _____ Pager _____

E-mail _____

EMERGENCY CONTACT(S) INFORMATION

Other than Parent(s) / Guardian(s)

Full name _____

Relationship to Student _____

Home Phone No. _____

Alternate Phone No. _____

Full name _____

Relationship to Student _____

Home Phone No. _____

Alternate Phone No. _____

4. CUSTOM

Student's Religion: RC or Other

DECLARATION

I HEREBY declare that I have read and understood the information contained on this *Student Registration Form* and the information I have provided is correct. I accept responsibility to advise the school if there are any changes to this information. I declare that I am a resident of Alberta.

Parent/Guardian Signature

Date

Office Use Only

- Appendix A – Section 23 Eligibility
- Appendix B – FNMI Letter
- Appendix C – Student Allergy Form
- Appendix D – Parenting Order/Custody & Access Form
- Appendix E – FOIP Information/Internet Consent

- Birth Certificate/Visa Copy on file
- Birth Certificate/Visa Copy requested on _____
- Student Record Requested
- Student Record Received
- Protected Student – Documents on File**
- Protected Student – Central Office Notified**