

2022 – 2023 SCHOOL YEAR

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM**

This registration form is a legal document. Before a student can be registered by a school, a student registration form must be completed in its entirety and signed by the parent/legal guardian or by the student (if living independently). The student registration form is used to enroll a student who is new to Northland School Division, who is returning to the division, or who is transferring to a school within the division. The registration form is also used annually to record important changes, such as student legal name, citizenship, residency information, legal relationship of parent/guardian to student, health information disclosure, Francophone Education rights, independent student status, or self-declaration of Aboriginal ancestry. A student **cannot** be registered without a copy of a legal document (birth certificate, permanent residency document, Canadian citizenship document, or passport) that provides proof of legal name and age.

<b>OFFICE USE ONLY</b>			
Student ID #	<input type="text"/>	ASN # (9 Digits)	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/> Room <input type="text"/>
Date of Registration (MM/DD/YYYY)		<input type="text"/>	
A copy of the following is attached: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Residency Document <input type="checkbox"/> Canadian Citizenship Document <input type="checkbox"/> Passport			
If applicable, a copy of the legal guardianship/custody order is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>STUDENT INFORMATION</b>	Print the student's legal surname (last name) and given name(s) below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first name, there is a space at the end of this section for <i>preferred name</i> .		
Student's Legal Last Name	<input type="text"/>		Date of Birth (MM/DD/YYYY)
Student's Legal First Name	<input type="text"/>		Grade Level
Student's Legal Middle Name(s)	<input type="text"/>		Language Spoken at Home (if other than English)
Student's Preferred First Name	<input type="text"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Student Citizenship or Immigrant Status</b>			
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Child of Canadian Citizen <input type="checkbox"/> Child of individual lawfully permitted to Canada for permanent or temporary residence <input type="checkbox"/> Lawfully admitted to Canada for permanent residence <input type="checkbox"/> International student (parent/guardian residing in another country)			
<b>Phone Numbers (with area code)</b>			
Home Phone	<input type="text"/>		Cell Phone <input type="text"/>
<b>Siblings (please attach a second page if more than 3)</b>			
Last Name	First Name	School	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	School	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	School	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Mailing Address</b>			
Address or P.O. Box	Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>School History</b>			
Has the student ever registered with NSD? <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous NSD School	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Non-NSD School Attended	Previous School Phone Number	Previous School District	Previous School Province or Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Medical Information (This information could be crucial to the well-being of the student, although we understand this information is optional)</b>			
Are there any serious medical conditions about which you wish the school to be aware? Please indicate below. <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies (please specify) <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please specify)			AHC Number
<input type="text"/>			<input type="text"/>
Medical Notes (If more space is required, please attach additional notes)			
<input type="text"/>			

<b>PARENT/GUARDIAN INFORMATION</b>	Please identify each of the legal guardian(s) for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian as defined in the Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth, and Family Enhancement Act.		
<b>FIRST LEGAL PARENT/GUARDIAN</b>	Relationship to Student		
	<input type="text"/>		
	Last Name		
	<input type="text"/>		Mr., Mrs., Ms., Dr., etc.
	First Name		
	<input type="text"/>		
	<b>Phone Numbers (with area code)</b>		
	Home Phone	Business Phone	
	<input type="text"/>	<input type="text"/>	
	Cell Phone	Email Address	
<input type="text"/>	<input type="text"/>		
Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No    If address is different than the student's, please complete the section below.			
<b>Mailing Address (if different than student's residence)</b>			
Address or P.O. Box	Town	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECOND LEGAL PARENT/GUARDIAN	Relationship to Student				
	Last Name				
	First Name		Mr., Mrs., Ms., Dr., etc.		
	<b>Phone Numbers (with area code)</b>				
	Home Phone		Business Phone		
	Cell Phone		Email Address		
	Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If address is different than the student's, please complete the section below.</b>				
	<b>Town Residence Address</b>				
	Street Address		Town	Province	Postal Code
	<b>Rural Legal Land Description</b>				
	<input type="checkbox"/> NE <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> SW	Section	Township	Range W
	Rural Address Sign Number				
<b>Mailing Address (if different than student's residence)</b>					
Address or P.O. Box		Town	Province	Postal Code	

<b>EMERGENCY CONTACTS</b>		An <b>emergency contact person</b> is someone who resides in the vicinity of the school, other than the student's parent or guardian, who can be called upon to quickly respond to an emergency situation if the parent or guardian is unavailable.		
Emergency Contact #1		Relationship to Student		
Home Phone	Business Phone		Cell Phone	
Emergency Contact #2		Relationship to Student		
Home Phone	Business Phone		Cell Phone	

<b>Bus Transportation</b>						
Information from this form will be forwarded to the Transportation Department. The Transportation Department will contact the driver, who will call you. For more information regarding transportation, please visit the NSD website at <a href="http://nsd61.ca/departments/transportation">http://nsd61.ca/departments/transportation</a>						
<b>Primary Home Residence</b>						
Is busing required from the Primary Home Residence?		<input type="checkbox"/> AM Busing Only	<input type="checkbox"/> PM Busing Only	<input type="checkbox"/> AM & PM Busing	<input type="checkbox"/> None	
Relationship to Student						
Unit/Apt Number	House Number	Street Name	Street Type	Town	Province	Postal Code
Rural Address Sign Number						
<input type="checkbox"/> NE <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> SW	Section	Township	Range	W	
<b>Secondary Home Residence (for shared/joint custody only)</b>						
Is busing required from the Secondary Home Residence?		<input type="checkbox"/> AM Busing Only	<input type="checkbox"/> PM Busing Only	<input type="checkbox"/> AM & PM Busing	<input type="checkbox"/> None	
Relationship to Student						
Unit/Apt Number	House Number	Street Name	Street Type	Town	Province	Postal Code
Rural Address Sign Number						
<input type="checkbox"/> NE <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> SW	Section	Township	Range	W	
<b>Alternate Location (Note: Alternate locations are for regular/frequent busing only. Eg. Dayhome / Childcare facility)</b>						
Is busing required from an Alternate Location?		<input type="checkbox"/> AM Busing Only	<input type="checkbox"/> PM Busing Only	<input type="checkbox"/> AM & PM Busing	<input type="checkbox"/> None	
Contact Name			Contact Phone Number			
Unit/Apt Number	House Number	Street Name	Street Type	Town	Province	Postal Code
Rural Address Sign Number						
<input type="checkbox"/> NE <input type="checkbox"/> SE	<input type="checkbox"/> NW <input type="checkbox"/> SW	Section	Township	Range	W	

### Guardianship Rights and Student Protection

Guardians of the student must be identified to ensure each party's rights are respected. If an order does exist affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. The court seal must be evident on the order. In rare instances, a child may be designated as "protected" if a court issues a restraining order under the Child Welfare Act, the Divorce Act, the Young Offenders Act or similar legislation.

Does a legal document exist?  Yes  No Document Expiry Date (MM/DD/YYYY, if applicable)

Type of Legal Document  Access and/or Custody  Parenting  Guardianship  Protection

Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. Please ensure that the Division has copies of all current orders or agreements addressing guardianship rights, responsibilities, and entitlements or otherwise affecting the custody of or access to your child.

### Family Circumstances

Are there family circumstances you wish to share with the school?  Yes  No If yes, please make an appointment with the principal.

### Independent Student Status

The Education Act defines an independent student as someone who is (i) 18 years of age or older, or (ii) 16 years of age or older and (a) living independently in accordance with section 6, or (b) who is party to an agreement under Section 57.2 of the Child, Youth, and Family Enhancement Act.

Are you claiming status as an Independent Student under the definition of the Education Act?  Yes  No

### Francophone Rights

According to Section 14 of the Education Act and Section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. This applies if the parent/guardian is a resident of Alberta and French was the first language learned, and is still understood, by at least one parent or one or more of the parents or one or more of their children have received/are receiving instruction in a French First Language Program or school in Canada (this does not include a French Immersion program).

Do you claim entitlement to a Francophone Education under the terms of the Education Act?  Yes  No

If you have answered yes, the Student Record Regulation requires Northland School Division to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction.

If yes, do you wish to exercise your right to have your child educated in French?  Yes  No

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.

### Indigenous Self-Declaration

If you wish to declare the student is Indigenous, please select one:

First Nation (status)  First Nation (non-status)  Métis  Inuit

For further information, please refer to <https://open.alberta.ca/dataset/eccd5aa5-b46a-44f3-97dd-486043973cd3/resource/3616dff5-e30d-4b72-8ce0-760d4b993b6a/download/edc-aboriginal-student-self-id-info-parents-guardians-2020.pdf> 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 780-624-2060 or 800-362-1360

### Student Treaty Status and Residency

Does this student have treaty status?  Yes  No Does this student reside on reserve?  Yes  No

Name of Reserve	Treaty No.	Band No.	Family No.	Child Position No.
-----------------	------------	----------	------------	--------------------

Complete Address on Reserve

### Digital Citizenship and Technology Use

As a condition of using Northland School Division network resources, I understand that access to division information resources, including access to internet and cloud-based resources, is a privilege and agree to abide by [Administrative Procedure 140 – Use of Technology](#) and the regulations identified in the Northland School Division [Form 140-1 Technology User Agreement](#).

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials

### Using and Disclosing Personal Information

Northland School Division recognizes that all procedures for the collection and storing of information by Division staff in the course of affairs and procedures regulating the release of information to other parties must follow provisions of the Freedom of Information and Protection of Privacy Act (FOIP). Access to information is guided by [Administrative Procedure 180 - Freedom of Information and Protection of Privacy](#). Further details can be found in [Form 180-1 FOIP and Media Consent](#).

Please initial to indicate that you have read and understood the policies and regulations identified above.

Initials

### Media Participation

While under the supervision of Northland School Division, I hereby give Northland School Division and outside organizations permission to photograph, video tape, audio tape, and/or interview my child. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced, and broadcast within NSD and by the outside organization for displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials.

I hereby give Northland School Division permission to use, publish, display, and copyright any work, written material, or creative work created or authored by my child through school activities. I understand that artwork, written material, or creative work may be used by Northland School Division in division or school displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials. I understand that Northland School Division may make minor edits as deemed appropriate.

I understand that consent can be revoked at any time by written notification provided to my child's school. Further details can be found in [Form 180-1 FOIP and Media Consent](#).

Please initial to indicate that you have read and understood the guidelines explained above.

Initials

### Consent to Post Personal Information

Northland School Division requests consent to post personal information (including but not limited to first name, last name, grade, photographs, video, audio, award recognition, and school related activities) to external websites, social media, media publications (including yearbooks), and promotional materials. I understand that my signature below indicates my consent.

I understand that once provided, consent, in whole or in part (e.g. last name or photo, etc.), can be revoked at any time by [written notification](#) provided to my child's school, acknowledging that although photos/videos will be removed from websites and social media accounts, it may not be possible to remove all traces of personal information from the Internet.

Further details can be found in [Form 180-1 FOIP and Media Consent](#).

### Policies and Regulations

If the hyperlinked documents are unavailable for any reason, information related to the sections above is available at your school in paper format. Please ask your school secretary or principal.

### Collection and Use of Personal Information Disclaimer

The information requested on this form is being collected pursuant to the [Education Act](#), Section 56 and the [FOIPP Act](#), Sections 33(c), 39(1)(b), and 40(1)(c). Information acquired through this form is kept secure and access is restricted. In accordance with the Student Record Regulation, this form will be placed in the student's record file.

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the school or the Northland School Division FOIP Coordinator at 9809 – 77<sup>th</sup> Avenue, Peace River AB T8S 1C9, 780-624-2060 or 1-800-362-1360, Fax 780-624-5914.

#### DECLARATION

I am the legal guardian or the independent student referred to in this registration form. I have read and understand the information regarding guardianship and I have identified all guardians for this student. I hereby certify the foregoing information to be true, correct, and complete.

First Parent/Guardian Print Name

Signature

Date

Second Parent/Guardian Print Name

Signature

Date