



Student Registration Form



STUDENT REGISTRATION FORM

The personal information requested on this form is being collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP), the Education Act and its regulations, and the Canadian Charter of Rights and Freedoms, Section 23. **Parents are responsible to ensure the accuracy of this information and to report changes.**

Name of School: _____ **School Year:** _____

STUDENT INFORMATION			Alberta Student Number: _____		
Legal Surname:		Legal Given Name(s):		Legal Middle Name:	
Preferred Surname:			Preferred Given Name(s):		
Birth Date:	Phone (h):		Student Cell:	Gender:	
Year	Month	Day	Student E-Mail Address:		Grade:
Last School Attended: (Name of School and City)			Are you registered at: Online <input type="checkbox"/> Outreach <input type="checkbox"/> Home School <input type="checkbox"/>		
			If registered at another school, please give name: _____		
Has this student received or required additional supports for learning? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check all that apply:					
Speech Language Therapy <input type="checkbox"/>		Learning Support <input type="checkbox"/>		Social/Emotional Behavioral Support <input type="checkbox"/>	
Individual Program Plan and/or Individual Support Plan <input type="checkbox"/>		Other: _____			

Rural Students - Legal Land Description: ¼ Sec Sec Twnshp Range 911 Address (blue sign) _____

Urban Students –House Address (including street name, house # and apt. if applicable): _____

Has your child attended a Golden Hills School previously Yes No School Name: _____

Transportation Services: I am requesting transportation services: http://www.ghsd75.ca/Transportation Yes <input type="checkbox"/> No <input type="checkbox"/>	Language Primary Spoken: _____	Citizenship: Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	Independent Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	International Student: Yes <input type="checkbox"/> No <input type="checkbox"/> Student Visa Expiry Date: / / Month Day Year

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name:		Relationship to Student:	
Address:		City:	Postal Code:
Home #	Cell #	Work #	E-Mail Address:
Parent/Guardian #2 Name:		Relationship to Student:	
Address:		City:	Postal Code:
Home #	Cell #	Work #	E-Mail Address:

Student's Mailing Address if Different from Above Parent/Guardian:

Address: _____ City: _____ Postal Code: _____

EMERGENCY INFORMATION (Contacts other than parents used in emergencies only)

1. Contact: _____ Relationship to Student: _____

Home # _____ Cell # _____ E-Mail Address: _____

List Any Life-Threatening Medical Conditions: _____

