

# RE-ENROLLMENT FORM



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This registration is a legal document and therefore the information must be accurate and complete. L.W.C.A. must be notified immediately of any changes to this information. In accordance with Section 8 of the School Act, a copy of this form will be placed in the student's record file.

## 1. STUDENT INFORMATION:

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**The student's legal name should be documented as it is on an acceptable vital statistics document.**

Student's Legal Last Name: \_\_\_\_\_

Student's Legal First and Middle Name: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Birth date: MM / DD / YYYY Sex: M/F

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Student's current mailing address:

Apt or Suite #: \_\_\_\_\_ Street or Rural Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Legal Land Description (Rural): \_\_\_\_\_

## 2. PARENT, LEGAL GUARDIAN OR ASSUMED GUARDIAN INFORMATION:

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If there are two parents or legal guardians, it is important to fill in all information, whether or not the parents or legal guardians are living together. A "legal guardian" is a person appointed by the court as the guardian. Documentation is required. An "assumed guardian" is someone who is caring for the student with the consent of the student's parent(s) or guardian(s), but has not been made a legal guardian. An assumed guardian should not sign this form.

### Father / Guardian: (please circle one)

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home/Cell (circle one)

Place of Employment: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work/ Cell (circle one)

Email Address (required): \_\_\_\_\_

### Mother / Guardian: (please circle one)

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home/Cell (circle one)

Place of Employment: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home/Cell (circle one)

Email Address (required): \_\_\_\_\_

### 3. ADDITIONAL INFORMATION

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Please note any family circumstances about which you wish the school to be aware:

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**Transportation:** Will your family be using the Parkland School Division # 70 bus system? YES / NO (circle one)

**If you wish to declare that you are an Aboriginal person, please specify by checking one of the following:**

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

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet Ministry and School Board mandates and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. This information will also be used to determine the provincial First Nations, Métis and Inuit Funding Allocation provided to school jurisdictions.

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

**School Jurisdiction:** Please specify which school jurisdiction appears on your property taxes indicating the allotment of your education taxes. Check one of the following:

Parkland School Division #70                       Evergreen Catholic Separate Regional Division #2  
 Northern Gateway Regional Division #10     (other please specify) \_\_\_\_\_

### 4. DECLARATION BY PARENT/LEGAL GUARDIAN:

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I hereby declare that I am the (please circle) parent or legal guardian referred to in this registration form and that I hereby certify the foregoing information to be true, correct and complete.

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

<b>OFFICE USE ONLY</b>	
DATE RECEIVED: _____	RECEIVED BY: _____
PAID IN FULL: _____	REG. FEE PD: _____

# MEDICAL PERMISSION FORM



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## PERMISSION IS GRANTED FOR:

A. \_\_\_\_\_ to be given appropriate medical care in case of emergency, and I will assume responsibility for any related medical expenses.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

B. Above-named student can take the following: (check all that apply)

Jr. Tylenol       Reg. Tylenol       Reg. Advil       None

C. Above-named student to go on supervised field trips. (Kindergarten - Grade 12)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Home/ Cell (circle one)

MOM or DAD's # (Please circle one)

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Home/ Cell (circle one)

MOM or DAD's # (Please circle one)

## STUDENT'S MEDICAL AND FAMILY INFORMATION:

Student's Alberta Health Care #: \_\_\_\_\_

Birth date: MM / DD / YYYY

Student's Doctor's Name: \_\_\_\_\_

Doctor's Office Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

(AN "EMERGENCY CONTACT PERSON" IS SOMEONE WHO IS AVAILABLE DURING REGULAR SCHOOL HOURS)

1. Emergency Contact Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Home/ Cell (circle one)

2. Emergency Contact Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Home/ Cell (circle one)

Does your child have any serious medical or behaviour problems about which you wish the school to be aware?

If yes, please specify: \_\_\_\_\_

Allergies? please specify: \_\_\_\_\_

Emergency action required for any of the above: \_\_\_\_\_

Student lives with: (please check one)

Both Parents

Father

Mother

Guardian

Foster Home

Other (please specify) \_\_\_\_\_

Name of Babysitter/Daycare: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Home/ Cell (circle one)

Please indicate if you do not wish anyone to have access to your phone # except for official school business.