SAINT THOMAS AQUINAS
ROMAN CATHOLIC SCHOOLS

For Office Use Only

Registration Approved by Administrator:

Signature:_____ Date _____

_____ Resident Student _____Non-Resident Student

ASN: _____ SN:_____

STAR Email:_____ Password:_____

Homeroom: _____

STUDENT REGISTRATION FORM 2021 - 2022

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, this form must be completed in its entirety and signed by the parent or guardian, or by the student (if living independently). This form is used to enroll new students to STAR Catholic Schools. Use this form to record important information, such as the student identification (legal name, date of birth, gender, identification document type and document number), legal relationship of student and parent/guardian, francophone rights or Aboriginal self-identification.

STUDENT INFORMATION

Print the student's legal surname (last name) and given names below. **These are the names on the student's birth certificate or adoption papers.** If the student uses a different first or last name, there is a space below for *preferred name*.

School Name | Grade Entering | **Academie Saint-Andre Academy, Mother d'Youville, & Notre Dame Only:** ☐ English ☐ French Immersion

Student's Legal Last Name | Student's Legal First Name | Student's Legal Middle Name | Date of Birth (Month/Day/Year)

Preferred Last Name | Preferred First Name | ☐ Female ☐ Male ☐ X

Student's Residence: Street Address or 911 and Legal Land Location if Rural | City | Province | Postal Code

Mailing Address (If different than above: Mail-Outs will be sent to this address) | City | Province | Postal Code

Residential Subdivision | Home Phone (with area code) | Other Phone (with area code)

Student's Cell Phone (with area code)

Last School Attended (School Name) | City and Province | Postal Code | Number of Years

TRANSPORTATION

Will your child require bus service? If your child requires bus service, please complete the "Transportation Request" form on the Division's web site: www.starcatholic.ab.ca/busing/registration-and-fees/

☐ Yes ☐ No

SPECIAL EDUCATION NEEDS

STAR Catholic Schools offers individual program planning for students identified with special education needs. Has your child been identified as having a special need and/or received specialized programming services?

☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION

If there are two parents or guardians, it is important to fill in both sections below, whether or not the parents or guardians are living together. A guardian is defined in section 20 of the Family Law Act, or a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or section 23 of the Family Law Act. NOTE: It is very important that you indicate whether or not each parent/guardian or independent student is or is not Roman Catholic. Under the terms of the Education Act, the residency status of a student is based on religion and where the parent(s) or legal guardian(s) live. A student is considered to be a resident of STAR Catholic Schools if at least one of the parents/guardians is Roman Catholic and lives in STAR Catholic School boundaries.

First Parent/Guardian

Religious Declaration

☐ Catholic ☐ Non-Catholic

Email

Phone Number

Relationship to Student

☐ Biological or adoptive mother ☐ Step-mother

☐ Biological or adoptive father ☐ Step-father

Other:

Contact Details (check all that apply):

☐ Has custody of student ☐ Lives with student ☐ Can pick up student from school ☐ Is an emergency contact

Last Name | First Name | Mr., Mrs., Ms., Dr., etc.

Address (if different from student) | City | Province | Postal Code

Does the individual consent to receive school and Division text messages?

☐ Yes ☐ No

Home Phone (with area code) | Business Phone (with area code) | Other Phone (with area code)

Second Parent/Guardian

Religious Declaration

☐ Catholic ☐ Non-Catholic

Email

Relationship to Student

☐ Biological or adoptive mother ☐ Step-mother

☐ Biological or adoptive father ☐ Step-father

Other:

Contact Details (check all that apply):

☐ Has custody of student ☐ Lives with student ☐ Can pick up student from school ☐ Is an emergency contact

Last Name | First Name | Mr., Mrs., Ms., Dr., etc.

Address (if different from student) | City | Province | Postal Code

Does the individual consent to receive school and Division text messages?

☐ Yes ☐ No

Home Phone (with area code) | Business Phone (with area code) | Other Phone (with area code)

Third Parent/Guardian

Religious Declaration

☐ Catholic ☐ Non-Catholic

Email

Relationship to Student

☐ Biological or adoptive mother ☐ Step-mother

☐ Biological or adoptive father ☐ Step-father

Other:

Contact Details (check all that apply):

☐ Has custody of student ☐ Lives with student ☐ Can pick up student from school ☐ Is an emergency contact

Last Name | First Name | Mr., Mrs., Ms., Dr., etc.

Address (if different from student) | City | Province | Postal Code

Does the individual consent to receive school and Division text messages?

☐ Yes ☐ No

Home Phone (with area code) | Business Phone (with area code) | Other Phone (with area code)

Fourth Parent/Guardian

Religious Declaration

☐ Catholic ☐ Non-Catholic

Email

Relationship to Student

☐ Biological or adoptive mother ☐ Step-mother

☐ Biological or adoptive father ☐ Step-father

Other:

Contact Details (check all that apply):

☐ Has custody of student ☐ Lives with student ☐ Can pick up student from school ☐ Is an emergency contact

Last Name | First Name | Mr., Mrs., Ms., Dr., etc.

Address (if different from student) | City | Province | Postal Code

Does the individual consent to receive school and Division text messages?

☐ Yes ☐ No

Home Phone (with area code) | Business Phone (with area code) | Other Phone (with area code)

EMERGENCY CONTACTS

An emergency contact person is someone other than the student's parent or guardian.

Emergency Contact #1 | Home Phone (with area code) | Other Phone (with area code)

Relationship to Student

Emergency Contact #2 | Home Phone (with area code) | Other Phone (with area code)

Relationship to Student

ALBERTA HEALTH CARE NUMBER

Student's Alberta Health Care Number

COLLECTION AND USE OF PERSONAL INFORMATION

In accordance with the Freedom of Information and Protection of Privacy (FOIP) Act, STAR Catholic Schools is authorized and required under the provisions of the Education Act and its regulations to collect, use, and disclose personal information when that information relates directly to and is necessary for providing educational programming and ensuring student and staff safety. Please note that consent is not required for these purposes.
When STAR Catholic Schools uses and/or discloses personal information for reasons not directly related to delivering educational programming or ensuring student and staff safety, written consent is required. For more information on how STAR Catholic Schools handles your or your child's personal information, please contact the Division FOIP Coordinator at 780-986-2500 or 1-800-583-0688.

CONSENT FOR USE OF STUDENT INFORMATION

STAR Catholic Schools is requesting your permission for the following uses of your child's personal information. Please note that consent is not a requirement. You may choose whether or not to grant your consent. Once given, consent can be given or revoked prior to any such use or disclosure by notifying the school principal in writing.

I hereby give STAR Catholic Schools permission to use, post, publish or copyright the written work, creative work and/or personal information (e.g. first name, last name, grade, photograph, audio-visual recordings) of my child to any public websites, social media accounts, or publications **owned or operated by the Division** for the purposes of highlighting individual achievements and promoting Division activities.

I hereby give STAR Catholic Schools permission to permit the media and other outside organizations to photograph, make audio-visual recordings and/or interview my child while under the supervision of STAR Catholic Schools. I acknowledge that STAR Catholic Schools cannot control the further distribution of these photographs, recordings, or interviews once they have occurred.

Please respond **Yes** or **No**.

☐ Yes ☐ No

It is important to understand school events that are open to the public are not subject to the conditions of the FOIP Act. These events may include general assemblies, concerts, school plays, special activities, academic-focused activities, and athletics. The general public, parents, and media may be in attendance, and are allowed to take photographs, create video and audio recordings, and conduct interviews without first obtaining consent. (It is not expected that the general public or parents will conduct interviews.) The media are expected to work cooperatively with schools within the realm of mutually agreed upon guidelines and protocol.

Unless the school is notified of a change, the signed document will be in effect for the entire time that your child is registered in the Division. If you have any questions or concerns regarding the collection or use of information, please contact the FOIP Coordinator at STAR Catholic Schools Division office — 780-986-2500 or 1-800-583-0688.

ABORIGINAL SELF-IDENTIFICATION

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

☐ First Nations (Status) ☐ Métis

☐ First Nations (Non-Status) ☐ Inuit

If you reside on Reserve or Crown Land - Band Number	Band Name	Family Number	Child Position Number

For further information, please refer to: https://education.alberta.ca/system-supports/results-reporting/ or contact Alberta Education at 780-427-8501.

If you have questions regarding the collection of student information by STAR Catholic Schools, please contact the Division office at 780-986-2500.

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) who is living independently, or, (b) who is a 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 ☐ Catholic ☐ Non-Catholic

NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION

The Alberta Human Rights Act requires a school board to give notice to a parent/guardian when courses of study, education programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion.
All of the schools in our Division are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both within and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.

Sacramental Preparation

In partial fulfillment of the right, responsibility and duty of Catholic Separate Schools to fully permeate Catholic theology, philosophy, practices and beliefs, the principle of the Gospel and teachings of the Catholic Church in all aspects of school life, this school is actively involved in sacramental preparation of students. To assist in sacramental preparation, please advise whether your child has received any of the following sacraments:

☐ Baptism - Catholic (please provide a copy of Certificate) ☐ Reconciliation

☐ Catholic-Eucharist (First Communion) ☐ Confirmation

MEDICAL INFORMATION

You do not have to provide information about medical concerns, but the information could be crucial to the well-being of the student. Are there any serious medical conditions about which you wish the school to be aware?

☐ Diabetes ☐ Epilepsy ☐ Allergies ☐ Haemophelia

☐ Asthma ☐ Heart Condition ☐ Other (Note below)

Medical Notes:

Note: Additional forms will need to be completed for students requiring the administration of medication at school.

SIBLINGS ATTENDING STAR CATHOLIC SCHOOLS

Please indicate the sibling's name and the school they attend

Sibling #1 Name/School

Sibling #2 Name/School

Sibling #3 Name/School

Sibling #4 Name/School

DISCLOSURE RESTRICTIONS

A guardian or parent may have their right to access information about a student removed by a legal process. Please indicate if a legal document exists which restricts access to information about this student. If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

☐ Yes ☐ No

FAMILY CIRCUMSTANCES

Are there any family circumstances about which you wish the school to be aware?

CITIZENSHIP STATUS

What is the citizenship or immigrant status of the student?

- ☐ Canadian Citizen (documentation required)
- ☐ Lawfully admitted to Canada for permanent residence (documentation required)
- ☐ Temporary Resident: - (International students only - Will need to provide a copy with expiration date)
- ☐ Child of a Canadian Citizen (documentation required)
- ☐ Child of an individual lawfully admitted to Canada for permanent or temporary residence (documentation required)
- ☐ Step-child of a Canadian or Temporary Foreign Worker (documentation required)

What was the student's first language spoken at home?

SECTION 23 – FRANCOPHONE RIGHTS (Optional)

According to 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, or 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? If eligible, provincial Student Record Regulation requires STAR Catholic Schools to release demographic information about the student and parent/guardian to the local Francophone Education Board upon written request from that school jurisdiction.

☐ Eligible ☐ Ineligible

DECLARATION BY PARENT, GUARDIAN, OR INDEPENDENT STUDENT

I hearby certify the above information to be true, correct, and complete. I have identified all guardians for this student.

Date: _____ Signature: _____

OFFICE USE ONLY

A copy of any student identification documentation should be placed in the Student Record. **Documents with asterisks will be accepted in the event of an enrolment audit.** More than one document may be required to verify student identification and residency or to prove right to education in Alberta.

Select Applicable documentation(s):

Legal Student Identification Document

- ☐ Alberta Birth Certificate *
- ☐ Alberta Adoption Order *
- ☐ Alberta Health Care Card
- ☐ Alberta Identification Card
- ☐ Alberta Change of Name Certificate
- ☐ Alberta Operator's Licence (Independent Student)
- ☐ Canadian Birth Certificate outside Alberta
- ☐ Canadian Citizenship Certificate *
- ☐ Canadian Marriage Certificate
- ☐ Canadian Passport *
- ☐ Canadian Permanent Resident Visa *
- ☐ Canadian Study Permit *
- ☐ Canadian Temporary Resident Visa *
- ☐ Canadian Work Visa *
- ☐ Foreign Birth Certificate
- ☐ International Student Visa
- ☐ Passport issued outside Canada
- ☐ Registration Form (temporary declaration) *