



EVERGREEN CATHOLIC SEPARATE SCHOOL DIVISION

Suite 110, 381 Grove Drive, SPRUCE GROVE, ALBERTA T7X 2Y9 TELEPHONE: 780-962-5627 FAX: 780-962-4664

STUDENT REGISTRATION for the 20____ /20____ school year

For Office Use Only:

Student I.D.# _____

Alberta Education Student I.D.# _____

School Assigned to: _____

The personal information collected on this form is part of the Division registration process and is authorized under the provisions of the *Education Act and its regulations and also under Section 33(c) of the FOIP Act*. All personal information collected during the registration process and during the course of the school year will be used to provide students an educational program that meets their needs and to provide a safe and secure school environment. Your personal information will be protected as per *Part 2 of the FOIP Act*. If you have questions regarding the use or disclosure of this information, please contact the Evergreen CSSD FOIP Coordinator at (780) 962-5627.

STUDENT INFORMATION

Legal Surname _____ First _____ Middle _____ Usual First Name _____ Grade _____

Gender _____

Preferred Surname (would be different from Legal Surname) _____ Home Phone Number _____
Birthdate _____ / _____ / _____
Month Day Year

Disclaimer: Student computer login credentials will be created using: First Name, Middle Initial and Legal Surname

Birth Certificate _____

Mailing Address _____

Religion: Catholic _____
Other _____

City _____ Province _____ Postal Code _____

Any of the following:
Baptismal Certificate of parent/guardian _____
Baptismal Certificate of child _____
Confirmation Certificate of child _____
Letter from a priest testifying to the faith life of the parent and/or child _____

Rural Municipal Address: (example: 5 25162 Twp.Rd. 510) _____

Legal Land Description: (example: Cherlyn Heights SE32-53-1-5) _____

Subdivision Name _____ Section _____ TWP _____ Range _____ Meridian _____

SIBLINGS (Please list first name, last name, grade, and school currently attending)

PARENT/GUARDIAN INFORMATION

Father/Guardian:

Surname _____ First _____ Work: Phone Number _____ Ext. # _____ Cell phone(s): _____ Religion: Catholic _____
Other _____

E-mail address: _____

Address (if different from student above) _____

Mother/Guardian:

Surname _____ First _____ Work: Phone Number _____ Ext. # _____ Cell phone(s): _____ Religion: Catholic _____
Other _____

E-mail address: _____

Address (if different from student above) _____

CUSTODY (the student lives with) (please check one)

Both Parents: Same Home Separate Homes Father Only Mother Only Father/Step Mother Mother/Step Father Guardian Living Independently Other*

*if Other, please explain: _____

In rare instances a child may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. Please indicate if the school administration should be aware of any such Court Order, for the protection of your child: YES NO. If YES, make arrangements to discuss this situation with the School Administration. You will be expected to provide legal documentation to support your request.

SCHOOL HISTORY

Previous School Name Phone Number

Address City Province Postal Code

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 principles 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: ____ Date: _____ (please provide copy of Baptismal Certificate) First Eucharist: ____ Date: _____

First Reconciliation: ____ Date: _____ Confirmation: ____ Date: _____

NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION

Section 58.1(1) of the *Alberta Education Act* requires a school board to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion. All of the schools in this district 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 in and outside of formal religion classes, celebrations and exercises. Every course of study and educational program, institutional materials instruction and exercises will at all times, include subject matter that deals primarily and explicitly with religion.

MEDICAL INFORMATION

Student Alberta Health Care Number Name of Doctor Phone Number

List Allergies: _____

Please comment on any health problems or any other matters that will assist the school:

EMERGENCY CONTACT (Provide **at least one** alternative Emergency Contact Person in case parent/guardian is unavailable):

1. _____
Name Relation to student Phone Number

2. _____
Name Relation to student Phone Number

(Please indicate who should be contacted first, second, third, ...)

Father Mother Step Father Step Mother Guardian Emerg. Contact #1 Emerg. Contact #2

CITIZENSHIP OF STUDENT (please provide copies of all Visa/Permit/Residency/Citizenship Cards)

Check one: ____ Canadian Citizen *Student Visa Expiry Date ____/____/____/____
____ Permanent Resident/Landed Immigrant Month Day Year Verified
____ Foreign Student (*complete Entry/Visa Info.) *Entry into Canada ____/____/____
____ Child of a Canadian Citizen Month Day Year
____ Child of an Individual Lawfully Admitted to *Please provide updated paperwork upon expiry.
____ Canada for Permanent or Temporary Residence

Student's first language learned: _____ Student's primary language spoken at home: _____

TRANSPORTATION INFORMATION

Do you require bus service: ____ YES ____ NO. If YES, from ____ Home ____ Daycare ____ Babysitter

Transportation Address: _____

SECTION 23 FRANCOPHONE EDUCATION ELIGIBILITY DECLARATION

Pursuant to Section 23 of the *Canadian Charter of Rights and Freedoms*:

Citizens of Canada

- whose first language learned and still understood is French; or
- who have received their primary school instruction in Canadian in French have the right to have their children receive primary and secondary instruction in French; or
- of whom any child has received or is receiving primary or secondary school instruction in French in Canada, have the right to have all their children receive primary and secondary instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Divisi Authority.

A. According to the criteria above as set out in the *Canadian Charter of Rights and Freedoms*, are you eligible to have your child receive a French first language (Francophone) education?

- Yes No Do not know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

- Yes No

ABORIGINAL SELF-IDENTIFICATION

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: www.education.alberta.ca/system-supports/results-reporting or contact Alberta Education at 780-427-8501. If you have any questions regarding the collection of student information by the school board, please contact the School Board Superintendent at 780-962-5627.

ABORIGINAL RESIDENCE INFORMATION

Does the student reside on a reserve? ___ Yes ___ No If Yes, on which reserve does he/she reside? _____

Band of Membership: _____ Band No. _____ Family No. _____

Child Position No. _____

CONSENT TO COMMUNICATE THROUGH ELECTRONIC MEANS

Canadian Anti-Spam Legislation (CASL) came into effect July 1, 2014. This legislation **DOES NOT IMPACT** regular messages sent from schools or the division for information purposes (e.g. notice of a community meeting or a student’s progress, etc.). We will continue to keep you informed and up-to-date on the latest school and school division information, events and announcements through electronic communications such as emails and newsletters from your child’s school and/or the Evergreen Catholic School Division. However, the legislation does require schools to obtain consent for “commercial electronic messages” (CEM). Some of these communications may include information about offers, advertisements or promotions related to school activities such as yearbooks, fieldtrips, lunch programs, photos, or similar related school activities. Without your consent we may not be able to send you these types of communications electronically.

Please check the appropriate line below for the purposes of providing consent to receive or decline commercial electronic messages from Evergreen Catholic Schools.

_____ **Yes**, I consent to receiving such emails (CEMs) from Evergreen Catholic Schools.

_____ **No**, I do not consent to receiving such emails (CEMs) from Evergreen Catholic Schools.

(If you wish to withdraw your consent and unsubscribe from receiving commercial electronic communications, please contact your child’s school).

DECLARATION BY PARENT, LEGAL GUARDIAN, OR STUDENT *(only if student is living independently)*

I HEREBY CERTIFY THE INFORMATION PROVIDED ON THIS FORM AND ALL ADDENDUMS TO BE TRUE, CORRECT, AND COMPLETE.

SIGNATURE: _____

DATE: _____



EVERGREEN CATHOLIC SEPARATE SCHOOL DIVISION

ADDENDUM TO STUDENT REGISTRATION FORM

PARENTS – PLEASE READ CAREFULLY

Student Name

Birth Date

School

Grade

All schools in Evergreen CSSD function in accordance with our ***Division Mission Statement***:

In response to an expressed need for Christ-centered schools, our Evergreen Catholic Separate School Division was initiated by the parents of the Catholic community. We openly celebrate our common bond of faith in God.

Following in the footsteps of Jesus Christ and in partnership with the Home and Parish, we are committed to serve each individual student in an atmosphere of Faith, Hope and Love. We strive to educate the whole student spiritually, intellectually, esthetically, emotionally, socially and physically.

Through this mission we promote the highest quality of Catholic education in order to prepare all students to live as compassionate, competent and contributing citizens in a changing society.

In congruence with the Mission Statement, all parents and students registering in Evergreen CSSD schools agree to the following:

All students are expected to take Religious Education and to participate in various religious celebrations that occur from time to time. Non-Catholic students, however, are not expected to participate in the Sacrament of Holy Communion.

Traditional Catholic religious symbolism and art are prominently displayed throughout our buildings. The Cross and Crucifix are especially important symbols of our faith as well as portraits of Jesus, Mary, and various saints.

We view each person as created in the image of God. Consequently we emphasize the need for each person in our schools to respect the rights of others. We hope, as a result of attending our Catholic schools, students of other denominations will grow stronger in their own traditions and Faith.

I hereby acknowledge the foregoing conditions and circumstances and agree to adhere to these conditions.

Signature of Parent/Guardian

Date

Signature of Student (Junior high or older)