



**AUTOMATED / ELECTRONIC COMMUNICATION:**

The contact details provided to the Division on this registration form may be used for the automated telephone/email/text/mobile app system (SchoolMessenger) in order to communicate student attendance, bus route and school announcement information.

**EMERGENCY CONTACT (for use if parent / guardian cannot be reached):**

Name <small>Please prioritize</small>	Town	Relationship to Student	Phone Numbers		
			Work	Home	Cell

**PREVIOUS SCHOOL ATTENDED:**

Name of School: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**FRANCOPHONE ELIGIBILITY:**

According to Section 14 of the Education Act and Section 23 of the Canadian Charter of Rights and Freedoms, a parent who is a Canadian Citizen has the right to have his/her children receive school instruction in French. This applies if the parent 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. This does not include a French Immersion program.

Does your child have Francophone eligibility under the Education Act?  Yes  No

If 'yes,' do you wish to exercise your right to have your child receive a French first language (Francophone) education?  Yes  No

**CUSTODY:**

A child may be designated as "Protected" if a court has issued a **protection** order under the **Child Youth and Family Enhancement Act**, the **Family Law Act**, the **Protection Against Family Violence Act**, the **Drug Endangered Children's 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. If 'yes,' please make arrangements to discuss this situation with a school administrator. Legal documentation will be required.  Yes  No

**MEDICAL INFORMATION:**

Does this student have any medical conditions of which the school needs to be made aware?  Physical Disabilities

Please explain \_\_\_\_\_  Allergies  
 \_\_\_\_\_  Serious Illness

Student lists will be provided to Alberta Health Services upon request (Public Health Act, Disclosure of Information, sect. 18.1).

**SPECIAL PROGRAMMING:**

English as a Second Language (ESL): Check if eligible for ESL programming (one criteria is that your child's mother tongue is not English).  ESL Eligible

**ABORIGINAL LEARNER:**

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

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 questions regarding the collection of student information by the school board, please contact the school board Superintendent at 780-672-6131.

If you have declared your child last year and wish to undeclare your child, please indicate here:

- Status Indian/First Nation**  
 **Non-Status Indian/First Nation**  
 **Métis**  
 **Inuit**  
 **I wish to undeclare**

**INDIGENOUS AND NORTHERN AFFAIRS:**

First Nations Band: \_\_\_\_\_

Living on the Reserve:  **Yes**  **No**

Indian Registration (Treaty #): \_\_\_\_\_ (Collected for determination of eligibility for federal education funding)

**TEXTBOOK FEES:**

I agree to pay the textbook fine(s) if textbooks are not returned to the school within 30 days of the end of the class. If any lost textbook is found and returned undamaged before the end of the school year the charges will be reversed and payment of fines refunded.

**myBLUEPRINT PARENT / GUARDIAN CONSENT - Grade 7-12 students only**

Battle River School Division uses myBlueprint as a career education resource. Students are provided with personal user accounts for high school and career planning purposes. I give permission for a myBlueprint account to be created for the student and for the student's work in myBlueprint to be accessed by the student's teachers, career counsellors, school and division based administrators and myself as the invited parent / guardian. This consent will be considered valid from the date at which it is signed until the point the student is no longer registered within Battle River School Division or permission has been withdrawn.

**Yes**  **No**

**PARENT / GUARDIAN INFORMATION:**

**Student Lockers:** In accordance with Administrative Procedure 355 student lockers are the property of Battle River School Division and therefore may be searched at any time. Students shall have no expectation of privacy in regards to the contents of their assigned lockers.

**Busing:** Please contact the Division Office to arrange for student transportation.

**Fees:** Fees are due and payable thirty days after the commencement of the school year or semester.

**Video Monitoring:** Video monitoring of schools and school buses may be used to provide student safety.

School Information including newsletters, approval forms (sports / field trips, etc) and fee statements may be sent electronically. Your signature on this registration form implies consent for this type of information sharing. To arrange additional methods of receiving this type of information, please contact your school.

Under Section 56 of the Education Act, students/parents are entitled to review their child's student record. The record, if still in the possession of Battle River School Division after the student's twenty-fifth birthday, shall be destroyed

Any questions regarding this request for individual student information and about the use or disclosure of student information should be directed to the Superintendent of Schools, Battle River School Division, 5402 48A Avenue, Camrose AB T4V 0L3. Phone 780-672-6131

I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Month Day Year