

Northern Gateway Public Schools
2022-23 STUDENT REGISTRATION FORM

Registration Checklist:

- Please download and complete the attached form. The form may be printed, completed and signed manually, or completed and signed digitally in Adobe Reader.
- Once the form has been completed, please sign and initial the form where indicated.
- Proof of residence** is required to register for school. Parents will be required to provide a copy of their legal address to the school. Proof of residence can be verified with any bill or agreement that proves that this location is the student's legal home address (blue or green sign number) or street address. It can be in the form of a tax notice, lease agreement or a power or cable bill.
- Legal proof of a student's name and age** is required to register for school. Proof of name and age can be provided via a copy of a birth certificate, permanent residency document, Canadian citizenship document or passport.
- If you require bus transportation please apply online at ngps.ca, [Busing and Transportation](#).
- Submit your registration form including: completed, signed application, proof of residence, and proof of student's name and age to the school. Scan and email, mail or fax your signed application and proof documents to the school, or contact the school to make arrangements to drop off your form in person.

Intake Appointments:

Please be advised that an intake appointment may be required for new students.

STUDENT REGISTRATION 2022-23

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, a student registration form must be completed in its entirety and signed by the parent/legal guardian or by the student (if living independently). The student registration form is used to enroll a student who is new to Northern Gateway Public Schools, who is returning to the division, or who is transferring to a school within the division. A student cannot be registered without a copy of a legal document (birth certificate, permanent residency document, Canadian citizenship document, or passport) that provides proof of legal name and age.

OFFICE USE ONLY

Student ID # ASN # (9 digits)

School Grade Room Date of Registration (MM/DD/YYYY)

A copy of the following is attached: Birth Certificate Residency Document Canadian Citizenship Document Passport

If applicable, a copy of the legal guardianship/custody order is attached: Yes No

| STUDENT INFORMATION | | Print the student's legal surname (last name) and given name(s) below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first name, there is a space at the end of this section for <i>preferred name</i> . | | | | | | |
|--|-----------------------------|---|--|--|------|-------------------------------------|-------------|-------------|
| Student's Legal Last Name | | | | Date of Birth (MM/DD/YYYY) | | | | |
| Student's Legal First Name | | | | Grade Level | | | | |
| Student's Legal Middle Name(s) | | | | Language Spoken at Home (if other than English) | | | | |
| Student's Preferred First Name | | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified | | | | |
| Student Citizenship or Immigrant Status | | | | | | | | |
| <input type="checkbox"/> Canadian Citizen | | <input type="checkbox"/> Child of Canadian Citizen | | <input type="checkbox"/> Child of individual lawfully permitted to Canada for permanent or temporary residence | | | | |
| <input type="checkbox"/> Lawfully admitted to Canada for permanent residence | | | | <input type="checkbox"/> International student (parent/guardian residing in another country) | | | | |
| Phone Numbers (with area code) | | | | | | | | |
| Home Phone | | | | Cell Phone | | | | |
| Siblings | | | | | | | | |
| Last Name | | First Name | | School | | Age | | |
| Last Name | | First Name | | School | | Age | | |
| Last Name | | First Name | | School | | Age | | |
| Town Residence Address | | | | | | | | |
| Unit Number | House Number | Street Name | | Street Type | Town | | Province | Postal Code |
| Rural Legal Land Description | | | | | | | | |
| <input type="checkbox"/> NE | <input type="checkbox"/> NW | Section | | Township | | Range | W5 | |
| <input type="checkbox"/> SE | <input type="checkbox"/> SW | Subdivision | | Lot | | Block | Plan | |
| Rural Address Sign Number | | | | | | | | |
| Mailing Address (if different than student's residence) | | | | | | | | |
| Address or P.O. Box | | | | Town | | Province | Postal Code | |
| School History | | | | | | | | |
| Has the student ever registered with NGPS? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Previous NGPS School | | | | |
| Previous Non-NGPS School Attended | | Previous School Phone Number | | Previous School District | | Previous School Province or Country | | |
| Medical Information (This information could be crucial to the well-being of the student, although we understand this information is optional) | | | | | | | | |
| Are there any serious medical conditions about which you wish the school to be aware? Please indicate below. <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Allergies (please specify) <input type="checkbox"/> Hemophilia <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other (please specify) | | | | | | | AHC Number | |
| Medical Notes (If more space is required, please attach additional notes) | | | | | | | | |

Bus Transportation

Will the student require transportation on a Northern Gateway Public Schools' bus? Yes No
 For information on student transportation and/or to apply for busing please visit ngps.ca, [Busing and Transportation](#) or contact the Transportation Department at transportation@ngps.ca or 1-888-785-3396.
Proof of Residence is required i.e. Utility bill.

PARENT/GUARDIAN INFORMATION

Please identify each of the legal guardian(s) for the child being enrolled. The legal guardian is the parent or person legally appointed as guardian as defined in the *Family Law Act, Corrections Act, Corrections and Conditional Release Act, Young Offenders Act, or Child, Youth, and Family Enhancement Act.*

| | | | | | | |
|---|--|--|----------------|---------------------------|-------------|----|
| FIRST LEGAL PARENT/GUARDIAN | Relationship to Student | | | | | |
| | Last Name | | | | | |
| | First Name | | | Mr., Mrs., Ms., Dr., etc. | | |
| | Phone Numbers (with area code) | | | | | |
| | Home Phone | | Business Phone | | | |
| | Cell Phone | | Email Address | | | |
| | Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If address is different than the student's, please complete the section below. | | | | | |
| | Town Residence Address | | | | | |
| | Street Address | | Town | Province | Postal Code | |
| | Rural Legal Land Description | | | | | |
| | <input type="checkbox"/> NE <input type="checkbox"/> SE | <input type="checkbox"/> NW <input type="checkbox"/> SW | Section | Township | Range | W5 |
| | Subdivision | | Lot | Block | Plan | |
| Rural Address Sign Number | | | | | | |
| Mailing Address (if different than student's residence) | | | | | | |
| Address or P.O. Box | | Town | Province | Postal Code | | |

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|---|--|--|----------------|---------------------------|-------------|----|
| SECOND LEGAL PARENT/GUARDIAN | Relationship to Student | | | | | |
| | Last Name | | | | | |
| | First Name | | | Mr., Mrs., Ms., Dr., etc. | | |
| | Phone Numbers (with area code) | | | | | |
| | Home Phone | | Business Phone | | | |
| | Cell Phone | | Email Address | | | |
| | Does the student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No If address is different than the student's, please complete the section below. | | | | | |
| | Town Residence Address | | | | | |
| | Street Address | | Town | Province | Postal Code | |
| | Rural Legal Land Description | | | | | |
| | <input type="checkbox"/> NE <input type="checkbox"/> SE | <input type="checkbox"/> NW <input type="checkbox"/> SW | Section | Township | Range | W5 |
| | Subdivision | | Lot | Block | Plan | |
| Rural Address Sign Number | | | | | | |
| Mailing Address (if different than student's residence) | | | | | | |
| Address or P.O. Box | | Town | Province | Postal Code | | |

EMERGENCY CONTACTS

An **emergency contact person** is someone who resides in the vicinity of the school, other than the student's parent or guardian, who can be called upon to quickly respond to an emergency situation if the parent or guardian is unavailable.

| | | | |
|----------------------|----------------|-------------------------|------------|
| Emergency Contact #1 | | Relationship to Student | |
| Home Phone | Business Phone | | Cell Phone |
| Emergency Contact #2 | | Relationship to Student | |
| Home Phone | Business Phone | | Cell Phone |

Guardianship Rights and Student Protection

Guardians of the student must be identified to ensure each party's rights are respected. If an order does exist affecting guardianship rights or custody or access rights, a copy of the order will be required to be placed in the student record. The court seal must be evident on the order. In rare instances, a child may be designated as "protected" if a court issues a restraining order under the *Child Welfare Act, Divorce Act, Young Offenders Act* or similar legislation.

Does a legal document exist? Yes No Document Expiry Date (MM/DD/YYYY, if applicable)

Type of Legal Document Access and/or Custody Parenting Guardianship Protection

Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim. Please ensure that the division has copies of all current orders or agreements addressing guardianship rights, responsibilities, and entitlements or otherwise affecting the custody of or access to your child.

| Family Circumstances | |
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| Are there family circumstances you wish to share with the school? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please make an appointment with the principal. |

| Independent Student Status | |
|--|--|
| The <i>School Act</i> 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 party to an agreement under Section 57.2 of the <i>Child, Youth, and Family Enhancement Act</i> . | |
| Are you claiming status as an Independent Student under the definition of the <i>School Act</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Francophone Rights | |
|---|--|
| According to Section 10 of the <i>School Act</i> 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/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 <i>School Act</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you have answered yes, the Student Record Regulation requires Northern Gateway Public Schools to release demographic information about the student and parent to the local Francophone Education Board upon written request from the school jurisdiction. | |
| If yes , do you wish to exercise your right to have your child educated in French? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| In Alberta, parents can only exercise this right by enrolling their child in a French First Language (Francophone) Program offered by a Francophone Regional Authority. | |

| Indigenous Self-Declaration | |
|--|--|
| If you wish to identify that your child has First Nations, Métis or Inuit ancestry, please specify: | |
| <input type="checkbox"/> Status/First Nations <input type="checkbox"/> Non-Status/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit | |
| For further information, please refer to Alberta's First Nations, Métis or Inuit Student Self-Identification 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 Deputy Superintendent at 780-778-2800 or 1-800-262-8674. | |

| Student Treaty Status and Residency | |
|--|---|
| Does this student have treaty status? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does this student reside on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indian Registry Number (IRN – ten digit number) | |
| Name of Reserve | |
| Complete Address on Reserve | |

| Digital Citizenship and Technology Use | |
|---|--|
| As a condition of using Northern Gateway Public Schools network resources, I understand that access to division information resources, including access to internet and cloud-based resources, is a privilege and agree to abide by Administrative Procedure 640 – Responsible Use of Technology and the regulations identified in the Technology Use Agreement . | |

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| Please initial to indicate that you have read and understood the policies and regulations identified above. | Initials |
|---|----------|

| Using and Disclosing Personal Information | |
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| Northern Gateway Public Schools recognizes that all procedures for the collection and storing of information by division staff in the course of affairs and procedures regulating the release of information to other parties must follow provisions of the <i>Freedom of Information and Protection of Privacy (FOIP) Act</i> . Access to information is guided by Administrative Procedure 564 - Freedom of Information and Protection of Privacy . Further details can be found in our FOIP and Media Consent document. | |

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| Please initial to indicate that you have read and understood the policies and regulations identified above. | Initials |
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| Media Participation | |
|--|--|
| While under the supervision of Northern Gateway Public Schools, I hereby give Northern Gateway Public Schools and outside organizations permission to photograph, video tape, audio tape, and/or interview my child. I understand that this means that a photograph(s), video(s), audio tape(s), interview(s), or likeness of my child may be collected, used, reproduced, and broadcast within NGPS and by the outside organization for displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials. | |

| | |
|---|--|
| I hereby give Northern Gateway Public Schools permission to use, publish, display, and copyright any work, written material, or creative work created or authored by my child through school activities. I understand that artwork, written material, or creative work may be used by Northern Gateway Public Schools in division or school displays, publications (including yearbooks), websites, social media, other electronic media, and advertising or promotional materials. I understand that Northern Gateway Public Schools may make minor edits as deemed appropriate. | |
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| I understand that consent can be revoked at any time by written notification provided to my child's school. Further details can be found in our FOIP and Media Consent document. | |
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|--|----------|
| Please initial to indicate that you have read and understood the guidelines explained above. | Initials |
|--|----------|

Consent to Post Personal Information

Northern Gateway Public Schools requests consent to post personal information (including but not limited to first name, last name, grade, photographs, video, audio, award recognition, and school related activities) to external websites, social media, media publications (including yearbooks), and promotional materials. **I understand that my signature below indicates my consent.**

I understand that once provided, consent, in whole or in part (e.g. last name or photo, etc.), can be revoked at any time by **written notification** provided to my child's school, acknowledging that although photos/videos will be removed from websites and social media accounts, it may not be possible to remove all traces of personal information from the Internet.

Further details can be found in our [FOIP and Media Consent](#) document.

Signature

Policies and Regulations

If the hyperlinked documents are unavailable for any reason, information related to the sections above is available at your school in paper format. Please ask your school secretary or principal.

Collection and Use of Personal Information Disclaimer

The information requested on this form is being collected pursuant to the *School Act*, Section 23, A.R. 71/99 and the *Freedom of Information and Protection of Privacy (FOIP) Act*, Sections 33(c), 39(1)(b), and 40(1)(c). Information acquired through this form is kept secure and access is restricted. In accordance with the Student Record Regulation, this form will be placed in the student's record file.

If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the school or Northern Gateway Public Schools' FOIP Coordinator at 1-800-262-8674.

DECLARATION

I am the legal guardian or the independent student referred to in this registration form. I have read and understand the information regarding guardianship and I have identified all guardians for this student. I hereby certify the foregoing information to be true, correct, and complete.

First Parent/Guardian Print Name

Signature

Date

Second Parent/Guardian Print Name

Signature

Date