



Student Registration Form

Heritage Christian Academy
Palliser Regional Schools



All shaded items are to be completed in cooperation with school administration staff.

ALBERTA EDUCATION IDENTIFICATION #: _____

LOCAL ID #: _____

Homeroom Assignment: _____

I wish to enroll the following child at Heritage Christian Academy

Grade Applying for: _____

Requested Date of Entry: _____

Vital Statistics Document Verification (bring original—we will photocopy)

Legal Name Verified (Document: _____)

Citizenship Verified (Document: _____)

Date of Birth Verified (Document: _____)

NOTE: A Vital Statistics Document must be presented to the school **with this application** to verify the student's legal name, citizenship and birth date. Vital Statistics Documents include: Canadian Birth Certificate, Canadian Citizenship Certificate, Canadian Adoption Certificate, Canadian Marriage Certificate, Passport, Visa, or Permanent or Landed Immigrant/Residence Document.

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Preferred Surname: _____

Preferred First Name: _____

Preferred Middle Name: _____

Birth Date: _____ (YY/MM/DD) Gender: M F

Home Phone No.: (_____) _____

Please check if phone number is unlisted

Street Address: _____

P.O. Box No.: _____

Town/City: _____

Postal Code: _____ Province: AB Country: Canada

If no street address, provide Legal Land Description:

Legal Land Description: _____ - _____ - _____ - _____
1/4 Section Township Range

Citizenship (check one):

Canadian Citizen (1)

Permanent Resident/Landed Immigrant (2)

Expiry Date: _____ (YY/MM/DD)

Student Authorization—VISA (5)

Expiry Date: _____ (YY/MM/DD)

Child of Canadian Citizen (student not Canadian citizen) (6)

Child of An Individual Lawfully Admitted to Canada for Permanent or Temporary Residence (7)

Expiry Date: _____ (YY/MM/DD)

Other (9)

Previous Schooling:

Last School Attended: _____ City/Town: _____

List All Other Schools Previously Attended in Alberta:

School Name	Location	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/LEGAL GUARDIAN INFORMATION

Legal Father's Information:

Surname: _____

First Name: _____

Address (if different than student):

Street/Box No.: _____

Town/City: _____

Postal Code: _____

Phone: _____ (Daytime)

_____ (Evening)

Legal Mother's Information:

Surname: _____

First Name: _____

Address (if different than student):

Street/Box No.: _____

Town/City: _____

Postal Code: _____

Phone: _____ (Daytime)

_____ (Evening)

Legal Guardian's Information:

Surname: _____

First Name: _____

Address (if different than student):

Street/Box No.: _____

Town/City: _____

Postal Code: _____

Phone: _____ (Daytime)

_____ (Evening)

E-mail Contact Information:

If you have e-mail, please indicate at what e-mail address/addresses you would like to receive notifications regarding your child(ren) (e.g., school notifications, teacher notifications, newsletters, etc.):

E-mail mother: _____

E-mail father: _____

E-mail additional: _____

E-mail additional: _____

CUSTODY INFORMATION

Indicate both parents, mother, father, or legal guardian in the following cases, if applicable:

The student lives with: _____

Custody of the student is held by: _____

Who has legal access to the student (in cases where an order exists): _____

(Be advised that in the absence of any court order to the contrary, both parents will have equal access to the student.)

OR The student is an Independent Student as defined by the *School Act*.

In rare instances, a student may be designated as "Protected" if a court has issued a restraining order under the *Child, Youth and Family Enhancement Act*, the *Youth Justice Act*, the *Family Relations Act* or any other government statute or regulation.

IF A CUSTODY OR RESTRAINING ORDER EXISTS, A COPY WILL BE REQUIRED TO BE PLACED ON THE STUDENT RECORD FOR THE ORDER TO BE ENFORCED.

Please indicate if such an order exists: Yes No

If yes, please make an appointment to meet with the school principal to discuss your personal circumstances.

MEDICAL/EMERGENCY CONTACT INFORMATION

You are asked to voluntarily provide the following information to assist us in reacting appropriately to any emergency related to your child and to facilitate your child's needs. If your child has a medical condition which requires special attention, please arrange to meet with the school principal to discuss your child's unique needs. In addition, in order to correctly identify the student during immunization programs conducted through the local health region, you are asked to voluntarily provide the student's Personal Health Number (previously known as the Alberta Health Care number).

Student's Medical Information:

Does this student have any serious medical conditions the school/administration/teacher/bus driver should be aware of (e.g., allergies, treatments)?

Yes No If yes, please describe: _____

Restrictions: _____

Procedures: _____

Are school staff required to administer medication:

Yes No If yes, please request the appropriate form from the school office.

Student's Alberta

Personal Health No.: _____

Emergency Contact Information:

Doctor: _____

Phone No.: _____

In the event the student's parent/legal guardian is not available, please indicate at least one alternate emergency contact:

Name: _____

Phone: _____ (Daytime)

_____ (Evening)

Name: _____

Phone: _____ (Daytime)

_____ (Evening)

Please advise the emergency contact that their name has been used for this purpose.

FRANCOPHONE ELIGIBILITY

According to Section 10 of the *School Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, the following applies:

(1) Citizens of Canada

(a) whose first language learned and still understood is French, or

(b) who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary school instruction in French.

(2) Citizens of Canada of whom any child has received or is receiving primary or secondary school instruction in French in Canada have a right to have all their children receive primary and secondary instruction in the same language.

(3) According to this criteria, are you **ELIGIBLE** to have your child educated in French: Yes No

If yes, do you wish to exercise your right to have your child educated in French? Yes No

If yes, please contact the school office for a listing of Francophone authorities.

CAR-POOL AND SIBLING INFORMATION

I would be willing to place our name on a car-pooling list for our area (please check one):

Yes No

<u>Names of Brothers and Sisters</u>	<u>Ages</u>	<u>School Attending or Applying for enrolment at Heritage?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Would you accept placement for only one child if all could not be accepted? Yes No

STUDENT HISTORY

Please answer the following questions as accurately and completely as possible, giving explanations where necessary. Note that withholding or providing false information is grounds for asking your children to immediately leave the school and any monies paid will be forfeited.

1. Has your child ever repeated a grade? _____ If so, which one and why? _____

2. Has your child been recommended for or received help for any special needs? (E.g. Special Ed., learning disability, Hyperactivity, Attention Deficit Disorder, remedial/resource instruction or other) _____

3. Has your child ever had any mental, emotional, or physical disorders? _____

4. Does your child have any physical handicaps/limitations that may affect his/her participation in physical activity? _____

5. Has your child ever been asked to leave or had any discipline problems in another school? _____

6. Has your child applied for admission to Heritage Christian Academy in the past? Yes No

ALBERTA EDUCATION CODE INFORMATION

Aboriginal Students:

District: _____

Band: _____

Treaty #: _____

Living on Reserve: Yes No

Birth Order: _____

(1st born, 2nd born, etc.)

BOX A:

If you wish to declare that you are an Aboriginal person, please specify:

- Status Indian/First Nations (331)
- Non-Status Indian/First Nations (332)
- Metis (333)
- Inuit (334)

Alberta Education is collecting this personal information pursuant to Section 33 (3) of the *Freedom of Information and Protection of Privacy Act*, as the information relates directly to and is necessary to meet its mandate to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Education, 9th Floor, Commerce Place, 10155—102 Street, Edmonton, AB T5J 4L5 (780) 427-5151).

THIS SECTION TO BE COMPLETED BY SCHOOL ADMINISTRATION STAFF:

Exceptional Student _____ (see code table)

Grants Program _____ (see code table)

Enrolment Type _____

Registration Type _____

Please check any of the following that apply:

- Resident Student of the Government (130)
- Exchange Student (see code table)
- Independent Student (121)
- Treaty Indian Living on the Reserve (330)
- Aboriginal Learner (see Box A above)
- Visiting Student (see code table)

Please check the registration type that applies:

- Regular Day Student (D)
- Continuing Education Day Student (C)
- Continuing Education Evening Student (E)
- Summer Day Student (S)
- Summer Evening Student (T)

Registration Entry Status _____

Please check the registration entry status that applies:

- Student was registered in this school on the last day of the previous school year (100)
- New registration (NEVER attended an organized school—normally kindergarten or Grade 1 students) (200)
- Transfer in: Same district (310) Within Canada (330)
- Another Alberta district (320) Outside Canada (340)
- Drop in (see code table)
- Return to education (500)

**The following page
should be completed
one per family.**

PARENT INFORMATION

Part II: Parent Questionnaire (fill out one per family)

1. Why do you wish to enroll your child(ren) at Heritage Christian Academy?

2. Where did you hear about Heritage?

3. Church that your family currently attends: _____

Years Attending: _____ How regularly do you attend? Weekly Monthly Occasionally

Address: _____

Pastor: _____ Church Phone No: _____

4. Please list any previous church affiliations.

Church Name	City	Years Attended

5. Please list present and previous church involvement.

6. What does it mean to be a Christian?

7. How and when did you become a Christian?

CHARACTER REFERENCES

CHURCH

Name: _____

Phone: (home) _____

(work) _____

Relationship: _____

Years known: _____

WORK OR VOLUNTEER ORGANIZATION

Name: _____

Phone: (home) _____

(work) _____

Relationship: _____

Years known: _____

In addition we require a completed reference form from your Pastor before your application will be processed.

CERTIFICATION AND AGREEMENT

I have read and agree with Heritage's Statement of Faith and agree to have placement testing performed at Heritage and to have my child(ren) enrolled in Heritage Christian Academy. I certify that the facts in the above application are true and complete to the best of my knowledge.

Father's Signature

Mother's Signature

Date

Date

***NOTE: Your application will be returned to you if you have not included the following:**

- a copy of your child's most recent report card and report card for the last school year**
- Pastoral reference form**
- the child's ORIGINAL birth certificate and immigration documentation - we will copy it for you.** (If you are mailing this application, please send a photocopy of birth certificate and bring original to your interview.)
- the signed Parent/Student Covenants**
- a cheque for \$100 per family** (non-refundable application fee, deposited upon receipt)
- a cheque for \$75.00 per student (\$150.00/family) for CTBS testing for students entering grade 2-12** (non-refundable testing fee, deposited upon receipt)

If you have any questions related to the information being requested on this form, please feel free to contact the school office for assistance.

“Equipping students for life through Quality Christian Education that inspires commitment to Jesus Christ, and excellence in academics, moral character and service to others.”

For Office Use Only	
Accepted	Birth Certificate
Grade	Last Report
Date Application Received	Covenant
Interview Date	Application Fee
Testing Date	Testing Fee
File Entered into SIRS	Pastoral Reference