



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

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## 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

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## 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 School 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.

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### First Parent/Guardian

Religious Declaration		Email	
Catholic	Non-Catholic		
Relationship to Student			
Biological or adoptive father	Step-father	Other:	
Biological or adoptive mother	Step-mother		
Last Name	First Name	Mr., Mrs., Ms., Dr., etc.	
Address (if different from student)	City	Province	Postal Code
Does the student reside with this individual?	Home Phone (with area code)	Business Phone (with area code)	Other Phone (with area code)
Yes          No			

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### Second Parent/Guardian

Religious Declaration		Email	
Catholic	Non-Catholic		
Relationship to Student			
Biological or adoptive father	Step-father	Other	
Biological or adoptive mother	Step-mother		
Last Name	First Name	Mr., Mrs., Ms., Dr., etc.	

Address (if different from student)	City	Province	Postal Code
Does the student reside with this individual?	Home Phone (with area code)	Business Phone (with area code)	Other Phone (with area code)
Yes      No			

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### **Third Parent/Guardian**

Religious Declaration	Email		
Catholic      Non-Catholic			
Relationship to Student	Other		
Biological or adoptive father      Step-father			
Biological or adoptive mother      Step-mother			
Last Name	First Name	Mr., Mrs., Ms., Dr., etc.	
Address (if different from student)	City	Province	Postal Code
Does the student reside with this individual?	Home Phone (with area code)	Business Phone (with area code)	Other Phone (with area code)
Yes      No			

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### **Fourth Parent/Guardian**

Religious Declaration	Email		
Catholic      Non-Catholic			
Relationship to Student	Other		
Biological or adoptive father      Step-father			
Biological or adoptive mother      Step-mother			
Last Name	First Name	Mr., Mrs., Ms., Dr., etc.	
Address (if different from student)	City	Province	Postal Code
Does the student reside with this individual?	Home Phone (with area code)	Business Phone (with area code)	Other Phone (with area code)
Yes      No			

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## 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

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## FAMILY CIRCUMSTANCES

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

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## 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)

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## 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

First Communion

Confirmation

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## SECTION 23 – FRANCOPHONE RIGHTS (Optional)

According to the School 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 School 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

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## INDEPENDENT STUDENT STATUS

The School 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 School Act?

Yes                      No                      Catholic                      Non-Catholic

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## ABORIGINAL SELF-IDENTIFICATION

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

First Nations (Status)                      First Nations (Non-Status)                      Métis  
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.

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## EMERGENCY/MEDICAL INFORMATION

**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

## **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                      Haemophilia  
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.

Student's Alberta Health Care Number

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## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)

The personal information collected on this form is part of the Division registration process and is authorized under the provisions of the School 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 an educational program and ensure a safe and secure school environment. If you have any questions or concerns regarding the collection or intended use of this information please contact the FOIP Coordinator at STAR Catholic Schools office — 780-986-2500 or 1-800-583-0688.

Schools play an important role in the education and socialization of our children. In this process, personal information is often collected and used for authorized programs and activities that are a normal part of school life. Further information regarding the collection and use of personal information not specifically itemized under the School Act is available at your school main office.

**It is important to understand that school events which 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.**

Throughout the school year, there will be opportunities for television, radio, newspaper, community organizations, and Division representatives to be invited into the school to provide outside coverage of events and programs not included in the general public category described above. Also, throughout the year, there may be opportunities to display your son/daughter's work or other forms of school work at locations outside of the school. There may also be educational activities where your son/ daughter's school work may be hosted or displayed online via a website or social media tool. All of the activities described in this paragraph are not considered to be in the public domain category described in bold print above. **Your signature (parent/guardian) will authorize your selected option** with respect to your son/daughter (as named on this form) being involved with the following activities:

1. Interviewed by the media; approved community organizations; School Division.
2. Photographed by the media; approved community organizations; School Division.
3. Video or audio recorded by the media; approved community organizations; School Division.
4. Having student work and/or accomplishments displayed, recognized, or reproduced outside of school (i.e. signed art work, creative writing, Student of the Day, or academic presentations such as science fair projects).
5. Having student work posted in various social media tools for educational purposes.
6. Having your son's/daughter's name, photograph and/or school work posted on STAR Catholic websites or social media.
7. Having your son's/daughter's name and information shared with the school council.
8. Having your son's/daughter's name and information shared with the local parish.

**Note: Information relating to these student work/recognition activities noted in points 4, 5 and 6 are often communicated to the home in advance.**

**Please select either Option 1 or 2 below**

**Option 1:** I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting, including the items listed under points 1 through 6 above. I give my consent to having my son/daughter involved with all of the activities listed under points 1 through 8 above.

Yes

**Option 2:** I have read the information above and understand and accept that there are a variety of uses that may be made of personal information in the context of a school setting. However, I will NOT provide my general consent to allowing my son/daughter to participate in the activities described in points 1 through 8 above. Specifically I do not consent to the following activities (Please indicate the applicable activities objected to):

1            2            3            4            5            6            7            8

**Unless the school is notified of a change, the signed document will be in effect for the entire time that your son/daughter 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 office — 780-986-2500 or 1-800-583-0688.**

### COMMERCIAL ELECTRONIC MESSAGES

The school wishes to keep you up to date with communications that may include information about offers, advertisements or promotions from our Division or schools. These can include things like: Yearbooks, Field Trip Opportunities, Student Photos, Tickets or other related opportunities.

Yes, I give my consent to receive these messages

No, I do not give my consent to receive these messages

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### 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

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### DECLARATION BY PARENT, GUARDIAN, OR INDEPENDENT STUDENT

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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### 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) \*