



Discovering Choices

Student Registration Form - Independent Student

This form is a legal document. It must be completed in its entirety by the independent student registering in a school in The Calgary Board of Education. The Declaration must be signed in front of school personnel. Please bring (government issued) photo identification. Please print.

Independent Student (explanation on page 2)

Legal Last Name: _____ Grade Entering: _____
Legal First Name: _____ CBE Student ID Number (if known): _____
Legal Middle Name: _____ Alberta Education ID Number (if known): _____

Resident / Non-Resident of The Calgary Board of Education (CBE)

Under the *Education Act*, a student is considered a resident of CBE if the student is an independent student residing in the boundaries of CBE and NOT of the Roman Catholic faith. For more information, refer to **Boundaries of CBE** at the end of this document.

By signing below, I declare that (check one in each column):

- | | |
|--|--|
| <input type="checkbox"/> I do not reside within the boundaries of CBE | <input type="checkbox"/> I am of the Roman Catholic faith |
| <input type="checkbox"/> I reside within the boundaries of CBE | <input type="checkbox"/> I am not of the Roman Catholic faith |

Print Independent Student Name

Signature Independent Student

Date (MM/DD/YYYY)

Student Name and Address

For acceptable identification, refer to **Proof of Age, Legal Name and Citizenship** at the end of this document.

Preferred Last Name: _____ Preferred First Name: _____

Birth Date: ____ / ____ / ____ Gender: ☐ Female ☐ Male ☐ Another: _____
MM DD YYYY (Optional)

Student Preferred Phone: ____ - ____

Student Personal Email Address for Alberta myPass: _____

Home Address: Apt / Suite #: _____

Mailing Address: Apt / Suite #: _____

Street: _____ City: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Province: _____ Postal Code: _____

Home Community (in Calgary): _____

Office Use Only

Name of School: _____ Program: _____ Lottery/Draw: ☐ Yes ☐ No

Expected Start Date (MM/DD/YYYY): _____ Proof of Age & Legal Name Verified: ☐ Yes ☐ No

Proof of Address Document: _____ Resident of CBE: ☐ Yes ☐ No

Entered by: _____ Date Entered (MM/DD/YYYY): _____

Independent Student Status

Students 18 years of age and older, or 16 years or older and a) living independently as determined by a board in accordance with section 6 of the *Education Act*, or b) a party to an agreement under Section 57.2 of the *Child, Youth and Family Enhancement Act*, are considered “independent” under the *Education Act*.

Any student 18 years of age and older **or** 16 years of age and older and considered legally “independent” as defined above, may complete this form and register in a school in The Calgary Board of Education without parental consent.

Do you wish to apply to be declared an independent student? ☐ Yes ☐ No

Student Citizenship

Birth Country: _____ Primary Language Spoken at Home: _____

All Languages Spoken in the Home: _____

Are you a Canadian Citizen? ☐ Yes ☐ No

If Canadian Citizen, name of Canadian document (e.g., birth certificate, passport, Canadian Citizenship Certificate):

If **not** Canadian Citizen, name of document (e.g., Permanent Resident, Refugee Claimant, Temporary Resident, Child of Canadian Citizen, Child of a lawfully admitted permanent or temporary resident):

Effective Date of Document: _____ / _____ / _____
MM DD YYYY

Expiry Date of Document: _____ / _____ / _____
MM DD YYYY

Student Medical Information

If your attendance at school may be affected by an existing medical or physical condition, it is your responsibility to complete and submit the *Student Health Plan* form to the school.

Do you have any medical or physical conditions that may affect your attendance at school? ☐ Yes ☐ No

Do you have any life-threatening allergies? ☐ Yes ☐ No

If **yes** to either of the above questions, give a brief description:

Has the *Student Health Plan* form been completed and submitted to the school? ☐ Yes ☐ No

Francophone Eligibility

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the *Education Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exists:

- either parent’s first language learned and still understood is French;
- either parent has received their primary school instruction in Canada in French; or
- one or more of the parent’s children has received or is receiving primary or secondary instruction in French in Canada.

Do you have Francophone eligibility? ☐ Yes ☐ No

If **yes**, and you wish to exercise your right, please contact the Conseil Scolaire FrancoSud at 403-686-6998.

The Alberta *Student Records Regulations* requires that, if requested, The Calgary Board of Education provide the name, address, date of birth and gender of Section 23 eligible students to the Francophone School District.

Aboriginal Self-Identification (optional)

If you wish to declare yourself as Aboriginal, please select one:

☐ First Nation (status) ☐ First Nation (non-status) ☐ Métis ☐ Inuit

For further information, refer to <https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx> or contact Alberta Education at 780-427-8501 (dial 310-0000 first to be connected toll-free from anywhere in Alberta).

If you have questions regarding the collection of student information by the school board, please contact The Calgary Board of Education's Education Director in care of the Indigenous Education Team at IndigenousEducation@cbe.ab.ca.

Previous School Information

Have you ever registered in a school in The Calgary Board of Education (CBE)? ☐ Yes ☐ No

If **yes**, provide:

Name of CBE School: _____

Grade Completed: _____ Withdrawal Date (MM/DD/YYYY): _____

Have you attended school elsewhere? ☐ Yes ☐ No

If **yes**, provide:

Name of the Last School Attended: _____

Name of School Contact: _____

Grade Completed: _____ Withdrawal Date (MM/DD/YYYY): _____

Reason for Leaving: _____

Were you suspended or expelled? ☐ Yes ☐ No

Address of School: _____

School Phone: _____ School Fax: _____

Student Learning Needs

Have you ever had an Individual Program Plan (IPP), Individual Education Plan (IEP) or a learning, medical or mental health assessment that has provided recommendations to support your learning? ☐ Yes ☐ No

If **yes**, provide the school with the learning, medical or mental health assessment document (e.g., psycho-educational assessment, physician letter).

If **yes** and from **inside Alberta**, provide a description and if known, the Alberta Education special education code(s).

If **yes** and from **outside Alberta**, provide a description and if known, the special education code(s).

Have you ever been in a special education program/class or unique setting in CBE or elsewhere? ☐ Yes ☐ No

If **yes**, provide the name of the program/class or setting, and if not from CBE, provide a description.

Are there any language needs or other unique learning needs we should know in order to support your learning?

Not Legal Guardians / Parents / Others

For more information, refer to the **Relationship** and **Release of Information Form** sections at the end of this document.

Set the phone preferences using the 'Call Order'. Select 1 for the preferred phone number.

Please provide a minimum of **TWO** emergency contacts.

NOT Legal Guardian / Others (e.g., parent, stepparent, interpreter, probation officer)

First Name:	_____	Last Name:	_____
Relationship to Student:	_____	Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Order (assign a priority level):	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
Permission to Pick Up Student from School (if emergency contact, "Yes" must be checked): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Release of Information Form (only needed if giving this person access to your information): <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes , has the form been discussed and signed by both certificated school staff and independent student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone:	_____-_____-_____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Work Phone:	_____-_____-_____ Ext. _____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Mobile Phone:	_____-_____-_____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Email Address:	_____		

NOT Legal Guardian / Others (e.g., parent, stepparent, interpreter, probation officer)

First Name:	_____	Last Name:	_____
Relationship to Student:	_____	Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Order (assign a priority level):	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
Permission to Pick Up Student from School (if emergency contact, "Yes" must be checked): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Release of Information Form (only needed if giving this person access to your information): <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes , has the form been discussed and signed by both certificated school staff and independent student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone:	_____-_____-_____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Work Phone:	_____-_____-_____ Ext. _____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Mobile Phone:	_____-_____-_____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Email Address:	_____		

NOT Legal Guardian / Others (e.g., parent, stepparent, interpreter, probation officer)

First Name:	_____	Last Name:	_____
Relationship to Student:	_____	Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Order (assign a priority level):	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
Permission to Pick Up Student from School (if emergency contact, "Yes" must be checked): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Release of Information Form (only needed if giving this person access to your information): <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes , has the form been discussed and signed by both certificated school staff and independent student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Phone:	_____-_____-_____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Work Phone:	_____-_____-_____ Ext. _____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Mobile Phone:	_____-_____-_____	Call Order (preference):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Email Address:	_____		

Sibling Information (optional)

Siblings can be connected in the student information system. If you wish to, please provide your siblings' CBE school information.

Name: _____ CBE School: _____ Grade: _____

Name: _____ CBE School: _____ Grade: _____

Name: _____ CBE School: _____ Grade: _____

Name: _____ CBE School: _____ Grade: _____

Declaration

This Declaration must be signed in front of school personnel. Please bring (government issued) photo identification.

I, the undersigned, hereby represent that I have the legal authority to register myself. I declare the information that I have provided on this form is complete and accurate.

I will immediately notify the school of any changes to the information on this form.

Print Independent Student Name

Print Staff Witness Name

Signature Independent Student

Signature Staff Witness

Date of Signature (MM/DD/YYYY)

Date of Signature (MM/DD/YYYY)

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*, the *Education Act* and its regulations, and the *Canadian Charter of Rights and Freedoms*, Section 23. This information will be used for the maintenance of the student's record, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under their administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

If you have any questions about this form, please contact the school.

Boundaries of CBE

- **North** | 144 Avenue N.W. east to Carringvue Manor N.W. alignment (to the south), north to northern boundary of Livingston community (north limit of Section 4, Township 26, Range 1, Meridian 5), east to 6 Street N.E., south to 144 Avenue N.E., east on 144 Avenue N.E. to 84 Street N.E.
- **East** | 84 Street N.E., east on Memorial Drive alignment, 100 Street S.E., east on northern boundary of Mountain View Cemetery alignment, Range Road 284, 17 Avenue S.E., 84 Street S.E., south to 146 Avenue S.E., east to 88 Street S.E., 88 Street S.E.
- **South** | Bow River west to Deerfoot Trail S.E., follow Deerfoot Trail S.E. south to city limits, west to Macleod Trail S.E., Macleod Trail S.E., north to alignment with 210 Avenue S.E. (to the west), west (following creek) along to 210 Avenue S.E., becoming 210 Avenue S.W., to alignment with Silverado Plains Circle S.W. (to the north), north to 194 Avenue S.W., west on 194 Avenue S.W. to Spruce Meadows Way S.W., north on Spruce Meadows Way S.W. to alignment with Silverado Skies Drive S.W. (to the east), west to alignment with Bridleridge Road S.W. (to the north), south to alignment with 186 Avenue S.W. (to the west), 186 Avenue S.W. to city limits, city limits west to 85 Street S.W.
- **West** | 85 Street S.W. north to 146 Avenue S.W., east to 37 Street S.W., 37 Street S.W. north through Glenmore Park back to 37 Street S.W., north to the Glenmore Trail S.W., Glenmore Trail S.W. west and follow city limits to 101 Street S.W., north to 2 Avenue S.W. alignment, west along the south boundary of Crestmont community and north along the west boundary of Crestmont community, Trans Canada Highway, west boundary of Valley Ridge community, N.W. along Bow River, Bearspaw Village Lane alignment, city limit, north boundary of Haskayne community, north on Twelve Mile Coulee Road N.W. (excludes Lynx Ridge) to Country Hills Blvd N.W., Country Hills Blvd N.W. east to Rocky Ridge Road N.W., follow Rocky Ridge Road N.W. north to 144 Avenue N.W.

Proof of Age, Legal Name and Citizenship

The original document must be provided to the school. The school will make the copy.

The independent student must produce their Canadian birth certificate at the time of registration. If a Canadian birth certificate is not available, the school may accept a:

- Canadian passport;
- Canadian Citizenship Certificate or Card;
- Canadian Certificate of Indian Status Card; or
- Canadian court order that states the legal name and age or date of birth of the child. However, this document will not be accepted as proof of citizenship and further documentation will be needed.

The school can **not** accept a:

- document from another country;
- Canadian federal government Record of Landing; or
- Canadian federal government Permanent Resident Card, Permanent Resident Record or Confirmation of Permanent Residence.

Students who cannot show proof of Canadian citizenship must register through CBE Welcome Centre. For more information visit www.cbe.ab.ca/welcome or call 403-817-7789. Note:

- International fee-paying students in grade 10-12, who are approved by CBE's Global Learning contact the high school they were accepted to, as per the letter of acceptance, for registration information.
- Students wishing to register with Chinook Learning Services are to contact them directly and not go through CBE Welcome Centre.

Exception – Students in Shelters

If the independent student does not have one of the documents listed above, they will provide a written summary of their current status until documentation can be provided. The independent student is to apply to the government to acquire the required document. Shelter staff can help with this.

Anything outside of the approved listed documents would need to be discussed with the principal at the school where you are registering.

Proof of Address

The proof of address must have the independent student name and current address. Examples of accepted proof of address documents are:

- | | | |
|----------------------------|---------------------------|----------------|
| ▪ Bank statement | ▪ Income tax statement | ▪ Utility bill |
| ▪ GST rebate | ▪ Mortgage statement | |
| ▪ Home or renter insurance | ▪ Property tax assessment | |

Anything outside of the approved listed documents would need to be discussed with the principal at the school where you are registering.

Relationship

The following are the options for relationships:

- | | | |
|---|-----------------------|------------------------------|
| ▪ Agency Representative | ▪ Home Stay Parent | ▪ Sibling |
| ▪ Babysitter | ▪ Interpreter | ▪ Social Worker |
| ▪ Cousin | ▪ Mother | ▪ Sponsor |
| ▪ Custodian | ▪ Other | ▪ Spouse |
| ▪ DLSA - CBE Diversity & Learning Support Advisor | ▪ Outside School Care | ▪ Stepfather |
| ▪ Family Friend | ▪ Parent | ▪ Stepmother |
| ▪ Father | ▪ Partner | ▪ Stepparent |
| ▪ Foster Parent | ▪ Physician | ▪ Stepsibling |
| ▪ Grandparent | ▪ Probation Officer | ▪ System AP, Global Learning |
| ▪ Group Home Case Worker | ▪ Psychologist | ▪ Unspecified |
| | ▪ Relative | |

Release of Information Form

Releasing educational information to people outside of the education system such as parents / legal guardians, doctors, lawyers, nurses, private psychologists, hospitals or other individuals as identified by the independent student, **is not a requirement of registration or enrollment**. It is only done when this information is needed to provide an effective educational program for the independent student. Student personal information can only be released with the independent student's informed consent (agreement). If an independent student has a need to release their educational information (e.g., student record, assessments, programs), certificated school personnel must explain the form and what giving consent entails *before* the independent student can be given the form to complete.

Please contact the school if you wish to complete the form to give permission to The Calgary Board of Education to release your educational information to people outside of the education system. A time will be arranged for you to meet virtually with a certificated school staff member.