



Calgary Board
of Education

TRADITIONAL LEARNING CENTRE CHECKLIST

Grades 1- 12

To complete the *registration* process, please note the following:

- Application form*** to be completed and returned to the School office
- Copy of original birth certificate*** required for students from outside CBE Schools.
- Copy of student's most recent ***Report Card***.
- Both Parent/Guardian and student to read and sign ***Parent/Guardian Commitment page***.
- Parent/Guardian to send ***Teacher Referral*** form to present school and the school will fax the form directly to the TLC School office.
- Student Transfer Form*** (Elementary, Junior or High School) completed and included in the package. Once student has been accepted to TLC program the transfer form will be sent to the child's current school so that registration for September at TLC can be confirmed.

Please complete the above checklist (✓) and return all completed paperwork to the school you are registering to.



Calgary Board of Education

Teacher Referral Form Traditional Learning Centre Program K-8 2012-2013

January 2012

Dear Grade _____ Teacher:

_____ is enrolled in a Grade _____ class in your school and
(child's name) (grade)
has registered in The Traditional Learning Centre at _____.
(School applying to)

To provide the best support for students in this program, we request your assistance in providing educational information. We will use this information for grouping purposes only. Please use the comment section as well as the "YES" or "NO" response. This will assist us on behalf of the student.

STUDENT PROFILE

Students who are successful in the program match the following profile:

- Average or above average cognitive abilities
- Ability to sit in a desk for extended periods of time
- Self-motivated
- Willingness to do nightly homework
- Ability to listen and follow directions immediately
- Respect for him/herself, others and the environment
- Organizational and management skills

Because the program uses whole group instruction and is designed to meet the needs of the average and above average child, the program may be adapted, but not modified. Opportunities for vertical enrichment begin in Grade 7. Throughout the program, students are grouped according to learning needs based on report cards, testing, and teacher recommendations.

Please return this form within 7 working days of receiving it. Thank you for your assistance.

Elaine Knudtson, Balmoral
Deb Warmington, Chris Akkerman
Werner Mailandt, Fairview
Bev Swanson, Dr.J.K.Mulloy
Wendy Luzon, Thorncliffe
Teresa Martin, Thomas.B. Riley

Brian Unterschultz, Brentwood
Rosemary Harms, Colonel Sanders
Diane Schneidmiller, Glamorgan
Darrin Fisher, Le Roi Daniels
Nancy Pelkey, Sir Wilfrid Laurier



Calgary Board of Education

Name of Student _____ Current Grade in School _____

Sending School _____

Please use a check mark to indicate information about the student

Subject Area	BELOW Grade Level	AT Grade Level	ABOVE Grade Level
Reading			
Writing			
Spelling			
Mathematics			

	RARELY	SOMETIMES	USUALLY
Follows directions			
Uses time wisely			
Completes assignments fully, on time			
Is on time personally			
Works independently			
Is focused in class			
Handles personal frustration appropriately			
Is able to handle academic challenge			
Is respectful			

Other information

Is the student ELL?	
What is their first language?	
What benchmark are they currently at?	
How does this impact their ability to meet the TLC program outcomes?	



Calgary Board of Education

1. Please comment on any other factors which you feel are relevant to this students' application into The Traditional Learning Centre, e.g., IPP, pending referrals, learning styles, match to program profile.

Alberta Learning Special Needs code, if any _____

2. Has the student received any formal enrichment or remedial assistance?

3. Has the student ever been recommended for retention?

Name of Teacher _____ Phone _____

Name of School _____

**Please fax this form to the appropriate TLC.
Thank you for your assistance**

Balmoral: 403-777-7339
Chris Akkerman: 403-777-8122
Fairview: 403-253-8614
Dr.J.K.Mulloy: 403-777-6640
Thornccliffe: 403-777-6672
Sir Wilfrid Laurier: 403-777-7379

Brentwood: 403-777-6132
Colonel Sanders: 403-777-6035
Glamorgan: 403-777-8313
Le Roi Daniels: 403-777-6421
ThomasB. Riley: 403-777-7266



**THE TRADITIONAL LEARNING CENTRE
PARENT/GUARDIAN COMMITMENT
KINDERGARTEN TO GRADE 12**

COMMITMENT TO EXCELLENCE

This page contains the commitments for students, staff and parents. We ask that you and your child (where age-appropriate) discuss these commitments, and then both sign it.

SCHOOL COMMITMENT

1. Set high expectations for student achievement
2. Provide structure and teacher directed whole group instruction to ensure success
3. Model respectful, positive, professional behaviour in working with students and parents
4. Make daily contact with the home through the use of an agenda K through 8 and digitally in high school where necessary
5. Contact parents and be available for appointments as needed
6. Reinforce character education throughout the school

PARENT COMMITMENT

1. Provide a quiet work place for nightly homework
2. Make homework a priority and sign the agenda each school day
3. Reinforce virtues at home
4. Expand the child's education through the family
5. Encourage high achievement in all subject areas
6. Support the delivery of the program primarily by whole group instruction
7. Support the administration and staff in their efforts to maintain an orderly, disciplined, safe and caring school environment
8. Attend parent/teacher conferences following each reporting period
9. Ensure that your child is respecting the school uniform code

STUDENT COMMITMENT

1. Demonstrate respect, responsibility and other virtues in daily conduct
2. Respect all staff members and parent volunteers
3. Participate in all activities and community service as appropriate
4. Display a positive attitude with adults and other students
5. Complete assignments and homework and aim for excellence
6. Conform to the school uniform code
7. Conform to high school course requirements

Signature of Parent(s)/Guardian(s): _____

Signature of Student: _____

For Kindergarten Only

- I/We understand that acceptance into the Kindergarten program does not guarantee placement into Grade 1, if academic or behavioural concerns make the program unsuitable for meeting a child's particular educational needs.

Child's Name _____

Parent Names _____

Parent Signatures _____



Application for Transfer: Junior High Schools

Procedures/Information: For complete details, see Administrative Regulation 6091 - Student Admissions and School Choice

- All students requesting a transfer from one CBE Junior High School to another must complete this Application for Transfer Form.
- Transfer requests for a particular program will be approved only if space is available in the requested school.
- Enrolment may be restricted to the program entered. Program transfers within the receiving school may not be supported.
- Transfer applications received by March 15 will be processed prior to May 1 of the current school year. Requests received after March 15 may not be considered until after the first full week of the school in September.
- The completed Part A of the form must be signed by the Principal/Assistant Principal of the designated school.
- The original copy is retained by the designated school. The student delivers the remaining copies to the requested school with a copy of a latest report card and/or transcript.
- The requested school provides a copy to the student/parent.
- The Principal/Assistant Principal of the requested school completes Part B, retains a copy and forwards (via inter-school mail) another copy to the designated school.
Distribution (NCR Form) - White: Designated School Yellow: Requested School Pink: Return to Designated School after Part B is completed Gold: Student Copy

PART A (to be completed by student and parent or legal guardian and signed by Principal/Assistant Principal of designated school)

Student Name: (Last Name, First Name, Middle Initial)			CBE Student ID #:			Date:						
						Year		Month		Day		
						[][]		[][]		[][]		
Birthdate:			Year		Month		Day		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
			[][]		[][]		[][]				Special Education Coding: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Address:						Postal Code:		T				
						[][]		[][]		[][]		
Residential District:												
Present School:						Present Placement/Grade:						
						[]						
Designated School:				Requested School:				Grade Requested:				
								[]				
Name of Parent/Guardian: (Please print - Surname, Given Names)												
Address: (if different from student):						Postal Code:		T				
						[][]		[][]		[][]		
Residential District:												
Home Phone:			Business Phone:			Cell Phone:			E-mail Address:			
Reason for Transfer Request: (Please attach a copy of the student's latest progress report)												
<input type="checkbox"/> Educational Program Specify: _____												
<input type="checkbox"/> Other Specify: _____												

Residency*												
1. Are both parents/legal guardians who have care and custody of the student residents of Calgary Public School District No. 19? <input type="checkbox"/> Yes <input type="checkbox"/> No												
*Note: If the student is an "independent student" as the School Act defines that term, the student's residency should be considered.												
I, as Parent (Guardian), acknowledge that this Application will not necessarily result in the student's transfer to the requested Junior high school, and that the application will be considered, having regard to the enrolment priorities as set out under the School Act and the policies of Calgary Public School District No. 19.												
Signature of Parent/Guardian				Signature of Principal/Assistant Principal of Designated School				Date:				

AUTHORIZATION FOR COLLECTION OF PERSONAL INFORMATION

Personal information contained on this form is collected under the Student Record Regulation of the School Act, and sections 32 (a) and (c) of the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of student registration. If you have any questions regarding the collection of this information, contact the FOIP Coordinator at the Calgary Board of Education, Education Centre, 515 Macleod Trail SE, Calgary

PART B (to be completed by requested school)

Approved <input type="checkbox"/> (Please forward records)			Signature of Principal/Assistant Principal of Requested School			Date:		
Denied <input type="checkbox"/> (Student will return to designated school)								



Calgary Board of Education

STUDENT REGISTRATION FORM

Student Information Records System (SIRS)

This form must be completed for all new students who are registering in a Calgary Board of Education (CBE) school (K-12).

CBE ID # _____

Program _____

Full Day Kindergarten: Yes No

Address Verified Yes No

Entered by: _____ Date: _____

Revised July 2011

STUDENT INFORMATION	DECLARATION OF RESIDENCY: The student named below is a resident of the Calgary Board of Education as defined by the School Act. <input type="checkbox"/> YES <input type="checkbox"/> NO See Student Residency on Page 4 of this form - Important Information for Parents		
	Has student named below <i>ever</i> registered in a Calgary Board of Education (CBE) school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, name the last CBE school attended: _____		Last Grade Completed	School Withdrawal Date		
CBE Student ID Number	Alberta Ed ID Number		MM	DD	YYYY

NOTE: *The student's Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. A photocopy will be placed in the Student Record.*

Name of Official Document (specify): _____

Student's Legal Name		Student's AKA Name (A name by which the student is commonly known in the family and community)		Birth Date		
Surname _____	_____	AKA Surname _____		MM	DD	YYYY
First Name _____	_____	AKA Given Name _____				
Middle Name _____	_____					

Address		City	Postal Code		
Phone Number <input type="checkbox"/> Unlisted () <input type="checkbox"/> Listed	Quadrant of City (please select one) NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE <input type="checkbox"/>	Residential District	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

MEDICAL INFORMATION (Note: The CBE is not allowed to collect Alberta Health Care numbers as per the Health Information Act.)

If the student's attendance at school may be affected by an existing medical or physical condition, it is your responsibility to complete and submit the Student Physical or Medical Condition form that is available from the school.

Does your child have any medical or physical conditions that may affect his/her attendance at school? Yes No

If Yes, please give a Brief Description _____

Have you completed the Student Medical or Physical Condition form? Yes No

SCHOOL INFORMATION

Name of school at which student is registering		Grade Entering	Start Date			
			MM	DD	YYYY	
Are you registering in a French Immersion program? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, are you registering for:</i> <input type="checkbox"/> Early Immersion OR <input type="checkbox"/> Late Immersion?						
Name of last school attended		Reason for leaving last school	Grade Completed	School Withdrawal Date		
				MM	DD	YYYY
Was the student suspended or expelled from the last school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was the suspension resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No (If the suspension has not been resolved, refer to Student Services - Suspensions)			If the suspension has been resolved, please provide further information.			
Address of last school (if outside CBE)		City	Province			
Postal Code	Country	Phone Number of last school - Fax Number of last school -				

Office Use Only SIRS _____ Fees _____ Codes _____ Request Records _____

INDEPENDENT STUDENT STATUS

Students 18 years of age and older, or "independent" under the School Act:

Any student 18 years of age and older *or* 16 years of age and older *and* considered legally "independent" under CBE policy may complete this form and register in the Calgary Board of Education School District without parental consent. **Proof of independent status must be presented.**

Are you declaring independent status? Yes No *If Yes, please attach proof of independent status (see Regulation).*

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

INFORMATION MUST BE PROVIDED FOR PARENTS. PLEASE PROVIDE A MINIMUM OF TWO EMERGENCY CONTACTS.

1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian <input type="checkbox"/> Access			
Is this person an EMERGENCY contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name		First Name	
Address			
City	Province	Postal Code	Country
Home Phone Number ()		Business Phone Number ()	
Cellular Phone Number ()		Fax Number ()	
Email:			

2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian <input type="checkbox"/> Access			
Is this person an EMERGENCY contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name		First Name	
Address			
City	Province	Postal Code	Country
Home Phone Number ()		Business Phone Number ()	
Cellular Phone Number ()		Fax Number ()	
Email:			

3 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian <input type="checkbox"/> Access			
Is this person an EMERGENCY contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name		First Name	
Address			
City	Province	Postal Code	Country
Home Phone Number ()		Business Phone Number ()	
Cellular Phone Number ()		Fax Number ()	
Email:			

4 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other _____			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.			
<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody/Guardian <input type="checkbox"/> Access			
Is this person an EMERGENCY contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Name		First Name	
Address			
City	Province	Postal Code	Country
Home Phone Number ()		Business Phone Number ()	
Cellular Phone Number ()		Fax Number ()	
Email:			

CUSTODY OR GUARDIANSHIP INFORMATION

Student PRIMARILY lives with: Both parents Mother Father Legal Guardian Other (*specify*)

NOTE: *If a custody order or any other legal document governing the custody or guardianship of your child exists, a copy or the most recent custody document must be placed in the student record.*

Name and date of most current Legal Document _____ *Attach copy*

SIBLING INFORMATION (OPTIONAL)

NOTE: *The provision of sibling information is optional and is collected for communication purposes.*

Do you have other children attending CBE schools? No Yes (*If yes, If yes, please list name(s), school(s) and grade(s)*)

Name:	Grade	Name:	Grade
<i>School Attending:</i>		<i>School Attending:</i>	
Name:	Grade	Name:	Grade
<i>School Attending:</i>		<i>School Attending:</i>	

CHILD CARE PROVIDER (IF APPLICABLE)

Name: _____

Phone Number(s): Home() Business () Cell ()

Email Address: _____

CITIZENSHIP

Is the named student a Canadian Citizen? Yes No Birth Country, *if not* Canada: _____

Citizenship, <i>if not</i> Canadian <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Child of a Canadian Citizen <input type="checkbox"/> Child of a lawfully admitted permanent or temporary resident	<input type="checkbox"/> Student Authorization – Study Permit Has the CBE Admissions Office Assessment Centre assessed your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Study Permit Expiry Date		
		MM	DD	YYYY

ABORIGINAL ELIGIBILITY

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

Status Indian/First Nations Non-Status Indian/First Nations Métis Inuit

Alberta Education is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities 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, 10155-102 Street, Edmonton, AB T5J 4L5. (780) 427-8501.

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

A student may be eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be Canadian born or foreign born.

Do you think your child qualifies for ESL? Yes No

Do you need assistance with interpretation? Yes No

Language mainly spoken at home: _____

FRANCOPHONE ELIGIBILITY

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the School 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, or
- 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

Does your child have Francophone eligibility? Yes No

If yes, and you wish to exercise your right, please contact the Conseil Scolaire Du Sud de l' Alberta at 403-686-6998. The Alberta Student Records Regulations requires that, if requested, the CBE will provide name, address, birth date, and parent's name of Section 23 Eligible students to the Francophone School District.

TRANSPORTATION

The Calgary Board of Education will provide subsidized transportation in accordance with CBE policy for students who attend their attendance area school or directed school and who live within the transportation service area. The transportation service area means the designated zone within an attendance area in which the Calgary Board of Education provides subsidized transportation. Bus contracts can be acquired at any CBE school, or at the Education Centre, 1221 8th Street SW, in the Transportation Department.

DECLARATION

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form. I have also read and understand the "School District Use of Personal Information" section attached to this registration form". A copy of "Important Information for Parents" may be obtained from the school for future reference.

Signature of Custodial Parent / Legal Guardian / Independent Student

Registration Date

MM

DD

YYYY

STUDENT RESIDENCY: A student is considered to be a resident of the Calgary Board of Education if the custodial parent(s) / legal guardian(s) with day-to-day care of the student reside in the City of Calgary and at least one of them is not of the Roman Catholic faith OR if the student is an independent student residing in the City of Calgary and not of the Roman Catholic faith.

IMPORTANT INFORMATION FOR PARENTS

The personal information requested on this form as part of the school registration process is collected under the authority of *Alberta's Freedom of Information and Protection of Privacy Act (FOIP)*, the *School Act* and its regulations, and the *Canadian Charter of Rights and Freedoms*, Section 23. This information will be used for the establishment of a student record, determination of residency, 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 Learning for the purpose of carrying out programs, activities, or policies under his/her administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

Revised June 2011

OFFICE USE ONLY

<input type="checkbox"/> Non-Resident Student Accepted Until _____								
Student Name			CBE ID #	Alberta Ed ID #	# French Hours	Grade	Home Room	
Date records sent for		Bus Eligibility		Data Entry Completed by:		Date Completed		
MM	DD	YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No			MM	DD	YYYY
			Bus Number:					
Copies received of:								
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Admissions Office Document		<input type="checkbox"/> Medical/Physical Condition Form				
<input type="checkbox"/> Proof of Citizenship		<input type="checkbox"/> Custody or Guardianship		<input type="checkbox"/> Request for Assistance to Administer Medication Form				
<input type="checkbox"/> Proof of Independent Status				<input type="checkbox"/> Severe Allergy Form				

SIRS STUDENT REGISTRATION CODES

CODE	DESCRIPTION
------	-------------

REGISTRATION ENTRY STATUS CODES (CHECK ONLY ONE BELOW)

100	Continuous Registration
200	New Registration (ECS) - (01)
310	Transfer In - CBE Jurisdiction
320	Transfer In - Alberta Jurisdiction
320	Transfer In - Calgary Catholic
320	Transfer In - Calgary Charter
320	Transfer In - Calgary Private
320	Transfer In - Virtual School
330	Transfer In - Inside Canada
340	Transfer In - Outside Canada
500	Return to Education
410	Drop-In - CBE Jurisdiction
411	Drop-In - CBE Jurisdiction - Health
412	Drop-In - CBE Jurisdiction - Work
420	Drop-In - Alberta Jurisdiction
421	Drop-In - Alberta Jurisdiction - Health
422	Drop-In - Alberta Jurisdiction - Work
430	Drop-In - Outside Alberta Jurisdiction
431	Drop-In - Outside Alberta - Health
432	Drop-In - Outside Alberta - Work

EXCEPTIONAL STUDENT CODES

ONLY WITH GRANTS PROGRAM - SPECIAL EDUCATION (500)

(EXCEPTIONAL STUDENT TYPES 1 & 2 ARE AVAILABLE)

10	ECS Development Immature
30	Communication Delay/Disorder
47	Severe Delay Involving Language
41	Severe Mental Disability
42	Severe Emotional/Behavioural Disability
43	Severe Multiple Disabilities
44	Severe Physical/Medical
45	Deafness
46	Blindness
51	Mild Mental Disability
52	Moderate Mental Disability
53	Mild/Moderate Emotional/Behavioural Disability
54	Mild/Moderate Learning Disability
55	Mild/Moderate Hearing Disability
56	Mild/Moderate Visual Disability
57	Mild/Moderate Communication Disability
58	Mild/Moderate Physical/Medical Disability
59	Mild/Moderate Multiple Disability
70	Disabled Adult
80	Gifted and Talented

FRANCOPHONE ELIGIBILITY

(SECTION 23 - CHARTER OF RIGHTS AND FREEDOMS)

A	**Section 23 Information was not collected
B	**Section 23 ineligible (former code was N)
C	**Question was asked but eligibility is not known or not provided
Y	Section 23 Eligible

CODE	DESCRIPTION
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ENROLMENT TYPE CODES

(ENROLMENT TYPES 1, 2 AND 3 ARE AVAILABLE)

121	Independent Student
130	Resident Student of Government
330	Aboriginal Students Paid by Government
331	Aboriginal Learner - Status Indian/First Nation
332	Aboriginal Learner - Non-Status Indian/First Nation
333	Aboriginal Learner - Métis
334	Aboriginal Learner - Inuit
402	Resident - Exchange Outside Alberta but Inside Canada
403	Resident - Exchange Outside Canada
412	Exchange Outside Alberta but Inside Canada
413	Exchange Outside Canada
415	Visiting Outside Alberta but Inside Canada - Non-Funded
416	Visiting Outside Canada - Non-Funded

GRANTS PROGRAM CODES

(PROGRAM TYPES 1, 2 AND 3 ARE AVAILABLE)

110	Attend - Funding to Other
211	Alternate French Language Program
230	French as a Second Language
301	Foreign-born ESL Funded
302	ESL Non-Funded
303	Canadian-born ESL Funded
401	Arabic Bilingual
403	Cree Bilingual
404	German Bilingual
405	Hebrew/Yiddish Bilingual
406	Ukrainian Bilingual
407	Polish Bilingual
408	Other Bilingual
409	Spanish Bilingual
410	Chinese Bilingual
412	Blackfoot Bilingual
500	Special Education Funding
550	Designated Institutional School
600	Home Education
610	Home Education Blended Program
611	Home Education Portion of a Blended Program
612	In class Portion of a Blended Program
620	Virtual School Program
630	Outreach Program
640	High School Refugee Student
710	Integrated Occupational

ESL INITIAL EVALUATION INFORMATION

ACADEMIC CATEGORY	ENGLISH PROFICIENCY LEVEL
> 4 yrs below age/grade level	ESL Literacy
3-4 yrs below age/grade level	Beginner
2-3 yrs below age/grade level	Intermediate 1
1-2 yrs below age/grade level	Intermediate 2
<1 year below grade level	Advanced
At or approaching age/grade level	No ESL Support

Referral Date:	Assessment Date:



Calgary Board of Education

CALGARY BOARD OF EDUCATION

School District Use of Personal Information

The Calgary Board of Education collects personal information under Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act*. Personal information is defined in Section 1(n) of the *FOIP Act* and includes an individual's:

- Name, address, telephone number;
- Birthdate, age, gender, race, national or ethnic origin, religious beliefs, family status, marital status, identifying number assigned to individual, health information including information about a mental or physical disability;
- School, program, grade,
- Photos, audio/video recordings
- Educational history
- Anyone else's opinion about the individual
- The individual's personal view or opinions, except if they are about someone else

The Calgary Board of Education collects, uses, and discloses personal information that is necessary for the operation of a school board as allowed under the *FOIP Act*. The following are **examples** of how personal information may be used by the CBE.

- Report cards
- Student records
- Student identification cards
- School library cards
- School yearbooks
- School newsletters
- Field trips
- Parent/guardian contact for absenteeism, emergencies, etc.
- Transportation services
- Classroom or program assignment
- Displays at schools or school district sites
- School sponsored activities such as fine arts productions, presentations, fairs, celebrations, clubs, sports activities
- To determine eligibility or suitability for an honour, award, scholarship, athletic program, etc.
- Law enforcement and or matters relating to safety and security

The school will contact parents/guardians on the occasions when consent is appropriate.

Please note: Photos, videos or images of students attending or participating in school activities (e.g. sporting events, concerts, cultural programs, clubs, field trips, graduation or other ceremonies), that are open to the general public, may be taken by CBE staff, the public-at-large, including journalists, reporters, videographers and other members of the Media and used for purposes within and outside the school or school district. The CBE cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.

If you have any questions about the collection and/or the intended purposes of your personal information, please contact the school principal or the CBE FOIP Office at foip@cbe.ab.ca, or by mail to The Calgary Board of Education, 1221 – 8 St. SW, Calgary AB T2R 0L4.

Directions for Use of the Student Registration Form

This form is to be completed by Independent Students OR by the Parents or Legal Guardians of students registering at Calgary Board of Education schools.

1. Prior to registering any student, it must be determined if the student is a resident of the Calgary Board of Education as defined under legislation. There is a space at the top of the Student Registration Form for the **parent/guardian or independent student** to declare this information.

The School Act allows a board to set admission priorities where facilities or resources are not sufficient to accept all students wishing to attend a specific school. A list of the placement priorities set by the Calgary Board of Education can be found in Section F of current CBE Administrative Regulation 3001 – School Boundaries and Optional Attendance. (For more information on residency of students, see *Information Package for CBE Schools – Section 5 – Admission and Registration of Students*)

If there are space and resource limitations, the non-resident applicant must be informed that their registration cannot be accommodated at that time. Non-resident students, whose registrations are accepted, must be informed in writing regarding the duration of that acceptance.

Residency Considerations:

To qualify as a resident student of the CBE a student must physically reside within the jurisdiction of the Calgary Board of Education (i.e. within the geographical boundaries of the CBE) with their parent(s) or legal guardian, or as an independent student. In addition, the faith of the parent(s) of that student must be non-Catholic.

Out of Calgary Students

If the parents or legal guardians OR the independent status students live outside the geographic boundaries of the Calgary Board of Education, they are not residents of the CBE.

Roman Catholic Students

If the parent(s) or the legal guardian(s) OR the independent status student live within the geographic boundaries of the Calgary Board of Education but are of the Roman Catholic faith, the student is a resident of the Calgary Roman Catholic Separate School Division and not resident of the CBE (School Act – Section 44(4))

Francophone Students

If the parent(s) or the legal guardian(s) OR the independent status student live within the geographic boundaries of the Calgary Board of Education and the first language of the parents (or the Independent Student) is French AND they wish to exercise their Section 23 rights, they are residents of the Conseils Scolaires Catholique et Francophones du sud de l'Alberta and not residents of the CBE. If they do not wish to exercise their Section 23 rights, it must still be determined if they are residents of the Calgary Board of Education or the Calgary Roman Catholic Separate School Division.

Dual Residency

If both parents (or legal guardians) have care and custody of a student and each is a resident of a different school district or division and they wish to have the student considered as a resident of the Calgary Board of Education, they must declare that to be the case by checking YES to the Declaration of Residency and signing the Registration Form. School Act - Section 44(8))

2. The custodial parents OR legal guardians OR independent student must complete the form and **provide all required documentation**. Please note that full legal name is required. AKA Given Name may be requested and recorded in SIRS.
3. Once the form is completed, review the form and documentation for completeness and accuracy with the person who completed it. Pay particular attention to the declarations and supporting documents regarding Residency, Date of Birth, Citizenship, Previous Suspension or Expulsion, Custody or Guardianship, Medical Information, Aboriginal Information, ESL Eligibility and Francophone Eligibility. If medical information is provided, insure that follow-up forms are provided as necessary. Please note that provision of the Alberta Personal Health Care Number cannot be required.
4. Add the student to SIRS using Add a Student for Current Year or Add a Student for Next Year, whichever is appropriate. Transfer data to SIRS by entering information in the fields as they appear on the registration screens. On the top right hand corner of page 1, record the student's CBE ID # (if new to the Board), the Alternate or Special Education Program Name (if applicable), and if the student is registering in Kindergarten, whether or not the program is a Full Day Kindergarten program.
5. File the registration form and the supporting documents in the student's cumulative file.

Once completed, the Student Registration Form becomes part of the CBE Student Record. Student records may be reviewed by either custodial/access parent and/or legal guardian. If the registering parent/guardian does NOT wish to have their personal information (i.e. home address, work number etc.) shared with the other parent/guardian during a review of the student record, a written request to keep this information private must be provided to the school.