



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. Please print.

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

Under the Education Act, a student is considered to be a resident of The Calgary Board of Education if the student is an independent student residing in the City of Calgary and not of the Roman Catholic faith. By signing below, I declare that (check one):

- I am of the Roman Catholic faith
I am not of the Roman Catholic faith

Print Independent Student Name Signature Independent Student Name Date (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.

Are you declaring independent status? Yes No

Student Name and Citizen Information

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

Legal Last Name: Preferred Last Name:

Legal First Name: Preferred First Name:

Legal Middle Name: Preferred Middle Name:

Student Email Address:

Birth Date: MM DD YYYY Gender: Female Male Undisclosed Unspecified

Student Home Phone: Student Mobile Phone:

Birth Country: Home Language:

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, Landed Immigrant, Refugee Claimant, Temporary Resident, Child of Canadian Citizen, Child of a lawfully admitted permanent or temporary resident, Stepchild of a Canadian or Temporary Foreign Worker):

Expiry Date of Document: MM DD YYYY

Office Use Only

CBE #: ASN #: Resident CBE: Yes No

Name of School: Program: Lottery: Yes No

Expected Start Date: MM DD YYYY Grade Entering: Proof of Age & Legal Name: Yes No

Entered by: Date Entered (MM/DD/YYYY): Address Verified: Yes No

**Student Address**

Provide a home address. If the mailing address is the same, check the box and do not complete the mailing address:  Same

Home Address: Apt / Suite #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Community (in Calgary): \_\_\_\_\_

Mailing Address: Apt / Suite #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**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

If **yes**, give a brief description:

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

**Self-Identify as Indigenous**

If you wish to declare yourself as Indigenous, 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.

**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.

## 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: \_\_\_\_\_

CBE Student ID Number: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Withdrawal Date (MM/DD/YYYY): \_\_\_\_\_

Have you attended school elsewhere?  Yes  No

If **yes**, provide:

Name of the Last School Attended: \_\_\_\_\_

Alberta Education ID Number (if applicable): \_\_\_\_\_

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 / Education Plan (IPP/IEP)?  Yes  No

If **yes**, what is/are the Alberta Education special education code(s)?

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

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

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

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

### Not Legal Guardians / Parents / Others

For more information refer to the **Relationship** section at the end of this document.

Please provide a minimum of TWO emergency contacts.

NOT Legal Guardian (Other)	
First Name: _____	Last Name: _____
Relationship to Student: _____	
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Order (assign a priority level): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Release of Information Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____	Permission to Receive Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Mobile Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Work Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ext: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Provide a <b>mailing address</b> if different than the student's. If the mailing address is the same, check the box: <input type="checkbox"/> Same	
Apt / Suite #: _____	Province: _____
Street: _____	Postal Code: _____
City: _____	
Community (Calgary): _____	

NOT Legal Guardian (Other)	
First Name: _____	Last Name: _____
Relationship to Student: _____	
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Order (assign a priority level): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup>
Release of Information Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____	Permission to Receive Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Mobile Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Work Phone: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ext: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Provide a <b>mailing address</b> if different than the student's. If the mailing address is the same, check the box: <input type="checkbox"/> Same	
Apt / Suite #: _____	Province: _____
Street: _____	Postal Code: _____
City: _____	
Community (Calgary): _____	

## NOT Legal Guardian (Other)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact:  Yes  No Contact Order (assign a priority level):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

Release of Information Form Attached:  Yes  No

Email Address: \_\_\_\_\_ Permission to Receive Mail:  Yes  No

Home Phone:  -  -  Call Order (preference):  1  2  3

Mobile Phone:  -  -  Call Order (preference):  1  2  3

Work Phone:  -  -  Ext:  Call Order (preference):  1  2  3

Provide a **mailing address** if different than the student's. If the mailing address is the same, check the box:  Same

Apt / Suite #: \_\_\_\_\_ Province: \_\_\_\_\_

Street: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_

Community (Calgary): \_\_\_\_\_

## Sibling Information (Optional)

Do you have siblings attending CBE schools?  Yes  No *If yes, specify below.*

Name: \_\_\_\_\_ CBE School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ CBE School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ CBE School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ CBE School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Declaration

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

\_\_\_\_\_  
**Signature** Independent Student Name

\_\_\_\_\_  
**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 Act (FOIP)*, 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.

## Proof of Age and Legal Name

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

The independent student must produce the student's birth certificate at the time of registration. If a birth certificate is not available, the principal may accept a:

- passport;
- Canadian citizenship certificate;
- Canadian federal government Permanent Residency Card, Permanent Resident Record or Confirmation of Permanent Residency;
- Canadian federal government Record of Landing;
- Canadian provincial government Notice of a Live Birth;
- Indigenous Status card; or
- court order that states the age and legal name of the child.

Note | Students who are not Canadian citizens must register at the Admissions and Assessment Office located at the Kingsland 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

## Relationship

The following are the options for relationships:

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