



Colony Schools Student Registration Form

School Name: _____

Registering for Grade: _____ Enrollment Year: _____

Legal Verification – A student cannot be registered without a copy of a legal document that provides proof of legal name, age and citizenship or immigration status. Any of the following documents are acceptable: Canadian birth certificate, passport, adoption papers, permanent resident card, student study permit, parent work permit or parent study permit. **Please enclose a copy of the child's birth certificate.**

Student Information

Alberta Student Number (ASN): _____
(office only)

Student's Legal Last Name: _____ Student's Legal First Name: _____ Student's Legal Middle Name: _____

Student's Preferred Name(s): (if different than legal names) _____ Birthdate: _____
month/day/year

Gender: Male Female X (unspecified) Home Phone Number & Extention: _____

Street Address or Legal Land Description: _____ Mailing Address: _____
1/4 sec, Twp, Rge, W of, Lot, Block

Medical Information (optional)

You do not have to provide information about medical concerns, but the information could be crucial to the well-being of your child. Are there any serious medical conditions you would like to school to be aware of that affect your child?

Please indicate below:

- Diabetes Epilepsy Allergies Hemophilia Heart Condition Asthma Other
 Epi-pen

Medical Notes: _____

English as a Second Language (ESL) (ESL students can be Canadian-born or Foreign-born)

My child is: Canadian born Foreign born Birth country: _____

My child's first language learned (specify): _____ My child's primary home language (specify): _____

Do you have other children who are attending or will be attending school?

| Child's Name | Age | Grade |
|---------------------|------------|--------------|
| | | |
| | | |
| | | |
| | | |

Father's Name: _____

Mother's Name: _____

Guardian's Name: _____

Emergency Contacts (An "emergency contact person" is someone other than the student's parent(s) or guardian(s).)

Name of emergency contact #1: _____ Relationship: _____

Daytime telephone #: _____ Cell phone #: _____

Name of emergency contact #2: _____ Relationship: _____

Daytime telephone #: _____ Cell phone #: _____

DECLARATION OF PARENT/GUARDIAN:

I hereby declare the above information to be true, correct, and complete.

Signature

Date