



# Chinook Learning Services Student Registration Form

## Instructions

This form must be completed by all students who are registering in Chinook Learning Services High School Upgrading program. Fields in this PDF form can be input using your computer's keyboard and mouse. Print prior to signing and dating the document (File menu > Print).

All forms must be submitted by email: [ChinookRegistration@cbe.ab.ca](mailto:ChinookRegistration@cbe.ab.ca)

Course fees, if applicable, are due at time of registration. Waivers are not applicable.

## Student Information

CBE Student ID Number (if known) \_\_\_\_\_ Alberta Education Number (if known) \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Preferred Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Note: Legal name must match the name on your legal document. Student's preferred name is a name by which the student is commonly known in the family and community.

Birthdate (MM/DD/YYYY) \_\_\_\_\_ Gender Female Male Another \_\_\_\_\_ (Optional)

Apt/Suite # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Preferred Phone \_\_\_\_\_

## Emergency Contacts (at least one is required)

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Preferred Phone \_\_\_\_\_

## Student Citizenship

Canadian

Permanent Resident

Convention Refugee

Refugee Protection Claimant

Temporary Resident (Study Permit and/or Work Permit or Visitor Record)

Birth Country \_\_\_\_\_ Home Language \_\_\_\_\_



**Legal Documentation**

A copy or photo of one of the following legal documents is required for the student file and must be emailed to [ChinookRegistration@cbe.ab.ca](mailto:ChinookRegistration@cbe.ab.ca).

- |  |  |
|--|--|
| Adoption Certificate                   | Canadian Birth Certificate                     |
| Canadian Citizenship Card              | Canadian Citizenship Certificate (pages 1 & 2) |
| Canadian Passport                      | Certificate of Indian Status                   |
| Confirmation of Permanent Residence    | Convention Refugee Document                    |
| Permanent Resident Card (front & back) | Refugee Protection Claimant Document           |
| Study Permit & Home Country Passport   | Visitor Record & Home Country Passport         |
| Work Permit & Home Country Passport    |  |

Document Number \_\_\_\_\_ Expiry Date (MM-DD-YYYY) \_\_\_\_\_

**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, please 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).

**School Status**

Current or most recent high school attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

- |                            |                                  |                      |
|----------------------------|----------------------------------|----------------------|
| Calgary Board of Education | Calgary Catholic School District | Other Calgary School |
| Outside Calgary            | Outside Alberta                  | Outside Canada       |

Was the student suspended or expelled from the last school?      Yes      No



Legal Guardian 1

Complete this section for students under 18 years of age at the time of registration.

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

Apt/Suite # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

Legal Guardian 2

Complete this section for students under 18 years of age at the time of registration.

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

Apt/Suite # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Legal Document Name \_\_\_\_\_ Legal Document Number \_\_\_\_\_

Medical Information

Does the student have any medical or physical conditions that may affect his/her attendance at school?

Yes No

If yes, email a copy of the Calgary Board of Education Student Health Emergency Response Protocol form to ChinookRegistration@cbe.ab.ca

Declaration

I, the undersigned, hereby represent that I have the legal authority to register the student identified on this form. 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.

Signature of Legal Guardian / Independent Student

Registration Date (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. If you have any questions about the collection or its intended use, contact Calgary Board of Education, 1221 8 St SW, 403-817-7899.

## **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 Chinook Learning Services 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.