



Maskwacis Education Schools Commission
 PO Box 58
 Maskwacis, Alberta, Canada, T0C 1N0
 Phone: 780-585-3333
 www.maskwacised.ca

STUDENT REGISTRATION

SCHOOL YEAR: _____

- | | | |
|---------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> EHPEWAPAHK ALTERNATE SCHOOL | <input type="checkbox"/> GRACE MARIE SWAMPY MEMORIAL PRIMARY | <input type="checkbox"/> MIMIW SAKAHIKAN SCHOOL |
| <input type="checkbox"/> ERMINESKIN KINDERGARTEN | <input type="checkbox"/> KISIPATNAHK SCHOOL | <input type="checkbox"/> NIPISIKOPAHK ELEMENTARY |
| <input type="checkbox"/> ERMINESKIN ELEMENTARY SCHOOL | <input type="checkbox"/> MASKWACIS OUTREACH SCHOOL | <input type="checkbox"/> NIPISIKOPAHK SECONDARY SCHOOL |
| <input type="checkbox"/> ERMINESKIN JUNIOR SENIOR HIGH SCHOOL | <input type="checkbox"/> MESKANAHK KA NIPA WIT SCHOOL | |

SCHOOL HISTORY

Has the student registered with any of the MESC schools in the past? Yes No

Name of last school attended: _____ City: _____
 Last school prov./country if not in Alberta: _____ Last grade successfully completed: _____
 If registering from out of Alberta, has the student ever attended school in Alberta? Yes No

STUDENT INFORMATION

NOTE: A student cannot be registered without a copy of a legal document providing proof of legal name and age:
 Legal document provided: Birth Certificate Passport Residency Citizenship Card Work/Student Visa Temporary declaration of Legal Name & Age Status Card
 Legal Surname: _____ Preferred Surname: _____
 Legal First Name: _____ Preferred First Name: _____
 Legal Middle Name(s): _____ Birthdate: MM DD YYYY Male Female
 Age on Sept. 1: _____ Live on Reserve? Yes No Band Number: _____ Band Name: _____
 Mailing Address: _____ City: _____ Prov.: _____ PC: _____
 Resident Address: _____ City: _____ Prov.: _____ PC: _____
 (If different than above)
 Reserve of Residence: _____ House Number: _____ Independent
 Home Phone: _____ Student Cell: _____ Student Email: _____
 Rural Land Location: Quarter _____ Section _____ Twp _____ Range _____ Meridian _____
Independent Student: In the Maskwacis Education Law 2.8 means a student who is; 18 years of age or older, or 16 years of age or older and living independently or is a party to an agreement under section 57.2 of the *Child Youth and Family Enhancement Act*.

Complete information is required below for EACH legal parent/guardian in accordance with the Family Law Act, Child Welfare Act, and the Child, Youth and Family Enhancement Act.

STUDENT CONTACTS

First Parent/Guardian: Surname: _____ First Name: _____ Student Resides with? Y N
 Legal First Name: _____ Preferred First Name: _____
 Relationship to Student: Biological/Adoptive Mother Biological/Adoptive Father Step Parent Other
 Work Ph: _____ Cell Ph: _____ Home Ph: _____ Email: _____
complete below if different than student information above
 Mailing Address: _____ City: _____ Prov.: _____ PC: _____
Second Parent/Guardian: Surname: _____ First Name: _____ Student Resides with? Y N
 Legal First Name: _____ Preferred First Name: _____
 Relationship to Student: Biological/Adoptive Mother Biological/Adoptive Father Step Parent Other
 Work Ph: _____ Cell Ph: _____ Home Ph: _____ Email: _____
complete below if different than student information above
 Mailing Address: _____ City: _____ Prov.: _____ PC: _____
Third Parent/Guardian: Surname: _____ First Name: _____ Student Resides with? Y N
 Legal First Name: _____ Preferred First Name: _____
 Relationship to Student: Biological/Adoptive Mother Biological/Adoptive Father Step Parent Other
 Work Ph: _____ Cell Ph: _____ Home Ph: _____ Email: _____
complete below if different than student information above
 Mailing Address: _____ City: _____ Prov.: _____ PC: _____
Fourth Parent/Guardian: Surname: _____ First Name: _____ Student Resides with? Y N
 Legal First Name: _____ Preferred First Name: _____
 Relationship to Student: Biological/Adoptive Mother Biological/Adoptive Father Step Parent Other
 Work Ph: _____ Cell Ph: _____ Home Ph: _____ Email: _____
complete below if different than student information above
 Mailing Address: _____ City: _____ Prov.: _____ PC: _____

CUSTODY

Legal Guardians of the student must be identified to ensure each party's rights are respected. If a Court Order exists affecting guardianship, custody or access rights, a copy of the Order is required to be placed on the Student Record. In rare instances a child may be designated as "protected" if a court issues a restraining order under the Child Welfare Act, the Divorce Act, the Young Offenders Act or similar legislation.
 Court order: Y N Expiry: MM DD YYYY Type: Access/Custody Parenting Guardianship Info Disclosure Restriction
 Social Worker/Case Worker (if applicable): _____ Ph: _____

EMERGENCY

An Emergency Contact person is someone other than the student's parent or guardian
 Emergency Contact #1: _____ Day Ph: _____ Alt Ph: _____ Relationship: _____
 Emergency Contact #2: _____ Day Ph: _____ Alt Ph: _____ Relationship: _____

SIBLINGS

Please indicate siblings attending MESC schools, the siblings name and the school they attend:
 Sibling #1 Name: _____ School: _____
 Sibling #2 Name: _____ School: _____
 Sibling #3 Name: _____ School: _____
 Sibling #4 Name: _____ School: _____
 Sibling #5 Name: _____ School: _____
 Sibling #6 Name: _____ School: _____
 Sibling #7 Name: _____ School: _____

The Student is:	Citizenship Documentation:	Document Expiry Date:
CITIZENSHIP <input type="checkbox"/> Child of individual who is lawfully admitted to Canada for permanent/temporary residence (does not include tourists/visitors) <input type="checkbox"/> Lawfully admitted to Canada for permanent residence <input type="checkbox"/> Child of a Canadian Citizen <input type="checkbox"/> International student (Parent/Guardian residing in another country) Birth Country, if not Canada: _____ Date of arrival in Canada (if applicable): _____	<input type="checkbox"/> Parent Work Visa	<u>MM DD YYYY</u>
	<input type="checkbox"/> Parent Student Visa	<u>MM DD YYYY</u>
	<input type="checkbox"/> Permanent Residency	<u>MM DD YYYY</u>
	<input type="checkbox"/> Citizenship Card	<u>MM DD YYYY</u>
	<input type="checkbox"/> International Student Visa	<u>MM DD YYYY</u>
	<input type="checkbox"/> Refugee Claimant	<u>MM DD YYYY</u>
	<input type="checkbox"/> Refugee - Status Granted	<u>MM DD YYYY</u>

If applicable, note any **serious medical conditions** (physical conditions, illness, allergies, medication, etc.) you wish the school to be aware of:

MEDICAL

Please also notify the school administration and your child's teacher(s) of significant medical conditions to ensure they are aware.

Personal Information Protection Act

Complete the following giving or denying permission to release personal information in the context of a school setting:

PIPA

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Interviewed by the media, approved community organizations, School Division
<input type="checkbox"/>	<input type="checkbox"/>	2. Photographed by the School Division, media, approved community organizations
<input type="checkbox"/>	<input type="checkbox"/>	3. Videotaped by the media, approved community organizations, School Division
<input type="checkbox"/>	<input type="checkbox"/>	4. Student work to be displayed, recognized or reproduced outside of school (ie. signed artwork, creative writing, Student of the Day, academic presentations, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	5. Student image and name to appear in the school year book
<input type="checkbox"/>	<input type="checkbox"/>	6. Student name on the School or Division website
<input type="checkbox"/>	<input type="checkbox"/>	7. Student image on School or Division publications and documents
<input type="checkbox"/>	<input type="checkbox"/>	8. Photograph of student image posted on Division or School Social Media Accounts such as Facebook or Twitter

Consent to Receive Electronic Messages

In accordance with Canada's Anti-Spam Legislation (CASL), EACH Parent/Guardian and Independant Student must complete and SIGN their section below for consent or refusal to receive electronic messages from school/school division.

NOTE: Please ensure that your EMAIL ADDRESS is provided on page 1 if you are consenting to CASL.

First Parent/Guardian

CASL Consent

YES NO Surname: _____ First Name: _____

Signature: _____ Date: MM DD YYYY

Second Parent/Guardian

CASL Consent

YES NO Surname: _____ First Name: _____

Signature: _____ Date: MM DD YYYY

Third Parent/Guardian

CASL Consent

YES NO Surname: _____ First Name: _____

Signature: _____ Date: MM DD YYYY

Fourth Parent/Guardian

CASL Consent

YES NO Surname: _____ First Name: _____

Signature: _____ Date: MM DD YYYY

DECLARATION To be dated and signed by the Parent/Guardian completing this Registration Form

I hereby certify the above information to be true, correct and complete. I have identified ALL guardians for this student.

Date: MM DD YYYY Signature: _____