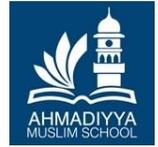


# Student Registration Form



## Student Information (Please Print)

|                |                                     |                       |                            |
|----------------|-------------------------------------|-----------------------|----------------------------|
| _____          | _____                               | _____                 | _____                      |
| Last Name      | First Name                          | Middle Name           | Date of Birth (MM/DD/YYYY) |
| _____          | _____                               | _____                 | _____                      |
| Grade Entering | Alberta Education Number (If Known) | Gender (Male/ Female) |                            |

Address:

|                 |                 |       |          |             |
|-----------------|-----------------|-------|----------|-------------|
| _____           | _____           | _____ | _____    | _____       |
| Appt/ Suite No. | Mailing Address | City  | Province | Postal Code |

*A copy of a legal document proving student's age (with birth date) must be provided for students record.*

## Student Citizenship

|                                |                                 |                             |
|--------------------------------|---------------------------------|-----------------------------|
| _____                          | _____                           | _____                       |
| Country of Birth               | Primary Language Spoken at Home | Other Languages             |
| Student is a canadian Citizen: | <input type="checkbox"/> Yes    | <input type="checkbox"/> No |

## Student Medical Information

Does the student have any medical or physical conditions that may affect their attendance at school? Yes  No

Does the student have any allergies? Yes  No

If yes either of the above questions, give a brief description:

## Previous School Information (If Applicable)

|                      |                 |
|----------------------|-----------------|
| _____                | _____           |
| Previous School Name | Grade Completed |

**Student Learning Needs**

Has the student ever had an Individual Program Plan (IPP) , Individual Education Plan (IEP) or had a learning, medical or mental health assessment that has provided recommendations to support the student's learning ? Yes  No

If Yes, provide the school with the learning, mental or medical health assessment documents (e.g Psycho-educational Assessment, Physician's letter etc.)

Provide a description below, including the Education Code:

Are there any language needs or other unique learning needs we should know in order to support the Student's learning?

**Legal Guardian Information**

**Legal Guardian # 1**

|   |                    |   |  |
|---|--------------------|---|--|
|   |                    |   |  |
| <b>Last Name</b>  | <b>Middle Name</b> | <b>First Name</b>   | <b>Relationship to student</b>   |
| Lives with student? Yes <input type="checkbox"/> No <input type="checkbox"/>                    |                    | Same address as student? Yes <input type="checkbox"/> No <input type="checkbox"/>                               |  |
| Emergency Contact Yes <input type="checkbox"/> No <input type="checkbox"/>                      |                    | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |  |
| Legal Guardian/ Parents Live together? Yes <input type="checkbox"/> No <input type="checkbox"/> |                    | If Yes, skip to Home Phone.   |  |
| Custody: <input type="checkbox"/> Sole Custody/ Parenting                                       |                    | <input type="checkbox"/> Joint/ Shared Custody/ Parenting   |  |
| <input type="checkbox"/> Decision Making  |                    |   |  |
| Court Order: Yes <input type="checkbox"/> No <input type="checkbox"/>                           |                    | If YES, a copy must be provided for the Student Record.   |  |
| Emergency Protection Order: Yes <input type="checkbox"/> No <input type="checkbox"/>            |                    | If YES, a copy must be provided for the Student Record.   |  |
| Home Phone No: _____  |                    | Contact Order (priority)  | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Work Phone No: _____  | Ext. _____         | Contact Order (priority)  | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Work Phone No: _____  |                    | Contact Order (priority)  | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Email Address: _____  |                    |   |  |

**Legal Guardian # 2**

|  |  |   |   |
|--|--|---|---|
| Last Name                              | Middle Name                                      | First Name  | Relationship to student   |
| Lives with student?                    | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | Same address as student? Yes <input type="checkbox"/> No <input type="checkbox"/>                               |
| Emergency Contact                      | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Legal Guardian/ Parents Live together? | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | If Yes, skip to Home Phone.   |
| Custody:                               | <input type="checkbox"/> Sole Custody/ Parenting | <input type="checkbox"/> Joint/ Shared Custody/ Parenting | <input type="checkbox"/> Joint/ Shared Custody/ Parenting   |
|  | <input type="checkbox"/> Decision Making         |   |   |
| Court Order:                           | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | If YES, a copy must be provided for the Student Record.   |
| Emergency Protection Order:            | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | If YES, a copy must be provided for the Student Record.   |
| _____                                  |  |   | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Home Phone No:                         |  |   |   |
| _____                                  | _____  |   | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Work Phone No:                         | Ext.   |   |   |
| _____                                  |  |   | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Work Phone No:                         |  |   |   |
| Email Address:                         | _____  |   |   |

**Not Legal Guardian # 3 (Relatives of Student)**

|  |  |   |   |
|--|--|---|---|
| Last Name                              | Middle Name                                      | First Name  | Relationship to student   |
| Lives with student?                    | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | Same address as student? Yes <input type="checkbox"/> No <input type="checkbox"/>                               |
| Emergency Contact                      | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Legal Guardian/ Parents Live together? | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | If Yes, skip to Home Phone.   |
| Custody:                               | <input type="checkbox"/> Sole Custody/ Parenting | <input type="checkbox"/> Joint/ Shared Custody/ Parenting | <input type="checkbox"/> Joint/ Shared Custody/ Parenting   |
|  | <input type="checkbox"/> Decision Making         |   |   |
| Court Order:                           | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | If YES, a copy must be provided for the Student Record.   |
| Emergency Protection Order:            | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                               | If YES, a copy must be provided for the Student Record.   |
| _____                                  |  |   | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Home Phone No:                         |  |   |   |
| _____                                  | _____  |   | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Work Phone No:                         | Ext.   |   |   |
| _____                                  |  |   | Contact Order (priority) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> |
| Work Phone No:                         |  |   |   |
| Email Address:                         | _____  |   |   |

**Declaration**

This Declaration must be signed in front of School Personnel. Please bring (Government Issued) photo identification. You may be asked to provide documentation confirming guardianship.

I, the Undersigned, hereby represent that I have the Legal Authority to register the student identified on this form. I have identified all Legal Guardian/ Parents for the student. I declare the information I have provided on this form is complete and accurate.

**I will immediately notify the School of any changes to the information in this form.**

\_\_\_\_\_  
**Print Legal Guardian/ Parent Name**

\_\_\_\_\_  
**Signature Legal Guardian/ Parent Name**

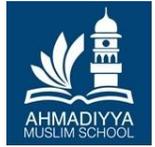
\_\_\_\_\_  
**Date of Signature (MM/DD/YYYY)**

**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 (FOIP) Act, the Education Act and its regulations, and the Canadian Charter of Rights and Freedom, Section 23. This information will be used for the maintenance of the students' records, 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 a problem or emergencies. Personal information may also be provided to the Ministry 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.

**Please complete and return to the school**

# Student Record Request Form



## Student Information (Please Print)

|                       |  |                              |                                   |
|-----------------------|--|------------------------------|-----------------------------------|
| _____                 | _____                                      | _____                        | _____                             |
| <b>Last Name</b>      | <b>First Name</b>                          | <b>Middle Name</b>           | <b>Date of Birth (MM/DD/YYYY)</b> |
| _____                 | _____                                      | _____                        | _____                             |
| <b>Grade Entering</b> | <b>Alberta Education Number (If Known)</b> | <b>Gender (Male/ Female)</b> |                                   |

Address:

|                        |                        |             |                 |                    |
|------------------------|------------------------|-------------|-----------------|--------------------|
| _____                  | _____                  | _____       | _____           | _____              |
| <b>Appt/ Suite No.</b> | <b>Mailing Address</b> | <b>City</b> | <b>Province</b> | <b>Postal Code</b> |

## School Information

|                             |                        |                       |
|-----------------------------|------------------------|-----------------------|
| _____                       | _____                  | _____                 |
| <b>Last School Attended</b> | <b>Grade Completed</b> | <b>Year Completed</b> |

## Type of Record Requested

- Testing/ Psychological Assessment/ IPP
- Complete File
- Other - Please Specify \_\_\_\_\_

## Release

Please Release the Record(s) to:  
Ahmadiyya Muslim School  
4353 54 Ave NE, Calgary, AB T3J 4L3  
Attention: Office of Administration

## Authorization

I, \_\_\_\_\_ current Principal/Assistant Principal of student \_\_\_\_\_  
acknowledge that I have received the transfer request and will accordingly forward the requested documentation to the Ahmadiyya Muslim School.

|                                  |   |
|----------------------------------|---|
| _____                            | _____                                       |
| <b>Date</b>                      | <b>Principal/ Asst. Principal Name</b>      |
| _____                            | _____                                       |
| <b>Parent Guardian Signature</b> | <b>Principal/ Asst. Principal Signature</b> |