



**Preschool  
Student**  
Registration Form  
2025-2025

École Mallaig School

Two Hills School

Date of Registration: \_\_\_\_\_  
(mm/dd/yyyy)

**This Registration form is a legal document. It must be accurate and complete.  
Before a student can be registered by a school, this form must be completed in its entirety and signed by the parent/guardian/independent student. Proof of residency may be required before registration can proceed.**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ (mm/dd/yyyy) Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Rural Address (New County Address): \_\_\_\_\_

Legal Land Description: \_\_\_\_\_

Student Street Address (if different from above):  
\_\_\_\_\_

Student Joint custody Address (if different from above):  
\_\_\_\_\_

Student Permanent Address (if different from above):  
\_\_\_\_\_

**If from another school:**

Report Card Submitted

Previous School attended: \_\_\_\_\_

City: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

Resides with:      Both Parents      Father      Mother      Shared Custody      Independent  
                         Mother/Stepfather      Father/Stepmother      Guardians

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY INFORMATION** (LOCAL Emergency Contacts other than parents/guardians)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ can pick up from school:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ can pick up from school:

**CUSTODY**

If an order exists affecting guardianship rights or custody access rights, a copy of the order will be required to be placed in the student's file. Circumstances may be such that a child be designated as "PROTECTED" if a court issues a restraining order under the Child Youth and Family Enhancement Act, the Domestic Relations Act, the Divorce Act or the Youth Criminal Justice Act.

Please indicate if the School Administration should be aware of any such Court Order for the protection of the student. Yes  No

If Yes, please make arrangements to discuss this situation with the school administration. Is a copy in the student file? Yes  No

Document Expiry Date (if applicable): \_\_\_\_\_ (Month/Day/Year)

Does this student meet the in-care status as defined by the Child Youth and Family Enhancement Act? Yes  No

If Yes, please supply name of worker and agency:

\_\_\_\_\_

**Siblings**

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

Name:	Grade:	School:

**MEDICAL INFORMATION:**

**(Note: A doctor's letter is required if medication needs to be administered to your child)**

Alberta Health Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there any medical problems or allergies your child may be experiencing which the school should be aware of?

Yes  NO  Allergies: \_\_\_\_\_

Special Medical Considerations: \_\_\_\_\_

Life Threatening Allergy/Condition  Allergies  Physical Disability

Serious Illness  Medication to be administered

Please specify/explain: \_\_\_\_\_

Is your child immunized? Yes  No

Are immunizations current? if No please specify Yes  No

**MEDICAL CONSENT:**

I hereby give permission for this child to be referred to a doctor for emergency medical treatment.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (mm/dd/yyyy)

**CITIZENSHIP/STATUS**

- 1.Canadian Citizen Birth Country if not Canada: \_\_\_\_\_
- 2.Permanent Resident Date of arrival in Canada: \_\_\_\_\_ (mm/dd/yyyy)
- 5.Study Permit Visa/Work Permit/Study Permit Expiry Date: \_\_\_\_\_ (mm/dd/yyyy)
- 6.Child of a Canadian Citizen Effective Date: \_\_\_\_\_ (mm/dd/yyyy)
- 7.Child of an individual lawfully admitted to Canada for permanent or temporary residence
- 9.Step-child of a Canadian citizen or Temporary Foreign Worker
- Other Jurisdiction / Resident Board (specify): \_\_\_\_\_

**LEGAL DOCUMENTATION REQUIRED**

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 to copy: Canadian Birth Certificate, permanent resident card, student study permit, parent work permit or parent study permit.

**Legal Documentation on file:**

- |                                |                       |                             |
|--------------------------------|-----------------------|-----------------------------|
| Birth Certificate              | Last 4 Numbers: _____ | Passport                    |
| Canadian Citizenship Document: |                       | Permanent Resident Document |
| Status Card                    |                       | Landed Immigrant            |
| Student Visa/Study Permit      |                       | Other (specify): _____      |
| Custody Order                  |                       |                             |

**The information requested on this form is being collected pursuant to the School Act, Section 23, S.R.R.A.R. 225/06 and Section 33(c) of the FOIP Act. Information acquired through this form is kept secure and access is restricted.**

**If you have any questions regarding this request for individual student information and about our use or disclosure of student information, please contact the Superintendent of Schools or the FOIP Coordinator at:**

St. Paul School Division  
4313 48 Ave  
St. Paul, AB T0A 3A3

Phone Number: (780) 645-3323  
Fax Number: (780) 645-5789

**I hereby declare that the information I have provided is correct and that I have read and understood the information contained on this form.**

\_\_\_\_\_  
**Parent/Guardian Name**  
(print clearly)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date** (mm/dd/yyyy)

**Please Note:**

This registration form is subject to the conditions of the course/classroom enrollment capacities at the school you wish to register at. Filling out this registration form does not guarantee acceptance.