



# St. Paul Alternate Education Centre Summer School Registration Form



2024

Alberta Education ID#: \_\_\_\_\_

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: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Birthdate: \_\_\_\_\_ (mm/dd/yyyy) Age: \_\_\_\_\_ Gender: \_\_\_\_\_ 2023-2024 Grade: \_\_\_\_\_

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

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

2023/24 School attended: \_\_\_\_\_ City of Previous School: \_\_\_\_\_

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 pickup from school: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ can pickup from 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: \_\_\_\_\_

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: \_\_\_\_\_

**MEDICAL CONSENT:**

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITIZENSHIP/STATUS**

- 1.Canadian Citizen Birth Country if not Canada: \_\_\_\_\_
- 2.Permanent Resident Date of arrival in Canada: \_\_\_\_\_
- 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 Phone Number: (780) 645-3323  
 St. Paul, AB T0A 3A3 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:**

The Division is currently using SchoolMessenger to communicate information to parents and guardians about safety alerts and school closures. SPAEC Summer School may use this tool for due date reminder and course completion information. For more information visit <https://www.stpauleducation.ab.ca/parents/schoolmessenger>. In order to receive text messages you are required to "opt in". **To opt in, text "Y" or "Yes" to our short code number 978338.** I would like to receive SchoolMessenger notifications.