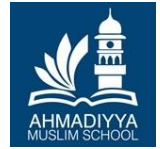


Student Registration Form



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

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"/> Decision Making		<input type="checkbox"/> Joint/ Shared Custody/ Parenting	
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

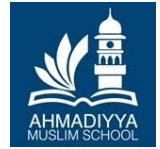
Date of Signature (MM/DD/YYYY)

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)

_____	_____	_____	_____
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

School Information

_____	_____	_____
Last School Attended	Grade Completed	Year Completed

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.

_____	_____
Date	Principal/ Asst. Principal Name
_____	_____
Parent Guardian Signature	Principal/ Asst. Principal Signature