



## Registration Form

Admitted in grade: Circle One ----

**K--1--2--3--4--5--6--7--8--9--10--11--12--S**

This form is a legal document. It must be completed in its entirety and signed by the parent or the legal guardian of the student.

### I: STUDENT INFORMATION:

Write the student's legal surname (last name) and first name in the designated space. These are the names on the student's birth certificate or adoption papers.

Date of Registration (dd/mm/yy)

Alberta Education Number (where applicable)

#### A. Student's Legal Name

Surname

First Name

Middle Name

**B. Date of Birth** ( dd l mm / yy )

-----/-----/-----

Sex

Male

Female

Headway School ID # =

School Verification of the Above: [Very important]

Birth Certificate

Passport

Other (specify): \_\_\_\_\_

Country: \_\_\_\_\_ Province: \_\_\_\_\_ City: \_\_\_\_\_ Number: \_\_\_\_\_

#### C. Alberta Health Number:

#### D. Address

Apt. No.

Street Address

City / Town

Postal Code

Telephone Number

Cell Phone Number

Is telephone Unlisted?  Yes  No

Is cell phone Unlisted?  Yes  No

Telephone Number

Cell Phone Number

Is telephone Unlisted?  Yes  No

Is cell phone Unlisted?  Yes  No

E-mail:

Webpage:

Is the school authorized to include the above information in any material circulated within the school? (e.g. Student directories, carpool lists, etc.)?  Yes  No

#### E. Citizenship Information: (check one)

Must Be Verified before registration:

Canadian Citizen

Landed Immigrant

Foreign Student

Visitor

Student Visa

visa number: \_\_\_\_\_ expiry date (ddlmm/yy): \_\_\_\_\_

**Please Note that without verification of Date of Birth, Citizenship, and Alberta Health Number the registration will not be complete.**

Phone: 780-466-7733 email: headwayschool@yahoo.com

## **II. PARENT (OR LEGAL GUARDIAN) RESIDENCY INFORMATION**

If there are two parents or legal guardians, it is important to fill in both sections III a and section III b, whether or not the parents or legal guardians are living together. (A "legal guardian" is a person appointed by the court as the guardian. Documentation is required.)

### **A. First Parent or Legal Guardian**

<b>Name of the First Parent</b>			
Title (Dr., Mr., Mrs., Ms.)	Surname	First Name	Middle Name
<b>Relationship to Student</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Relative <input type="checkbox"/> Other _____			
<b>Address of First Parent or Legal Guardian (if different from student's)</b>			
Apt. No.	Street Address	City / Town	Postal Code
Home Phone Number	Cell Phone	Business Phone Number	Email
Under the terms of the <u>School Act</u> , all private schools in Alberta must advise Alberta Education which local school boards their parents would support, were their children enrolled in the public system. To complete our report, we need to know whether your child would attend a public school or a separate (Catholic) school, were they not enrolled at a private institution.			
(check one) <input type="checkbox"/> Public School <input type="checkbox"/> Separate School			

### **B. Second Parent or Legal Guardian**

<b>Name of the Second Parent</b>			
Title (Dr., Mr., Mrs., Ms.)	Surname	First Name	Middle Name
<b>Relationship to Student</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Relative <input type="checkbox"/> Other _____			
<b>Address of Second Parent or Legal Guardian (if different from student's)</b>			
Apt. No.	Street Address	City / Town	Postal Code
Home Phone Number	Cell Phone	Business Phone Number	Email
Under the terms of the <u>School Act</u> , all private schools in Alberta must advise Alberta Education which local school boards their parents would support, were their children enrolled in the public system. To complete our report, we need to know whether your child would attend a public school or a separate (Catholic) school, were they not enrolled at a private institution.			
(check one) <input type="checkbox"/> Public School <input type="checkbox"/> Separate School			

### **C. Student's Residence:    Student resides with: (check one)**

<input type="checkbox"/> Both Parents <input type="checkbox"/> 1st Parent <input type="checkbox"/> 2nd Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Address: [if different from the addresses give in section III a    or    III b:          

### **III. Freedom of Information and Protection of Privacy Act (FOIP)**

The personal information collected on this form is part of the district registration process and is authorised under the provisions of the *School Act* and its regulations and also under Section 32(c) of the FOIP Act. The personal information will be used to provide an educational program and ensure a safe and secure school environment. Headway School believes that the following uses of the collected information are part of a vital, healthy and functioning school, and that the participation of all students is important and to be encouraged. Here are activities where the information may be used:

\*The use of a student's name, photograph and comments in the school calendar, newsletter, yearbook, graduation book or other student publications

\*Taking of individual, class, team or club photographs for school purposes

\*The use of students' names on artwork or other creative work or materials of students displayed at school or school board sites or at a school or school board sponsored display in the community

\*The use of student names in honour rolls, graduation ceremonies, scholarship or other awards within the district or school board

\*The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event that the board applies on a student's behalf

\*The use of student's name, related contact information and telephone numbers for absenteeism checks or in case of illness or emergency

\*The taking of photographs/video of classroom or other school activities by the school board where the material will be used within the school.

(Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required. You will be contacted prior to this event taking place.)

If you have any questions or concerns regarding the collection of information and the intended purposes of the collection, please contact the principal.

### **IV. Medical and other Family Information (Entries in this section are optional)**

**But we only pay extra attention if child's conditions are disclosed.**

Are there any medical conditions about which you wish the school to be aware? Please indicate below:

ਜੇ ਕੋਈ ਸ਼ਿਕਾਇਤ ਹੈ ਤਾਂ ਹੀ ਇਥੇ ਨਿਸ਼ਾਨੀ ਲਾਓ ਜੀ। ਨਹੀਂ ਤਾਂ ਖਾਲੀ ਛੱਡ ਦਿਓ।

Diabetes  Hemophilia  Heart Condition  Asthma  Epilepsy

Allergies (please indicate what student is allergic to):

Other: Besides medical restrictions you may also list diet restrictions.

If your child is required to take medication for this condition, please provide that information here.

Are there any family circumstances about which you wish the school to be aware (i.e. special custody arrangements, do you need copies of Progress Reports to be mailed to the non-custodial parent, etc.)?

## V. Emergency Contact

NAME	ADDRESS	TELEPHONE NUMBER
Emergency Contact #1		
Emergency Contact #2 (optional)		
Doctor (optional)		

## VI. Tuition Fees

- \*[1] First payment should accompany the Entrance form.
- \*[2] Full tuition fees are due and payable, by the 15th of September. Arrangements can be made with the school to pay in installments according to the options laid out in the document 'Schedule of Fees'.
- \*[3] If circumstances require a student to be withdrawn from Headway during the school year, written notice should be given. Fees are due and payable for the month in which the notice is received.
- \*[4] No registration fee or other fee refunds will be made for withdrawals after March 1st.

## VII. Registration Fee

Registration fee of \$200 for new students and \$100 for returning students is in effect. It is NON refundable.

## VIII. Declaration by Parent or Legal Guardian

I have read and filled the form. I hereby certify the foregoing information to be true, correct, and complete.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Relationship Mother-----Father-----Guardian

***Welcome to Headway School!***

<b>For School Use Only</b>	
Accepted for Grade	Homeroom
Grade = _____	Room = _____
Fees: _____ <input type="checkbox"/> testing fees, <input type="checkbox"/> deposit, <input type="checkbox"/> book fee <input type="checkbox"/> Uniform fee, <input type="checkbox"/> other -----	
Copy of most recent report card enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No	All documentation complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Conditions of acceptance: _____ _____	
Checklist: <input type="checkbox"/> school map <input type="checkbox"/> parking map <input type="checkbox"/> The Roar [newsletter(s)] <input type="checkbox"/> calendar <input type="checkbox"/> schedule of fees <input type="checkbox"/> supply list <input type="checkbox"/> uniform guide <input type="checkbox"/> student behavior policy	<input type="checkbox"/> reading list <input type="checkbox"/> Why Punjabi <input type="checkbox"/> after school activities <input type="checkbox"/> homework book <input type="checkbox"/> Parents' Duties <input type="checkbox"/> Business card <input type="checkbox"/> course list