



Out-of-Attendance Area Application

SR 027/13

Student residing within Division

Student residing outside Division

Transfer requests for a particular school may be approved only if space, resources & required programming are available at the RVS REQUESTED school

- STEP 1:** Parent/Guardian completes (PART A) and meets with the Principal of the RVS **DESIGNATED** school to discuss the rationale for the Out-of-Attendance Area Application.
- STEP 2:** The Principal of the RVS **DESIGNATED** school signs (PART B) to indicate a meeting with the Parent/Guardian has occurred.
- STEP 3:** If still interested, the Parent/Guardian may submit the Application to the Principal of the **REQUESTED** school with rationale for request.
- STEP 4:** If the Application is not supported, the Parent/Guardian may appeal the decision by submitting the Application and supporting documentation to the Associate Superintendent of Schools. The Parent/Guardian will receive a formal letter from the Associate Superintendent of Schools advising them of the decision.
- STEP 5:** If the Application is denied by the Associate Superintendent of Schools, the Parent/Guardian may appeal the decision by submitting the Application, with additional supporting documentation, to the Superintendent of Schools. The Parent/Guardian will receive a formal letter from the Superintendent of Schools advising them of the decision.
- STEP 6:** If the Application is denied by the Superintendent of Schools, the Parent/Guardian may appeal the decision by submitting the Application, with additional documentation, to the RVS Corporate Secretary for a final appeal by the Board of Trustees. The Parent/Guardian will receive a formal letter from the RVS Corporate Secretary advising them of the decision of the Board of Trustees.

Parent/Guardian will be responsible to provide transportation to the RVS REQUESTED school, or the nearest RVS bus stop, if there is space available.

PART A: Parent/Guardian/Independent Student to complete section below.

Student Name:	_____	Date of Birth: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	(last) (first) (middle)	(month) (day) (year)
CURRENT School:	CURRENT Grade:	DESIGNATED School:
REQUESTED School:	REQUESTED Grade:	Requested for the 20 _____ - 20 _____ school year
Residence Address: (or 911 Address)		Postal Code:
Name of Parent/ Guardian/Independent Student	_____	Home Phone:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	(last) (first)	Business Phone:
	Email Address:	Cell:
Name of Parent/ Guardian/Independent Student	_____	Home Phone:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	(last) (first)	Business Phone:
	Email Address:	Cell:
Signature of Parent/Guardian/Independent Student:		Date of Request:

ATTACH A LETTER OF RATIONALE that must specify in detail the educational, psychological/emotional, or medical needs of your child and why the **REQUESTED** school would be better able to meet those needs (attach letters of support from trained professionals).

PART B: Principal of DESIGNATED school to complete section below.

Signature of Principal to indicate meeting with family has occurred:	Date:
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PART C: Principal of REQUESTED school to complete section below.

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Rationale:
Signature of Principal:	Date:



STUDENT REGISTRATION FORM

PLEASE RETURN COMPLETED REGISTRATION FORM TO YOUR SCHOOL.

THE FORM MUST BE SIGNED BY THE PARENT OR GUARDIAN OR BY THE STUDENT (IF LIVING INDEPENDENTLY)

The information requested on this form is being collected pursuant to the *School Act* (Student Record Regulation), the *Freedom of Information and Protection of Privacy (FOIP) Act*, and the *Canadian Charter of Rights and Freedoms*, Section 23. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or the FOIP Coordinator, Rocky View Schools, 2651 Chinook Winds Drive, Airdrie, Alberta T4B 0B4 or phone 403.945.4013. **For all other inquiries, call 403.945.4000.**

SCHOOL OFFICE USE ONLY:

SCHOOL:			HOME ROOM:
ENTRY CODE:	ENTRY DATE: ____/____/____ MONTH DAY YEAR	ALBERTA EDUCATION #:	SCHOOL ID #:

STUDENT INFORMATION

(A copy of the student's birth certificate or visa/immigration documentation is required for all Kindergarten and all students new to RVS)

LEGAL LAST NAME:	LEGAL FIRST NAME:	LEGAL MIDDLE NAME:
PREFERRED LAST NAME:	PREFERRED FIRST NAME:	
RESIDENCE ADDRESS: APT: HOUSE : STREET: (or Rural 911 ADDRESS):	CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):	CITY:	POSTAL CODE:
HOME TELEPHONE:	BIRTH DATE: ____/____/____ MONTH DAY YEAR	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
		ENTERING GRADE:

CITIZENSHIP/ IMMIGRATION STATUS

CANADIAN CITIZEN: **YES** A copy of the student's birth certificate is required.

CANADIAN CITIZEN: **NO** Complete the following section, along with a completed International Student Application Form LS 034

BIRTH COUNTRY, IF NOT CANADA:	OFFICE USE ONLY
<input type="checkbox"/> Temporary Resident (student has a study permit and living under the care of a legal guardian). Non-refundable registration fee and International Fees apply. Student Visa Expiry Date: MONTH ____/ DAY ____/ YEAR ____	CITIZENSHIP CODE: 5 ENROLLMENT CODES: IN CANADA: 415 OUTSIDE CANADA: 416
<input type="checkbox"/> A child lawfully admitted to Canada for permanent residence must present a permanent residency card.	CITIZENSHIP CODE: 2
<input type="checkbox"/> A child living in Canada, with a biological or adopted parent who is a Canadian Citizen. Proof of parent's Canadian birth certificate or Canadian Citizenship documents.	CITIZENSHIP CODE: 6
<input type="checkbox"/> A child living in Canada, with a biological or adopted parent who has Landed Immigrant Status or Study Permit or Work Visa. Proof of parent's documentation and copy of child's passport required.	CITIZENSHIP CODE: 7
<input type="checkbox"/> A step-child of a Canadian; student presents passport and study permit. Biological or adopted parent provides passport and proof of application for permanent residency and fee payment to Citizenship and Immigration Canada.	CITIZENSHIP CODE: 9 ENROLLMENT CODE: 417
<input type="checkbox"/> A step-child of a Temporary Foreign Worker; student presents passport and study permit. Biological or adopted parent provides passport; step-parent provides passport and work permit.	CITIZENSHIP CODE: 9 ENROLLMENT CODE: 418
EXCHANGE STUDENT - involved in an approved reciprocal exchange program (does not include Rotary exchanges)	
<input type="checkbox"/> A student from another province or territory in Canada	ENROLLMENT CODE: 412
<input type="checkbox"/> A student from outside Canada	ENROLLMENT CODE: 413

SCHOOL AT WHICH STUDENT IS REGISTERING

NAME OF SCHOOL:

ENTERING GRADE:

Selected RVS schools offer a French Immersion Program. Are you registering in French Immersion? Yes No **KINDERGARTEN**Kindergarten is a **half-day program** at most RVS schools; the exception is at Indus School, Westbrook School, Kathryn School, and Cochrane Christian Academy, where it is a **full-day program** for a portion of each week.In the **half-day program**, do you prefer* your child to attend: Mornings? Afternoons? Flexible? **Note: Your preference will be a consideration in your child's Kindergarten class placement; the school cannot guarantee the availability of your choice.***LAST SCHOOL ATTENDED**

NAME OF SCHOOL:

GRADE:

WITHDRAWAL DATE: ____/____/____
MONTH DAY YEAR

Please provide the following information if not advancing from another school in RVS.

ADDRESS:

CITY:

PHONE:

PROVINCE:

POSTAL CODE:

FAX:

Reason for leaving last school:

Has your child ever received a special education program (IPP- Individual Program Plan or IEP - Individual Education Plan)?

Yes No

Has your child ever had formal testing or assessments such as psychological, speech, occupational therapy, visual or hearing?

Yes No

If yes, please note kind of testing:

Has the student been expelled? Yes No If YES, has this been resolved? Yes No **MEDICAL INFORMATION**

Students with a student visa must register with the Alberta Health Care Insurance plan within three months of arrival.

ALBERTA HEALTH NO:

ALLERGIES:

SPECIAL MEDICAL CONDITIONS (i.e. medications, dietary restrictions, physical disabilities, mental health or behaviour disabilities, etc.):

INDEPENDENT STUDENT STATUS

The *School Act* defines an independent student as someone who is 18 years of age or older or 16 years of age and living independently or who is party to an agreement under 57.2 of the *Child Youth and Family Enhancement Act*. Independent students may complete this form and register in Rocky View Schools without parental consent.

Are you claiming 'Independent Student' status as defined in the *School Act*? Yes No

GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS

Guardians of the student must be identified to ensure the rights of each party are respected. A child may be designated as "Protected" if a court has issued an order under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act*, the *Protection Against Family Violence Act*, or the *Young Offenders Act*, or is the subject of a custody or access order including but not limited to parenting order under the *Child, Youth, and Family Enhancement Act* that is a predecessor to or a substitute for any of the said Acts. If your child is subject to any such order or agreement, please indicate below and discuss this situation with the school administration. If an order exists affecting guardianship rights or custody or access rights, a copy of the order or agreement will be required for the student's record.

Does such an order exist? Yes No

If this order affects communication regarding the student to anyone other than the first parent/guardian listed, please explain: _____

ACCESS AND/OR CUSTODY PARENTING GUARDIANSHIP PROTECTION

PARENT/GUARDIAN INFORMATION (CONSULT THE FAMILY LAW ACT FOR GUARDIANSHIP INFORMATION)

It is important to fill out information for each parent or guardian, whether or not they are living together. Information is collected to ensure communications are directed to the appropriate address. All communications regarding the student will be directed to the first parent / guardian listed, unless noted above. Email is used only for non-confidential information.

FIRST	PARENT <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>	(CHECK ONE)		LIVES WITH STUDENT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LAST NAME:				FIRST NAME:			
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)							
HOME PHONE:		WORK PHONE:		CELL PHONE:		EMAIL ADDRESS:	
RESIDENCE ADDRESS:				CITY:		POSTAL CODE:	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):				CITY:		POSTAL CODE:	
SECOND	PARENT <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>	(CHECK ONE)		LIVES WITH STUDENT:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LAST NAME:				FIRST NAME:			
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)							
HOME PHONE:		WORK PHONE:		CELL PHONE:		EMAIL ADDRESS:	
RESIDENCE ADDRESS:				CITY:		POSTAL CODE:	
MAILING ADDRESS (IF DIFERENT FROM ABOVE):				CITY:		POSTAL CODE:	

THIRD PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):		CITY:	POSTAL CODE:

FOURTH PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> (CHECK ONE)		LIVE WITH STUDENTS: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
RELATIONSHIP TO STUDENT: MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (PLEASE SPECIFY)			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:
MAILING ADDRESS (IF DIFERENT FROM ABOVE):		CITY:	POSTAL CODE:

CONTACT IN CASE OF EMERGENCY OR SCHOOL CLOSURE

An 'emergency contact' is someone other than the student's parent or guardian. Please provide emergency contacts to be used in the event that school personnel cannot contact those listed as parent(s) or guardians.

NAME	PHONE #	CELL #	RELATIONSHIP TO STUDENT

CHILD CARE PROVIDER *(if applicable)*

NAME OF FACILITY :		
CONTACT NAME:	WORK PHONE:	CELL PHONE:
ADDRESS:	CITY:	POSTAL CODE:

STUDENT NAME:	GRADE:
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FRANCOPHONE ELIGIBILITY

According to the *Education Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a parent who is a Canadian Citizen has the right to have all his/her children receive primary and secondary instruction in French if:

1. Either parent's first language learned and still understood is French (*mother or father's native tongue is French*) or,
2. Either parent received their primary school instruction in Canada at a Francophone school (K-12), or,
3. Any child in the same family has received or is receiving primary or secondary school instruction at a Francophone school in Canada.

Note: Francophone eligibility rights are not multi-generational, and refer only to the native tongue of the parent(s).

Do you claim entitlement to a Francophone education under the terms of the *Education Act*? Yes No

If YES, RVS is required to release demographic information about the student to the local Francophone Education Board upon written request from that school jurisdiction in conformance with provincial Student Record Regulations.

ENGLISH AS A SECOND LANGUAGE (ESL)

A student may be eligible for ESL support when the primary language spoken at home is a language other than English.

Is your child's primary language English? Yes No

If NO, my child's primary language is: _____ The language commonly spoken at home is: _____

FIRST NATIONS, MÉTIS AND INUIT ELIGIBILITY

If you wish to declare that your child is an Aboriginal student, please specify:

Status Indian/First Nations Non-Status/First Nations Métis Inuit

A student may be eligible for FNMI support when parents claim their child as an FNMI student. Alberta Education is collecting this personal information pursuant to section 33 (c) of the FOIP Act as the information relates directly to and is necessary to meet its mandates and responsibilities to measure system effectiveness and develop policies, programs and services to improve FNMI learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, FNMI Policy, Policy and Planning Sector, Strategic Services Division, Alberta Education, 10155 – 102 Street, Edmonton, AB T5J 4L5; p. 780.427.5151.

STUDENTS WHO DO NOT RESIDE IN THE SCHOOL ATTENDANCE AREA

Each school must register students living within the school's attendance area. Parents may request 'Out-of-Attendance Area' registration in another RVS school. This request is reviewed by the Principal of the requested school and may be approved if space and resources are available. Parents are responsible for transporting out-of-attendance area students to and from school. RVS form SR027 must be completed to begin the application process.

Is your residence located outside of the attendance area of this school? Yes No

I understand I am responsible for transportation and may **not** be able to access RVS school bus service. Yes

RVS SCHOOL BUS TRANSPORTATION

Rocky View Schools provides full bus transportation at a parent cost for Grade 1-12 students who live outside the walk limit for their designated school. Kindergarten students who live outside the walk limit for their designated school are provided with either morning or afternoon bus service. Parents may apply for school bus transportation online at:

<http://www.rockyview.ab.ca/transportation/register-here>.

Contact RVS Student Transportation for schedules and fees:

403.945.4101 Chestermere, Langdon and Indus areas

403.945.4102 Airdrie area

403.945.4103 Springbank, Bragg Creek, Crossfield, Kathryn and Beiseker areas

403.945.4104 Cochrane, Bearspaw and Westbrook areas

CONSENT TO ELECTRONIC COMMUNICATIONS

Rocky View School Division No. 41 (RVS) would like to keep you informed about the latest school and school board information, events, announcements and opportunities for parents and students, through electronic communications such as e-mails and newsletters from your child's school and from RVS, school councils, and other school based or supported entities. Occasionally these communications may include information about offers, advertisements or promotions related to school activities or RVS activities such as but not limited to event tickets, school fees, yearbooks, field trip opportunities, student photos, and may fall into the definition of a "commercial electronic message" under the new Canadian Anti Spam Law.

Due to the Canadian Anti-Spam Law, effective July 1, 2014, your child's school and RVS may not be able to send you these types of communications electronically without your permission.

To continue to receive such communications please sign below indicating your consent to receive such communications even if they are in whole or in part with the definition of a "commercial electronic message".

If you have any questions or wish to withdraw your consent at any time contact your child's school principal either by e-mail or at the address of the school, both of which are on the school's website.

As defined by the Canada Anti-Spam Law, a "commercial electronic message" is:

(2) For the purposes of this Act, a commercial electronic message is an electronic message that, having regard to the content of the message, the hyperlinks in the message to content on a website or other database, or the contact information contained in the message, it would be reasonable to conclude has as its purpose, or one of its purposes, to encourage participation in a commercial activity, including an electronic message that:

- a) offers to purchase, sell, barter or lease a product, goods, a service, land or an interest or right in land;
- b) offers to provide a business, investment or gaming opportunity;
- c) advertises or promotes anything referred to in paragraph (a) or (b); or
- d) promotes a person, including the public image of a person, as being a person who does anything referred to in any of paragraphs (a) to (c), or who intends to do so.

I wish to continue to receive electronic communication from RVS and my child's school:

STUDENT LEGAL NAME: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ INDEPENDENT STUDENT SIGNATURE: _____

School Division Use of Personal Information

Rocky View Schools collects personal information pursuant to the School Act and its regulation and under Section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act. Personal information, as defined in Section 1(n) of the FOIP Act as meaning recorded information about an identifiable individual, includes:

- the individual's name, home or business address or home or business telephone number,
- the individual's race, national or ethnic origin, colour or religious or political beliefs or associations,
- the individual's age, sex, marital status or family status,
- an identifying number, symbol or other particular assigned to the individual,
- the individual's fingerprints, other biometric information, blood type, genetic information or inheritable characteristics,
- information about the individual's health and health care history, including information about a physical or mental disability,
- information about the individual's educational, financial, employment or criminal history, including criminal records where a pardon has been given,
- anyone else's opinions about the individual, and
- the individual's personal views or opinions, except if they are about someone else.

Rocky View Schools collects, uses, and discloses personal information that is necessary for the operation of a school board as allowed under the FOIP Act. The following are examples of how personal information may be used by RVS:

- Report cards, attendance
- Student records
- Student identification cards
- School library cards
- School yearbooks, memory books
- Photos including individual, class, team, club or videos for use within RVS
- School newsletters
- Field trips
- Secure RVS online environments
- Parent/guardian contact for absenteeism, emergencies, etc.
- Transportation services
- Classroom or program assignments and showcases
- Displays at schools or school jurisdiction office
- School sponsored activities such as fine arts productions, presentations, fairs, celebrations, clubs, sports activities
- Eligibility or suitability for an honour, award, scholarship, athletic program, etc.
- Law enforcement and/or first responders relating to safety, health, and security

Schools will contact parents /guardians when any additional consent is required in specific circumstances not covered explicitly or implicitly by this general consent.

PLEASE NOTE: Photos, videos or images of students attending or participating in school activities (e.g., sporting events, concerts, cultural programs, clubs, field trips, graduation or other ceremonies), that are open to the general public, may be taken by RVS staff, the public-at-large, including journalists, reporters, videographers and other members of the media and used for purposes within and outside the school or school district. RVS cannot control or prevent the further distribution or use of these photos, videos, images or other personal information by those who access the information.

DECLARATION

I hereby declare that I have read and understand the information contained on this Student Registration Form and in the "School Division Use of Personal Information" section and that the information I have provided is correct.

At least one legal parent/guardian is required to sign this form.

STUDENT LEGAL NAME: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ INDEPENDENT STUDENT SIGNATURE*: _____

* As defined in the School Act "independent student" means a student who is

(i) 18 years of age or older, or

(ii) 16 years of age or older and (A) who is living independently, or (B) who is a party to an agreement under section 57.2 of

the *Child, Youth and Family Enhancement Act*;

IF INFORMATION PROVIDED ON THIS FORM CHANGES, PLEASE CONTACT THE SCHOOL IMMEDIATELY.