

FOR OFFICE USE ONLY

PRESCHOOL

Preference 4 DAY MORNING 4 DAY AFTERNOON 2 DAY MORNING 2 DAY AFTERNOON

Date: Registration Accepted Time:

Alberta Student Number (if known): School:

* Required Fields

*Legal Last Name: *Legal First and Middle Names:

*Preferred Last Name (if different): *Preferred First Name (if different):

*Birthdate: *Gender: Female Male *Home Phone Number:

*Birth Certificate: Yes No *Other Proof of Residency: Yes No

*Mailing Address: (House and Street) (City) (Province) (Postal Code)

Legal Land Description/Physical Address (if mailing address is PO Box or RR delivery):

Siblings currently enrolled with Lethbridge School District No. 51:

Alberta Health Care PHN (Personal Health Number):

**Medical information (i.e. medical conditions, allergies, etc):

**This must be completed every year

Name/location of previous preschool/daycare attended:

Date last attended previous school:

Priority 1 Contact Information (i.e. parent or guardian)

Priority 2 Contact Information (i.e. parent or guardian)

First & Last Name:

First & Last Name:

Address:

Address:

City, Postal Code:

City, Postal Code:

Relationship to Student:

Relationship to Student:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cellular Phone:

Cellular Phone:

E-Mail Address:

E-Mail Address:

Student is living with (check ALL applicable boxes): Priority 1 Priority 2 Other

Emergency Contact Information (in the event the above contacts are unavailable)

First & Last Name:

Address:

City, Postal Code:

Relationship to Student:

Home Phone:

Work Phone:

Cellular Phone:

Please ensure this emergency contact is advised that their name has been used for this purpose.

Indian Affairs Information: Band: Treaty:

If you wish to declare that you are an Aboriginal person, please specify:

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

Alberta Learning 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 mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.

For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 102 Street, Edmonton AB, T5J 4L5, (780) 427-8501.

Citizenship: 1 - Canadian Citizen 2 - Permanent/ Landed Immigrant 5 - Temporary Resident 6 - Child of a Canadian Citizen 7 - Child of an individual lawfully admitted to Canada 9 - Other/Unknown

English as a Second Language (ESL) Eligibility

A student may be eligible for ESL support when the primary language spoken at home is a language other than English. ESL students can be born in Canada or in another country.

Languages Spoken at home:

Student's first language spoken: Do you need assistance with interpretation? Yes No

Pursuant to Section 23 of the Canadian Charter of Rights and Freedoms:

Citizens of Canada

- whose first language learned and still understood is French; or
- who have received their primary school instruction in Canada in French (this means instruction in a French only school, not a French Immersion program) have the right to have their children receive primary and secondary instruction in French; or
- of whom any child has received or is receiving primary or secondary instruction in French (this means instruction in a French only school, not a French Immersion program) in Canada, have the right to have all their children receive primary and secondary instruction in the same language.

According to this criteria, are you eligible to have your child educated in French? Yes No

If yes, do you wish to exercise your right* to have your child educated in French? Yes No

**In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone Regional authority.

I hereby certify that the foregoing information is true, correct and complete to the best of my knowledge and belief.

Signature:

Date: