



Grade 1-9 Registration Form

#100, 295 Midpark Way SE, Calgary, AB, T2X 2A8
Ph.: (403) 254-6682 Fax: (403) 254-9843

STUDENT PROFILE

Legal Name of Child: _____

Legal Surname

Legal First Name

Legal Middle Name

Also Known As: (If different than legal name) _____

Birthdate: _____ Last _____ First _____ Middle _____
Male _____ Female _____

Current Grade: _____ Grade Applied for _____ Year Applied for _____

Father's Name: _____ Mother's Name: _____

*Guardian(s) _____ * Note: Please provide the school with custody information if applicable.

CITIZENSHIP / ESL

A Vital Statistics Document must be presented to the school to verify the student's legal name, citizenship and birthdate. (ie: Canadian Birth Certificate, Citizenship Certificate, Adoption Certificate, Passport, Visa or Permanent or Landed Immigrant/Residence Documentation)

___ Canadian Citizen (1)

___ Permanent Resident/Landed immigrant (2) Expiry Date: _____

___ Child of Canadian Citizen (student not Canadian citizen) (6)

___ Child of individual lawfully admitted to Canada for permanent or temporary residence (7)

Expiry date: _____ Other (9)

Verified _____

1. Language mainly spoken at home: _____ Do you as a parent need assistance with interpretation? Yes _____ No _____

2. Has your child ever accessed an ESL program? Yes _____ No _____

3. Do you think your child qualifies for ESL? Yes _____ No _____

(*Note: Trinity Christian School does not have a formal ESL program.)

ALBERTA EDUCATION GRANT CODE INFORMATION

If you wish to declare that this student is an aboriginal person, please specify:

___ Status Indian/First Nations (331) ___ Metis (333)

___ Non-Status Indian/First Nations (332) ___ Inuit (334)

SCHOOL DATA

Alberta Education I.D. # _____

Name of last school attended: _____ Years Attended: _____

Address of last school: _____

Phone of last school: _____ Fax of last school: _____

Please initial the box to indicate that you give permission for us to contact your school or teachers for information on your student records. Please note that we are not able to further process this application without this initialization.



MEDICAL

Alberta Health Care Number: _____

Family Doctor: _____ Phone: _____

1. Please give a brief description of any medical or physical conditions that would require special planning or consideration for your child's participation or involvement in school activities.

2. Is your child taking any prescription medications for ongoing conditions? _____ Yes _____ No

If "yes", please give further information: _____

3. Has your child ever been diagnosed with mental, physical, emotional, learning or behavioral issues or have you ever been concerned about any of these? _____ Yes _____ No

If "yes", please explain: _____

4. Has your child ever accessed any of the following services since birth: _____ Yes _____ No

Yes	Year	Service
		Auditory Assessment
		Speech/Language/Therapy/ Assessment
		COPE
		Scotopic Sensitivity Assessment
		Occupational Therapy/ Assessment (behavioral & fine motor)
		Physiotherapy Assessment
		Optomologist Assessment
		Psychological Therapy/ Psychoeducational Assessment

Yes	Year	Service
		Developmental Clinic/Specialist at the Children's Hospital
		Early Literacy Instruction (EIL)
		Special Education Funding
		Program Unit Funding (PUF)
		Student Health Partnership
		Resource
		Special Education Classes
		Individual Program Plan (IPP, IEP, etc.)

Please attach copies of all assessment and documentation.

Documentation attached: _____

5. Please note any additional information which would assist the school in knowing this student as an individual.
(e.g. temperament, family history of learning issues, etc. Please keep the school updated of new developments.)

DECLARATION: I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Fathers Signature: _____ Date: _____

Mothers Signature: _____ Date: _____