

School	Victoria Park High School	Grade		Program	Summer School
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Student's Legal Last Name: _____

Student's Legal First and Middle Name: _____

Preferred Last Name: _____ **Preferred First Name:** _____

Student's Date of Birth/Gender **Month:** _____ **Day:** _____ **Year:** _____ **Male** **Female**

Student's Physical Address
 Address: _____ City: _____ Province: _____ Postal Code: _____

Student's Mailing Address (if different than student's residence)
 Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone (with area code): _____ **Student Phone** (with area code): _____

Siblings currently enrolled with Lethbridge School District No. 51: _____

Medical Information (i.e. medical conditions, allergies, etc.): _____

School History
 Name and location of previous/current school attended: _____
 Date last attended previous/current school: _____
 Last Grade Completed: _____

Parent/Guardian Contact 1	Parent/Guardian Contact 2	Parent/Guardian Contact 3
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Relationship to Student: _____	Relationship to Student: _____	Relationship to student: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____
E-Mail Address: _____	E-Mail Address: _____	E-Mail Address: _____

Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name: _____	Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____	Relationship to student: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____

Aboriginal Self Identification: If you wish to declare that the student is Aboriginal, please select one.

First Nation (status) First Nation (non-status)
 Metis Inuit

First Nation of Residence: _____ Student's Indian Registry Number: _____

For further information, please refer to: www.education.alberta.ca/system-supports/results-reporting or contact Alberta Education at 780.427.8501. If you have questions regarding the collection of student information by the school board, please call 403.380.5299.

Citizenship:

1 Canadian Citizen <input type="checkbox"/>	2 Permanent/Landed Immigrant <input type="checkbox"/>	5 Study Permit <input type="checkbox"/>	6 Child of Canadian Citizen <input type="checkbox"/>	7 Temporary Resident <input type="checkbox"/>	9 Child of individual lawfully admitted to Canada / Unknown <input type="checkbox"/>
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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: _____ Students 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: _____