



STUDENT REGISTRATION FORM

Coaldale Christian School

2021/2022

2008 - 8 Street
Coaldale, Alberta
T1M 1L1

Phone: 403-345-4055
Fax: 403-345-6436
Email: office@coaldalechristianschool.com

FOR OFFICE USE ONLY:
Local ID: _____
ASN: _____

GRADE OF ENTRY TO THIS SCHOOL:

STUDENT INFORMATION (Please print clearly)

Legal Name: _____

First Middle Last

Preferred first name (if different): _____ Preferred last name (if different): _____

Birthdate: _____ Home phone: _____

Gender: M_F Birth Certificate: Yes_No Student is: Canadian Citizen Perm. Resident _____

Child of a Canadian Citizen _____

(Photocopies of birth certificate and residency documents required.) Expiry date of residency document: _____

Language: First language spoken at home, if not English: _____

Mailing Address: _____

(House and Street or Box Number) (City/Town) (Province) (Postal Code)

911 Emergency Services Address (if different):

If no 911 address, provide Legal Land Description -----

Qtr. Sect. Twn. Range

Last School Attended: _____ Location (City/Town/Province): _____

School Jurisdiction: _____ Grade: _____ last completed or _____ current

PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

Contact 2 (parent/guardian)

First & Last Names: _____

First & Last Names: _____

Relationship to Student: _____

Relationship to student: _____

Address: _____

Address: _____

Home Phone: _____ Cell: _____

Home Phone: _____ Cell: _____

Email Address: _____

Email Address: _____

MEDICAL INFORMATION

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

Personal Health Care Number: _____ Family Doctor: _____

SPECIAL PROGRAMMING

If your child has currently participated in alternate programming to support learning or developmental concerns, please contact Jennifer Slomp (jennifer.slomp@coaldalecs.com or 403-345-4055). In order to support our new students, we wish to ensure that current programming continues and that transitioning into a new school is as seamless as possible!

EMERGENCY CONTACT INFORMATION

First and Last Name: _____

Relationship to Student: _____

Home Phone: _____ **Cell Phone:** _____

In the event the parents/guardians are unavailable, please provide an emergency contact person. Please ensure the contact person you provide is advised that their name has been provided for this purpose.

FIRST NATIONS/METIS/INUIT

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 Education is collecting this personal information pursuant to Section 33 (3) of the Freedom of Information and Protection of Privacy Act, as the information relates to and is necessary to meet its mandate 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 Education, 9th Floor, Commerce Place, 10155—102 Street, Edmonton, AB T5J 4L5 Phone: 780-427-5151.

SIBLING INFORMATION

If the student has siblings attending other schools, please list name, birthdate and school:

CERTIFICATION

I hereby certify that the information provided on this form is true, correct and complete to the best of my knowledge and belief.

Signature of Parent/Legal Guardian/Independent Student

Date

Would you like to be added to the CCS Group email list?

Yes

No

Please indicate how you would like to receive the weekly and monthly newsletters:

Digital Copy via email

Digital & paper Copy