



Calgary Board of Education

CBE Home Education

1011 Beverly Blvd SW, Calgary, AB T2V 2C4

t 403-817-3464 f 587-933-9831 homeeducation.ab.ca

New Family – See Below for forms required

Renewal Family – See Below for forms required

Expression of Interest - CBE Home Education 2025-26 2026-27

Student: _____ Grade entering _____ Birthdate: m____d____y____ Age _____

Parent Email: _____ Parent Phone: _____ Date: _____

Both parents must agree to CBE Home Education. Parent Signature: _____

Parent Signature: _____

Place an X in the box for the program of interest. Program Options (based on core subjects only)

	<input type="checkbox"/> CBE Home Education Program – 100% Homeschooling <input type="checkbox"/> Band (Gr. 6-9)
	Shared Responsibility with Bel-Aire School & CBe-Learn - 100% CBE directed <input type="checkbox"/> Group A Monday/Tuesday Gr. 1-5 or 6-9 Math/Science/PE(Art <input type="checkbox"/> Group B Wednesday/Thursday Gr. 1-5 or 6-9 Math/Science/PE(Art <input type="checkbox"/> Band (Gr. 6-9) <input type="checkbox"/> CBe-Learn online for ELA and Social Studies
	Shared Responsibility with Bel-Aire School - 50% CBE directed, 50% Homeschooling <input type="checkbox"/> Group A Monday/Tuesday Gr. 1-5 or 6-9 Math/Science/PE(Art <input type="checkbox"/> Group B Wednesday/Thursday Gr. 1-5 or 6-9 Math/Science/PE(Art <input type="checkbox"/> Band (Gr. 6-9)
	Shared Responsibility with CBe-Learn online - 50% CBE directed, 50% Homeschooling <input type="checkbox"/> CBe-learn Online Course Requests: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Band (Gr. 6-9)
	Shared Responsibility Bel-Aire School & CBe-Learn - 75% CBE directed, 25% Homeschooling <input type="checkbox"/> CBe-Learn online <input type="checkbox"/> ELA <input type="checkbox"/> Social Studies <input type="checkbox"/> Band (Gr. 6-9)

NEW to Home Ed and Within CBE: Name of last CBE School <input type="checkbox"/> Transfer form <input type="checkbox"/> H.E. Notification form <input type="checkbox"/> Registration Questionnaire <input type="checkbox"/> Copy of last report card <input type="checkbox"/> Copy of last IPP, assessments, etc(if applicable) <input type="checkbox"/> Learning Plan CBE ID No. _____	New and Outside CBE: Name of last School <input type="checkbox"/> CBE Registration <input type="checkbox"/> Birth Certificate <input type="checkbox"/> H.E. Notification Form <input type="checkbox"/> Registration Questionnaire <input type="checkbox"/> Copy of last report card <input type="checkbox"/> Copy of last IPP, assessments, etc <input type="checkbox"/> Learning Plan	CBE Home Education Renewal: <input type="checkbox"/> H.E. Notification form <input type="checkbox"/> Learning Plan
---	---	---

For Office Use Only	Initials and Date Completed	Initials and Date Completed
Added to PS		Address Verification
Acceptance Letter sent		File Requested

Facilitator: _____ Principal's Signature: _____ Date: _____

HOME EDUCATION REGULATION A.R. 89/2019

NOTIFICATION FORM FOR HOME EDUCATION PROGRAM SUPERVISED BY A SCHOOL AUTHORITY

Education Act, Section 20

The personal information collected on this form is collected pursuant to the provisions of Section 33(c) of the **Freedom of Information and Protection of Privacy Act**, R.S.A 2000, cF-25, the **Student Record Regulation**, A.R. 97/2019 and Section 2 of the **Home Education Regulation**, A.R.89/2019 (in the case where the collection is done by an associate board) and pursuant to the provisions of the **Personal Information Protection Act**, the **Private Schools Regulation**, A.R. 93/2019 and Section 2 of the **Home Education Regulation**, A.R. 89/2019 (in the case where the collection is done by an associate private school) for the purposes of: (a) notifying a School Board or an Accredited Private School that a parent/guardian wishes to educate a student in a home education program, (b) verifying that a student is eligible for a home education program, (c) and for providing further particulars on the home education program in which the student will be participating so that the associate board or accredited private school can supervise the program to ensure compliance with the **Education Act**. This information will be treated in accordance with the **Freedom of Information and Protection of Privacy Act** and the **Personal Information Protection Act** as applicable and depending on whether the personal information is in the custody of an associate board or an associate private school. Should you have any questions regarding this activity, please contact, Alberta Education, Field Services, 9th Floor, 44 Capital Boulevard, 10044 – 108 Street NW, Edmonton, Alberta, T5J 5E6 Telephone: 780-427-6272 (toll-free by first dialing 310-0000).

Alberta Education does not require parents/guardians who complete a Notification Form to complete a registration form for the associate board or associate private school.

Parents/guardians choosing shared responsibility programs may be required by the school to complete additional forms.

Part A and B must be completed by the parents/guardians and submitted to the proposed associate board or associate private school.

Part C must be completed by the associate board or private school. Parents/guardians must be notified in writing of the decision of the associate board or private school to supervise or continue to supervise the home education program within 15 school days of the associate board or private school receiving the Notification Form.

Part D must be completed by the parent/guardian and submitted to the proposed associate board or associate private school. This part relates to the required descriptions of those components of the proposed Home Education Program that relate to Learning Outcomes referred to in the **Home Education Regulation**.

PART A Student Information

- Notification of Intention to Home Educate with a new associate board or associate private school.
- Notification of Renewal of Intention to Home Educate with the same associate board or associate private school.

1. _____ Legal Surname _____ Legal Given Name(s)

2. Birthdate: _____ (mm / dd / yyyy) 3. Gender: _____ 4. Registration Date: _____ (mm / dd / yyyy)

5. Student Also Known As: _____ Surname _____ Given Name(s)

6. The name of the student's parent/guardian (as defined in the **Education Act**, Section 1(1) and (1)(x)(v)):

(last name) Parent/Guardian 1 _____ (first name) Parent/Guardian 1 _____ () _____ / _____
Home Phone _____ Work/Fax _____

(last name) Parent/Guardian 2 _____ (first name) Parent/Guardian 2 _____ () _____ / _____
Home Phone _____ Work/Fax _____

Parent/Guardian E-mail Address:

Alberta Student Number (ASN)

(To be provided by the school)

7. The address and telephone number of the student:

Street address or legal description	(Area code) Telephone number
-------------------------------------	------------------------------

Community	Province	Postal Code
-----------	----------	-------------

The address and telephone number of the parent/guardian (if different from the student's):

Street address or legal description	(Area code) Telephone number
-------------------------------------	------------------------------

Community	Province	Postal Code
-----------	----------	-------------

8. The address where the education program is to be conducted (if different from the above):

Street address or legal description	(Area code) Telephone number
-------------------------------------	------------------------------

Community	Province	Postal Code
-----------	----------	-------------

9. The citizenship of the student and, if the student is not a Canadian citizen, the type of visa or other document by which the student is lawfully admitted to Canada for permanent or temporary residence, and the expiry date of that visa or other document:

10. The estimated grade level of the student: _____

11. The name of the resident school board: _____

12. Education program and name of school or name of associate board or associate private school for the previous school year: _____

13. Is assistance required in preparing the home education program plan? (Check one) Yes No

14. Provide the name of the person(s) providing the home education program or instructing the home education program, if not the parent/guardian: _____

15. a) **For associate school boards** – please see note below:

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

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

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy (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. Alberta school boards are also collecting this information pursuant to the same section in conjunction with section 2(1)(t) of the Student Record Regulation and for the same purposes.

For more information, please contact the office of the Director, Strategy and System Supports, First Nations, Métis and Inuit Education Directorate, Alberta Education at 780-427-8501 (toll-free by first dialing 310-0000). If you have questions regarding the collection activity by your school board, please contact the School Board Superintendent.

b) **For associate private schools (if private school is a Level 2 Accredited Funded Private School)** – please see note below:

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

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

Alberta Education is collecting this personal information pursuant to section 33(c) of the Freedom of Information and Protection of Privacy Act (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.

Pursuant to section 13 and 14 of the Personal Information Protection Act (PIPA), Level 2 accredited private schools in Alberta are collecting this information in order to develop policies, programs and services to improve Aboriginal learner success.

For more information, please contact the office of the Director, Strategy and System Supports, First Nations, Métis and Inuit Education Directorate, Alberta Education at 780-427-8501 (toll-free by first dialing 310-0000). If you have questions regarding the collection activity by the school, please contact the school principal.

16. Section 23 Francophone Education Eligibility Declaration

Section 2 (1) of the Student Record Regulation states that:

**To be completed only if associate board is supervising Home Education*

The student record for a student or child must contain all information affecting the decisions made about the education of the student or child that is collected or maintained by a board or a private early childhood services program operator, regardless of the manner in which the student record is maintained or stored including

(s) in the case of a student record maintained by a board, other than a person responsible for the operation of a private school, if the parent/guardian of the student or child has the right to have the student or child receive primary and secondary school instruction in the French language under section 23 of the Canadian Charter of Rights and Freedoms, a notation to indicate that and a notation to indicate whether the parent/guardian wishes to exercise that right.

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 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 school instruction in French in Canada, have the right to have all their children receive primary and secondary school instruction in the same language.

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

A. According to the criteria above as set out in the *Canadian Charter of Rights and Freedoms*, are you eligible to have your child receive a French first language (Francophone) education? (Please place an X in the appropriate box.)

Yes No Do not know

B. If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?

Yes No

PART B Declaration by Parent/Guardian

I/We, _____, the parent(s)/guardian(s) of _____, declare to the best of my/our knowledge that the home education program and the activities selected for the home education program will enable the student (check as applicable):

- to achieve the outcomes contained in the Alberta Programs of Study.
- to achieve the outcomes contained in the Schedule included in the *Home Education Regulation*.

In addition, I/We understand and agree that the instruction and evaluation of my/our child's progress is my/our responsibility and that the associate board or private school will supervise and evaluate my/our child's progress in accordance with the *Home Education Regulation*.

I/We understand and agree that the development, administration and management of the home education program is our responsibility.

Parents/guardians who provide home education programs acknowledge that there are implications when they choose to use programs different from the Alberta *Programs of Study*:

1. Students may not apply to a high school principal for high school credits.
2. Students may not receive an Alberta High School Diploma.

Any student in a home education program may write a high school diploma examination. However, the diploma examination mark achieved will stand alone and will not result in a final course mark unless accompanied by a recommendation for credit by a high school principal. A final course mark requires both a school awarded mark and a diploma examination mark. Arrangements to write diploma examinations should be made well in advance of the writing date by contacting the associate school board or associate private school for assistance or Exam Administration at 780-643-9157.

Signature(s) of Supervising Parent(s) or Legal Guardian(s)

(mm / dd / yyyy)

PART C Associate School Board or Associate Private School Notification of Acceptance

As per Section 2(3) of the *Home Education Regulation* the associate board or associate private school must reply in writing to the parent/guardian not more than 15 school days after the date on which it is notified whether it agrees to supervise or continue to supervise the Home Education Program.

This agreement is accepted is not accepted by the is provisionally accepted by

(Print the name, address and phone number of the associate board or private school)

Signature of Superintendent or Principal

(mm / dd / yyyy)

PART D Requirements for the Home Education Program for Components of the Program that Do Not Follow the Alberta Programs of Study

If portions of the student program will enable the student to achieve the outcomes contained in the Schedule included in the *Home Education Regulation*, please attach according to this Form the required written description of the Home Education Program for a student who is following the *Schedule of Learning Outcomes for Students Receiving Home Education Programs That Do Not Follow the Alberta Programs of Study*:

1. Describe in the home education program plan, the instructional method to be used, the activities planned for the program and how the instructional method and the activities will enable the student to achieve the learning outcomes contained in the Schedule.
2. Identify the resource materials, if different from provincially authorized materials, to be used for instruction.
3. Describe the methods and nature of the evaluation to be used to assess the student's progress, the number of evaluations and how the evaluation addresses the learning outcomes in Question 1.
4. Describe the associate board or associate private school facilities and services that the parent/guardian wishes to use.



Registration Questionnaire

Student Name: _____

Current Grade: _____

Parent Name: _____

Parent Email and phone: _____

- I have read the Alberta Education Home Education Handbook and understand my role and responsibility in Homeschooling as the Primary Teacher.
- I have attended a CBE Home Education Information Session or Tour.
- I confirm my child is at or above grade level and requires no one-to-one support in the classroom (if applying to Shared Responsibility program).
- I understand that the CBE Shared Responsibility program is Fast Paced and Accelerated program that covers AB Education's Science & Math Curriculum in 2 days a week for 35 weeks.

1. Describe your child's schooling/learning program up until this year?

2. Why do you feel CBE homeschooling is a good option for your child?

3. Has your child ever received individual support outside of the classroom or participated in a learning support program? If so, please explain.



4. Has your child been identified with a learning or medical need, a clinical diagnosis, or a psycho- educational assessment that would impact schooling? If yes, please explain and provide a copy of the IPP and/or assessment. Please also advise if attendance has been a struggle for your child.

5. Has your child ever struggled with emotional regulation? Please describe the strategies required in the classroom.



6. Are you planning to be away from your permanent address for any extended period of time during the school year? If yes, please explain.

7. Our Shared Responsibility program is a fast-paced accelerated program. To cover the Alberta program of Studies in 2 days, students must be able to be autonomous learners in the classroom and work at a quick pace. According to Alberta Education standards, please advise what is the grade level of your child, and what, if any challenges your child has with literacy/numeracy skills.

Literacy Grade Level _____

Numeracy Grade Level _____

8. TIPS for TEACHERS at Bel-Aire School (if your child is going into the Shared Responsibility Program) – Please describe how your child learns best? What strategies would you recommend to your child's teacher to ensure that your child has a great day at Bel-Aire School? If your child is struggling emotionally or academically, how might they present in the school environment?



Student Registration Form

Dependent Student

This form is a legal document. It must be completed in its entirety by the legal guardian / parent for students registering in a school (K-12) in The Calgary Board of Education. The information for each legal guardian (including custodial parents) must be included on this form. Please print.

Resident / Non-Resident of The Calgary Board of Education (CBE)

Under the *Education Act*, a student is considered to be a resident of The Calgary Board of Education if the legal guardians / parents with day-to-day care of the student reside in the City of Calgary and at least one of them is NOT of the Roman Catholic faith.

By signing below, I declare that (check one):

- all legal guardians / parents with day-to-day care of the student identified on this form, are of the Roman Catholic faith
- at least one of the legal guardians / parents with day-to-day care of the student identified on this form, is **not** of the Roman Catholic faith

Print Legal Guardian / Parent Name

Signature Legal Guardian / Parent Name

Date (MM/DD/YYYY)

Student Name and Citizen Information

For acceptable identification refer to **Proof of Age and Legal Name** at the end of this document.

Legal Last Name: _____ Preferred Last Name: _____

Legal First Name: _____ Preferred First Name: _____

Legal Middle Name: _____ Preferred Middle Name: _____

Student Email Address: _____

Birth Date:

MM	DD	YYYY
----	----	------

 Gender: Female Male Undisclosed Unspecified

Student Home Phone:

--	--	--

 -

--	--	--

 -

--	--	--

 Student Mobile Phone:

--	--	--

 -

--	--	--

 -

--	--	--

Birth Country: _____ Home Language: _____

Student is a Canadian Citizen: Yes No

If Canadian Citizen, name of Canadian document (e.g., birth certificate, passport, Canadian Citizenship Certificate):

If **not** Canadian Citizen:

Name of document (e.g., Permanent Resident, Landed Immigrant, Refugee Claimant, Temporary Resident, Child of Canadian Citizen, Child of a lawfully admitted permanent or temporary resident, Stepchild of a Canadian or Temporary Foreign Worker):

Expiry Date of Document:

MM	DD	YYYY
----	----	------

Office Use Only

CBE #: _____ ASN #: _____ Resident CBE: Yes No
Name of School: _____ Program: _____ Lottery: Yes No
Expected Start Date:

MM	DD	YYYY
----	----	------

 Grade Entering: _____ Full Day Kindergarten: Yes No
Entered by: _____ Date Entered (MM/DD/YYYY): _____ Address Verified: Yes No

Student Address

Provide a home address. If the mailing address is the same, check the box and do not complete the mailing address: Same

Home Address: Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Home Community (in Calgary): _____

Mailing Address: Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Student Medical Information

If the student's attendance at school may be affected by an existing medical or physical condition, it is your responsibility to complete and submit the *Student Health Plan* form to the school.

Does the student have any medical or physical conditions that may affect their attendance at school? Yes No

If **yes**, give a brief description:

Has the *Student Health Plan* form been completed and submitted to school? Yes No

Self-Identify as Indigenous

If you wish to declare the student as Indigenous, select one:

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

For further information, refer to <https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx> or contact Alberta Education at 780-427-8501.

Francophone Eligibility

The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the *Education Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exists:

- either parent's first language learned and still understood is French;
- either parent has received their primary school instruction in Canada in French; or
- one or more of the parent's children has received or is receiving primary or secondary instruction in French in Canada.

Does your child have Francophone eligibility? Yes No

If **yes**, and you wish to exercise your right, please contact the Conseil Scolaire FrancoSud at 403-686-6998.

The Alberta *Student Records Regulations* requires that, if requested, The Calgary Board of Education provide the name, address, date of birth and gender of Section 23 eligible students to the Francophone School District as well as the name, address and telephone number of the student's parent.

Previous School Information

Has the student ever registered in a school in The Calgary Board of Education (CBE)? Yes No

If **yes**, provide:

Name of CBE School: _____

CBE Student ID Number: _____

Grade Completed: _____ Withdrawal Date (MM/DD/YYYY): _____

Has the student attended school elsewhere? Yes No

If **yes**, provide:

Name of the Last School Attended: _____

Alberta Education ID Number (if applicable): _____

Grade Completed: _____ Withdrawal Date (MM/DD/YYYY): _____

Reason for Leaving: _____

Was the student suspended or expelled? Yes No

Address of School: _____

School Phone: _____ School Fax: _____

Student Learning Needs

Has the student ever had an Individual Program / Education Plan (IPP/IEP)? Yes No

If **yes**, what is/are the Alberta Education special education code(s)?

If **yes** and from **outside Alberta**, provide the special education code(s) and their description(s).

Has the student ever been in a special education program/class or unique setting in CBE or elsewhere? Yes No

If **yes**, what was the name of the program/class or setting, and if not from CBE, provide a description.

Are there any other unique learning needs (including language needs) we should know in order to support the student's learning?

Legal Guardians / Parents / Others

If there is more than one Legal Guardian, include the information for *each* guardian on this form whether the guardians live together or not.

A legal guardian may be a parent or other person who is legally responsible for the well-being of the child and makes important decisions for the child. Legal guardian is defined in section 1(2) of the *Education Act* and in the Alberta Government website.

For more information refer to the **Relationship and Custody and Guardianship Documents** at the end of this document.

Please provide a minimum of TWO emergency contacts.

Legal Guardian

First Name: _____ Last Name: _____

Relationship to Student: _____ Emergency Protection Order: Yes No

Emergency Contact: Yes No Contact Order (assign a priority level): 1st 2nd 3rd 4th

Legal Guardians Live Together: Yes No Do you need help with interpretation? Yes No

Custody: Sole Custody / Parenting Shared Custody / Parenting Delegation of Authority Decision Making

If a court order is in place, a copy must be provided for the student record. Copy of court order: Yes No

If there are **no** court documents, a brief written summary of the current family status is required:

Email Address: _____

Lives with Student: Yes No Same Address as Student: Yes No

Home Phone: - - Call Order (preference): 1 2 3

Mobile Phone: - - Call Order (preference): 1 2 3

Work Phone: - - Ext: Call Order (preference): 1 2 3

Provide an address if different than the student's. If the mailing address is the same as the guardian's home address, write "Same".

Home Address: Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Home Community (in Calgary): _____

Mailing Address: Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Legal Guardian

First Name: _____ Last Name: _____

Relationship to Student: _____ Emergency Protection Order: Yes No

Emergency Contact: Yes No Contact Order (assign a priority level): 1st 2nd 3rd 4th

Legal Guardians Live Together: Yes No Do you need help with interpretation? Yes No

Custody: Sole Custody / Parenting Shared Custody / Parenting Delegation of Authority Decision Making

If a court order is in place, a copy must be provided for the student record. Copy of court order: Yes No

If there are **no** court documents, a brief written summary of the current family status is required:

Email Address: _____

Lives with Student: Yes No Same Address as Student: Yes No

Home Phone: - - Call Order (preference): 1 2 3

Mobile Phone: - - Call Order (preference): 1 2 3

Work Phone: - - Ext: Call Order (preference): 1 2 3

Provide an address if different than the student's. If the mailing address is the same as the guardian's home address, write "Same".

Home Address: Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Mailing Address: Apt / Suite #: _____

Street: _____ City: _____

Province: _____ Postal Code: _____

Home Community (in Calgary): _____

Legal Guardian

First Name: _____	Last Name: _____
Relationship to Student: _____	
Emergency Protection Order: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Order (assign a priority level): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
Legal Guardians Live Together: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need help with interpretation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Custody: <input type="checkbox"/> Sole Custody / Parenting <input type="checkbox"/> Shared Custody / Parenting <input type="checkbox"/> Delegation of Authority <input type="checkbox"/> Decision Making	
If a court order is in place, a copy must be provided for the student record. Copy of court order: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If there are no court documents, a brief written summary of the current family status is required: _____	
Email Address: _____	
Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Same Address as Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Mobile Phone: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Work Phone: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ext: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Provide an address if different than the student's. If the mailing address is the same as the guardian's home address, write "Same".	
Home Address: Apt / Suite #: _____	Mailing Address: Apt / Suite #: _____
Street: _____	City: _____
Province: _____	Postal Code: _____
Home Community (in Calgary): _____	

NOT Legal Guardian (Other)	
First Name: _____	Last Name: _____
Relationship to Student: _____	
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Order (assign a priority level): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
Permission to Pick Up Student from School: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Release of Information Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____	Permission to Receive Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Mobile Phone: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Work Phone: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ext: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Call Order (preference): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Provide a mailing address if different than the student's.	
Apt / Suite #: _____	Province: _____
Street: _____	Postal Code: _____
City: _____	
Community (in Calgary): _____	

NOT Legal Guardian (Other)

First Name: _____ Last Name: _____

Relationship to Student: _____

Emergency Contact: Yes No Contact Order (assign a priority level): 1st 2nd 3rd 4th

Permission to Pick Up Student from School: Yes No

Release of Information Form Attached: Yes No

Email Address: _____ Permission to Receive Mail: Yes No

Home Phone:

 -

 -

 Call Order (preference): 1 2 3

Mobile Phone:

 -

 Call Order (preference): 1 2 3

Work Phone:

 -

 Ext:

 Call Order (preference): 1 2 3

Provide a **mailing address** if different than the student's.

Apt / Suite #: _____ Province: _____

Street: _____ Postal Code: _____

City: _____

Community (in Calgary): _____

NOT Legal Guardian (Other)

First Name: _____ Last Name: _____

Relationship to Student: _____

Emergency Contact: Yes No Contact Order (assign a priority level): 1st 2nd 3rd 4th

Permission to Pick Up Student from School: Yes No

Release of Information Form Attached: Yes No

Email Address: _____ Permission to Receive Mail: Yes No

Home Phone:

 -

 -

 Call Order (preference): 1 2 3

Mobile Phone:

 -

 Call Order (preference): 1 2 3

Work Phone:

 -

 Ext:

 Call Order (preference): 1 2 3

Provide a **mailing address** if different than the student's.

Apt / Suite #: _____ Province: _____

Street: _____ Postal Code: _____

City: _____

Community (in Calgary): _____

Sibling Information (Optional)

Do you have other children attending CBE schools? Yes No *If yes, specify below.*

Name: _____ CBE School: _____ Grade: _____

Declaration

I, the undersigned, hereby represent that I have the legal authority to register the student identified on this form. I have identified **all** legal guardians / parents for the student. I declare the information that I have provided on this form is complete and accurate.
I will immediately notify the school of any changes to the information on this form.

Print Legal Guardian / Parent Name

Signature Legal Guardian / Parent Name

Date of Signature (MM/DD/YYYY)

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act (FOIP)*, the *Education Act* and its regulations, and the *Canadian Charter of Rights and Freedoms*, Section 23. This information will be used for the maintenance of the student's record, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under their administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the *FOIP Act*.

If you have any questions about this form please contact the school.

Proof of Age and Legal Name

The original document must be provided to the school. The school will make the copy.

The legal guardian / parent must produce the student's birth certificate at the time of registration. If a birth certificate is not available, the principal may accept a:

- passport;
- Canadian citizenship certificate;
- Canadian federal government Permanent Residency Card, Permanent Resident Record or Confirmation of Permanent Residency;
- Canadian federal government Record of Landing;
- Canadian provincial government Notice of a Live Birth;
- Indigenous Status card; or
- court order that states the age and legal name of the child.

Note | Students who are not Canadian citizens must register at the Admissions and Assessment Office located at the Kingsland Centre.

Exception – Students in Shelters

If the legal guardian / parent does not have one of the documents listed above, they will provide a written summary of current family status until documentation can be provided. If applicable, the legal guardian / parent will provide the Restraining Order (RO) or Emergency Protection Order (EPO).

Relationship

The following are the options for relationships:

<ul style="list-style-type: none">▪ Agency Representative▪ Babysitter▪ Cousin▪ Custodian▪ DLSA - CBE Diversity & Learning Support Advisor▪ Family Friend▪ Father▪ Foster Parent▪ Grandparent▪ Group Home Case Worker▪ Home Stay Parent▪ Interpreter▪ Legal Guardian▪ Mother▪ Other▪ Outside School Care	<ul style="list-style-type: none">▪ Parent▪ Partner▪ Physician▪ Probation Officer▪ Psychologist▪ Relative▪ Sibling▪ Social Worker▪ Sponsor▪ Spouse▪ Stepfather▪ Stepmother▪ Stepparent▪ Stepsibling▪ System AP, Global Learning▪ Unspecified
--	---

Custody and Guardianship Documents

The original custody document must be provided to the school. The school will make the copy.

- Decision Making – legal authority for making day-to-day decisions affecting the child. Similar to joint custody, can be court ordered. If not addressed in an Order, the guardians usually both have rights and responsibilities for this.
- Delegation of Powers and Duties to a Child Caregiver - implicit sub-allocation of powers and duties by the Director of Child and Family Services, or their delegate (i.e., the social worker), under the Child, Youth and Family Enhancement Act. Done by the social worker for a child in protective custody – either Temporary Guardianship Order (TGO) or Permanent Guardianship Order (PGO).
- Shared Custody / Parenting – more than one guardian may exercise the powers, responsibilities and entitlements of guardianship, unless the court orders otherwise; shall use best efforts to co-operate with one another in exercising their powers, responsibilities and entitlements of guardianship. Can be court ordered, or presumed if the parents were married and are now separated but have not been to court.
- Sole Custody / Parenting – allocation, generally or specifically, of the powers, responsibilities and entitlements of guardianship exclusive to one individual. Usually court ordered.