

Complete and send to admin@villaspiritus.ca

Student Information		Registration [	Date: (mm/o	dd/yyyy)		
Legal Surname:		Legal Given N	lame(s):			
Student Also Known As Surname:		Student Also	Known As (	Given Nar	ne(s):	
Birthday: (mm/dd/yyyy)		Age:	Gender: Male	Female	Citizenship:	
Address:						
House/Apt. No.	Street Name			City	Province	Postal Code
Last Grade Completed:		Alberta Educa (To be provided by		known)	Name of Resident Scho To be provided by the school if u	
Father's/Guardian's Information						
First Name:		Last Name:				
Address: (if different from student's)						
House/Apt. No.	Street Name	1		City	Province	Postal Code
Mobile Phone:		Home Phone:			Work Phone:	
Email Address:						
Mother's/Guardian's Information						
First Name:		Last Name:				
Address: (if different from student's)						
House/Apt. No.	Street Name			City	Province	Postal Code
Mobile Phone:		Home Phone:			Work Phone:	
Email Address:						

Emergency Contact Information						
First Name:	Last Name	Relationship to Student:				
Address:						
House/Apt. No. Street Name	City	Province Postal Code				
Mobile Phone:	Home Phone:	Work Phone:				
Email Address:						
Additional Information						
Religion:	Parish Student Attends:					
Student's Reception of Sacraments: (If YES, please at	tach copies of certificates to the ap	pplication form.)				
Baptism: YES NO First Comm	nunion 🛛 YES 🗌 NO	Confirmation: Second YES NO				
Student Health Information						
AB Personal Health Number:	Diagnosed Medical Condition:					
Allergies:						
Neurodiverse / Special Needs Student: YES NO If YES, please list any applicable diagnoses and attach most recent assessments.						
Any suspected but not diagnosed condition:						
Additional Details / Academic or Behaviour Concerns: (Attach any reports/assessments)						
Other Information						
Describe the Student's previous homeschooling experience, if any:						
Name of Education Program, School, Associate Board, or Associate Private School for the previous school year (if not from Holy House)						
Other Important Information:						
(if not from Holy House)						

Home Education Portion					
If you wish to declare that you are an Aboriginal, 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.					
Section 23 Francophone Education Eligib	ility Declaration				
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?					
	W				
If yes, do you wish to exercise your right to have your child receive a French first language (Francophone) education?					
B. Section 2 (1) of the Student Record Regulation states that:					
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:					
<ul> <li>Citizens of Canada</li> <li>whose first language learned and still understood is French; or</li> <li>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</li> <li>of whom any child has received or is receiving primary or secondary school instruction in French in Canada,</li> <li>have the right to have all their children receive primary and secondary school instruction in the same language.</li> </ul>					
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.					
		h first language (Fran	cophone) program		

## **PIPADECLARATION**

The Gilbertine Institute and other private schools are subject to the provincial Personal Information Privacy Act (PIPA) and the federal Personal Information Protection and Electronic Documents Act (PIPEDA). These laws are intended to protect privacy. We must protect your names, contact information, school/health records, and images. We take care when we communicate personal information, and we must ensure proper record keeping. We must obtain your voluntary consent to collect, store, and distribute this personal information.

By submitting this information, you hereby agree to share such private information as this form contains with The Gilbertine Institute for the purposes of effectively serving your family this home education year.

## **Declaration by Parent/Guardian**

I/We

I/We,	, the parent(s)/guardians(s) of	the student,
declare to the best of my/our knowledge that th	ne home education program and the acti	vities selected for the home education
program will enable the student (check as applied	cable):	

 $\Box$  to achieve the outcomes contained in the Alberta Programs of Study

oxtimes 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.

## FOIP DECLARATION

The information provided in this document is true, correct, and complete. I have identified all parents and legal guardians for this child. The individuals identified in the "parent/legal guardian" section have the right to view child information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation. Further, I recognize that it is my responsibility to notify The Gilbertine Institute should the above information change.

In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), I accept that The Gilbertine Institute is authorized and required under the provisions of the School Act and its regulations to collect, use and disclose personal information that is necessary to provide educational programming and ensure a safe and secure environment for children.

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

Date (mm/dd/yyy)