

Student Information

(Please print clearly or fill in digitally)

Surname:	Birthdate:
First Name:	Alberta Education ID #:
Middle Name:	Last Grade Completed:
Preferred Name (If applicable):	Gender (M/F/O):
Mailing Address:	City:
Province:	Postal Code:
Phone Number (If applicable):	Email Address (for ADLC purposes only):
<p>If you wish to declare the student is Aboriginal, please select one: First Nation (status) ___ First Nation (non-status) ___ Métis ___ Inuit ___ 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, please contact the Executive Director at 587-885-2343.</p>	
<p>Is the student a Canadian Citizen? Yes No Does the student have Francophone eligibility? Yes No</p>	

Parent/Guardian Information

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other
Name:	Name:
Address (If different than students):	Address (If different than students):
City: Province Postal Code:	City: Provinc e: Postal Code:
Home Phone:	Home Phone:
Cellular Phone:	Cellular Phone:
Email Address:	Email Address:

Certification

I/We hereby certify that this information is true and accurate:

DATED in the Province of Alberta this _____ day of _____, 20__.

Signature of Parent/Guardian(s)

Signature of Parent/Guardian(s)