

5320 Edgemont Blvd. NW, Edmonton, Alberta T6M 2P6

Ph: (780) 444-6443

Email: [Infor@parklandimmanuel.ca](mailto:Infor@parklandimmanuel.ca)

Website: www.parklandimmanuel.ca

# STUDENT REGISTRATION FORM

Legal Last Name: Registration: 2023-2024

Legal First Name: Alberta Health Care No.:

Legal Middle Name: Gender:

Preferred First Name:

Birth Date (Y/M/D): Grade entry: Kindergarten

Student’s Residence Email Address:

Street:

City/Town:

Province:

Postal Code:

Home Phone Number:

**Note: A copy of the student’s Birth Certificate, Canadian Citizenship Certificate, Passport, Visa, Permanent Landed Immigrant document or other official document must be given along with this form in order to register. A photocopy will be placed in the Student Record.**

**Name of Official Document (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ copy attached □**

Parent/Guardian Information

Father’s Name: Father Cell Phone:

Mother’s Name: Mother Cell Phone:

Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY INFORMATION (person to contact when parents cannot be reached)

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any Health Concerns (eg. Are there any serious medical conditions about which you wish the school to be aware (eg. Allergies, asthma etc.)

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

\_\_\_ Status Indian/First Nations \_\_\_ Non-Status Indian/First Nations \_\_\_ Metis \_\_\_Inuit

For further information please refer to [https://alberta.ca/first-nathions-metis-or -inuit-student-self-identification.aspx](https://alberta.ca/first-nathions-metis-or%20-inuit-student-self-identification.aspx) or contact Alberta Education at 780-427-8501.

Previous School:

Parent’s Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_