



STUDENT REGISTRATION FORM

COALDALE CHRISTIAN SCHOOL

2024/2025

2008—8 Street
Coaldale, Alberta
T1M 1L1

Phone: 403-345-4055
Fax: 403-345-6436
Email: office@coaldalecs.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 ___ **Expiry date of residency document:** _____

Photocopies of birth certificate and residency documents required.

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): _____ - _____ - _____ - _____
(Quarter) (Section) (Township) (Range)

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

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

PRIORITY CONTACT INFORMATION

Contact 1 (parent/guardian)

First & Last Names: _____

Relationship to Student: _____

Address: _____

Home Phone: _____ **Cell:** _____

Email Address: _____

Contact 2 (parent/guardian)

First & Last Names: _____

Relationship to Student: _____

Address: _____

Home Phone: _____ **Cell:** _____

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 & 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