

The Gilbertine Academy

Grade 9-12 Registration Form

Complete and sent to office@gilbertineinstitute.com

Student Information		Registration [Date: (mm/c	dd/yyyy)		
Legal Surname:		Legal Given N	lame(s):			
Student Also Known As Surname:	Stu		Student Also Known As Given Name(s):			
Birthday: (mm/dd/yyyy)		Age:	Gender: Male	Female	Citizenship:	
Address:						
House/Apt. No.	Street Name			City	Province	Postal Code
Last Grade Completed:		Alberta Educo (To be provided by		known)	Name of Resident Schoo To be provided by the school if unl	
Father'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:						
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: \Box Y	ES NO		
Student Health Information					
AB Personal Health Number:	Diagnosed Medical Condition:				
Allergies:					
Neurodiverse / Special Needs Student:					
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:					

Self Declaration 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 Eligibility 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 (Francopho	ne) education?				
☐ YES ☐ NO ☐ DO NOT KNO	W				
If yes, do you wish to exercise your right to h	nave your child receive a French first language	(Francophone) educc	ation?		
☐ YES ☐ NO ☐ DO NOT KNO	W				
B. Section 2 (1) of the Student Record Regu	lation 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:					
 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.					

Declaration by Parent/Guardian					
FOIPDECLARATION					
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/yyyy)				
PIPADECLARATION					
The Gilbertine Institute and other private schools are subject to the provincial Person federal Personal Information Protection and Electronic Documents Act (PIPEDA). The must protect your names, contact information, school/health records, and images. We information, and we must ensure proper record keeping. We must obtain your volunte this personal information. By submitting this information, you hereby garee to share such private information as	ese laws are intended to protect privacy. We re take care when we communicate personal ary consent to collect, store, and distribute				
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.					