



**CALGARY
GIRLS
CHARTER
SCHOOL**

2021-2022 STUDENT APPLICATION FORM

PLEASE RETURN COMPLETED FORM AND ALL APPLICABLE DOCUMENTATION.

THE FORM MUST BE SIGNED BY THE PARENT OR GUARDIAN.

The information requested on this form is being collected pursuant to the *School Act (Student Record Regulation)*, the *Freedom of Information and Protection of Privacy (FOIP) Act*, and the *Canadian Charter of Rights and Freedoms, Section 23*. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact the School Principal or the Board Office, Calgary Girls Charter School, Unit C, 7239 Flint Road SE, Calgary, Alberta T2H 1G2 or phone 403-220-0745.

SCHOOL OFFICE USE ONLY:

CAMPUS: <input type="checkbox"/> BEL AIRE (GRADES 4 AND 5) <input type="checkbox"/> LAKEVIEW (GRADES 6 – 9)		HOME ROOM:	
DATE APPLICATION RECEIVED:	ENTRY DATE: ____/____/____ MONTH DAY YEAR	ALBERTA EDUCATION #:	ESL: <input type="checkbox"/> 301 <input type="checkbox"/> 303 Cdn BORN
DATE PLACEMENT OFFERED:	SCHOOL ID #:	IPP: <input type="checkbox"/> Yes	CODE

STUDENT INFORMATION:

ENTERING GRADE:				
LEGAL LAST NAME:		LEGAL FIRST NAME:		LEGAL MIDDLE NAME:
PREFERRED LAST NAME:		PREFERRED FIRST NAME:		
RESIDENCE ADDRESS: APT:	HOUSE :	CITY:	POSTAL CODE:	
STREET:				
HOME TELEPHONE:	ALTERNATE TELEPHONE:	BIRTH DATE: ____/____/____ MONTH DAY YEAR		

CITIZENSHIP/IMMIGRATION STATUS:

A copy of the student's Canadian Birth Certificate and/or immigration documentation **must be attached** in order for this application to be processed. If Landed Immigrant, a copy of your Visa/Immigration Documentation must also be attached.

CANADIAN CITIZEN: Yes No BIRTH COUNTRY, IF NOT CANADA:

CITIZENSHIP, IF NOT CANADIAN:

- Lawfully admitted to Canada for Permanent Residence
Permanent or Temporary residence Expiry Date : ____/____/____
MONTH DAY YEAR
- Student Authorization – Study Permit
Student Visa Expiry Date : ____/____/____
MONTH DAY YEAR
- Child of a Canadian Citizen
- Child of an individual lawfully admitted to Canada for permanent or temporary residence
Permanent or Temporary residence Expiry Date : ____/____/____
MONTH DAY YEAR
- Other/Unknown (International Student Fees may apply)

FRANCOPHONE ELIGIBILITY

According to the *Education Act* and Section 23 of the *Canadian Charter of Rights and Freedoms*, a parent who is a Canadian Citizen has the right to have all his/her children receive primary and secondary instruction in French if:

1. Either parent's first language learned and still understood is French (*mother or father's native tongue is French*) or,
2. Either parent received their primary school instruction in Canada at a Francophone school (K-12), or,
3. Any child in the same family has received or is receiving primary or secondary school instruction at a Francophone school in Canada.

Note: Francophone eligibility rights are not multi-generational and refer only to the native tongue of the parent(s).

Do you claim entitlement to a Francophone education under the terms of the *Education Act*? Yes No

If YES, CGCS is required to release demographic information about the student to the local Francophone Education Board upon written request from that school jurisdiction in conformance with provincial Student Record Regulations.

ENGLISH AS A SECOND LANGUAGE (ESL)

A student may be eligible for ESL support when the primary language spoken at home is a language other than English.

Is your child's primary language English? Yes No

If NO, my child's primary language is: _____ The language commonly spoken at home is: _____

ABORIGINAL SELF-IDENTIFICATION

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: <https://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 board, please contact the Office of the Superintendent at 403-220-0745.

LAST SCHOOL ATTENDED

NAME OF SCHOOL:	GRADE:	WITHDRAWAL DATE: _____/_____/_____ MONTH DAY YEAR
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ADDRESS:	CITY:	PHONE:
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PROVINCE:	POSTAL CODE:	EMAIL:
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Reason for leaving last school:

Upon acceptance, I hereby give permission to Calgary Girls Charter School to contact the above named school for the purpose or requesting student records and making inquiries of previous teachers and administrators regarding information that may be pertinent to student programming.

Parent / Guardian Signature: _____

Date: _____

STUDENT PROGRAMMING INFORMATION AND DISCLOSURE

This information is required to assist in determining how best we can support your student's learning at the Calgary Girls Charter School. As well it is used to identify specific pre-existing educational program requirements that may affect the student's academic, social and/or emotional development. Non-disclosure diminishes the school's ability to provide the necessary supports, and can potentially jeopardize the student's application for admission. If the space provided is insufficient, please feel free to attach additional sheets.

Has your child ever received additional learning support inside or outside the classroom or have an IPP? Yes No

If yes, explain the nature / duration of the support and/or a copy of the IPP **must be included**.

Has your child ever received diagnostic testing for reading, writing, or mathematics? Yes

No

If yes, specify the type of testing conducted, the purpose and the results, if known.

Has your child ever received a Psycho-Educational assessment? No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, a copy of the educational report must be included . Attached <input type="checkbox"/>	Report
Has your child ever received an assessment to address social, emotional, or behavioral concerns? If yes, explain the presenting concerns and the results of the assessment. All copies of reports must be included .	Yes <input type="checkbox"/> No <input type="checkbox"/>
Report Attached <input type="checkbox"/>	
Has your child received specialized/adaptive programming to address behavioral concerns? If yes, provide details of program, including entry and exit dates, program type and contact person.	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICAL INFORMATION

Does your child have any Special Medical Conditions we should be aware of? (i.e. medications, physical disabilities, mental health or behavior disabilities, etc.):

SEVERE ALLERGIES:

GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS

Guardians of the student must be identified to ensure the rights of each party are respected. A child may be designated as "Protected" if a court has issued an order under the *Child Welfare Act*, the *Domestic Relations Act*, the *Divorce Act*, the *Protection Against Family Violence Act*, or the *Young Offenders Act*, or is the subject of a custody or access order including but not limited to parenting order under the *Child, Youth, and Family Enhancement Act* that is a predecessor to or a substitute for any of the said Acts. If your child is subject to any such order or agreement, please indicate below and discuss this situation with the school administration. If an order exists affecting guardianship rights or custody or access rights, **a copy of the order or agreement will be required for the student's record.**

Does such an order exist? Yes No

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BIOLOGICAL OR ADOPTIVE PARENT/LEGAL GUARDIAN INFORMATION (CONSULT THE FAMILY LAW ACT FOR GUARDIANSHIP INFORMATION)
It is important to fill out information for each biological or adoptive parent or legal guardian, whether or not they are living together. Information is collected to ensure communications are directed to the appropriate address. **All legal guardians must submit documentation of their legal rights.**

CONTACT ONE BIOLOGICAL OR ADOPTIVE MOTHER <input type="checkbox"/> BIOLOGICAL OR ADOPTIVE FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> (CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		MAIL TO: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:		
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:		
CONTACT TWO BIOLOGICAL OR ADOPTIVE MOTHER <input type="checkbox"/> BIOLOGICAL OR ADOPTIVE FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> (CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		MAIL TO: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:			
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:		
RESIDENCE ADDRESS:		CITY:	POSTAL CODE:		

SIBLING INFORMATION	
Do you have other children attending CGCS, or have you applied for any other children? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list.	
NAME:	GRADE:
NAME:	GRADE:

Would you mind sharing how you heard about the Calgary Girls Charter School

I HAVE COMPLETED MY STUDENT'S APPLICATION AND HAVE INCLUDED THE CHECKED OFF DOCUMENTATION BELOW: <input type="checkbox"/> A copy of Proof of Canadian Citizenship / Immigration Status (front and back of document) <input type="checkbox"/> Copy of last 2 most recent report cards <input type="checkbox"/> Copy of PAT results (if available) <input type="checkbox"/> Copy of IPP (if applicable) <input type="checkbox"/> Copy of Psycho-Educational assessment (if applicable)
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DECLARATION

I declare the information that I have provided on the form is complete and accurate. I will notify the school of any changes to the information contained in this document.

Date:

Parent/Guardian Signature: