



## Request to Register a Student

This form must be completed for all new students wishing to attend  
Calgary Arts Academy.

<b>Student Information</b>				
Student's Legal Last Name	Student Legal First Name	Birth Date		
		Month	Day	Year
	Student's Legal Middle Name			
<b>Address</b>		<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Primary phone number:</b> (       )				<b>Gender</b> M ___ F ___
<b>Canadian Citizen?</b>	<b>Citizenship, if not Canadian?</b>			
Yes ___ No ___	___ Lawfully admitted to Canada for permanent residence			
	___ Child of a Canadian citizen			
	___ Child of an individual lawfully admitted to Canada for permanent or temporary residence.			
<b>What Grade Level are you applying for?</b>				
<b>What school year are you applying for (for example, "2017-2018")?</b>				
<b>Individual Program Plan (IPP)</b>				
Does your child have, or ever had, an IPP? Yes ___ No ___				
If there is an IPP currently in place, a copy is required.				
<b>Previous School</b>		<b>Grade Level Completed</b>		
Name		Reason for Leaving		

**For Kindergarten Applicants**

Is your child currently enrolled, or has your child ever attended, another Kindergarten program?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain below.

Does your child qualify for PUF funding? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you child attend pre-school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please advise the name below.

**Parent / Guardian Information**

Parent / Guardian 1		Parent / Guardian 2	
Last Name	First Name	Last Name	First Name
Mother ____ Father ____ Guardian ____		Mother ____ Father ____ Guardian ____	
Address		Address	
Phone Numbers:		Phone Numbers:	
Home	Mobile	Home	Mobile
( )	( )	( )	( )
Email:		Email:	
<b>Have you attended a tour of the school?</b> Yes _____ No _____			

**Custody / Guardianship Information**

The student lives with:

Both parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Shared Custody \_\_\_\_ Legal Guardian \_\_\_\_ Other \_\_\_\_

*Note: If a custody order or any other legal document governing the custody or guardianship of your child exists, please provide a copy.*

**Sibling Information**

Do you have other children attending CAA, or have you applied for any other children? If yes, please list.

1. Name:	Grade:
2. Name:	Grade:
3. Name:	Grade:

## Medical Information

Alberta Health Number:

Does your child have any medical conditions we should be aware of?

Yes \_\_\_\_ No \_\_\_\_

Does your child need to take medication at school?

Yes \_\_\_\_ No \_\_\_\_

If “Yes” to either of the above, please explain:

## Francophone Education

Pursuant to section 23 of the Canadian Charter of Rights and Freedoms, citizens of Canada (1) whose first language learned and still understood is French, or (2) 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 (3) of whom any child has received or is receiving primary or secondary school instruction in French in Canada have the right to have their children receive primary and secondary school instruction in the same language.

In Alberta, parents can only exercise this right by enrolling their child in a French first language (Francophone) program offered by a Francophone regional authority.

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 Francophone education?

Yes \_\_\_\_ No \_\_\_\_

B. If yes, do you wish to exercise your right to have your child receive a Francophone education?

Yes \_\_\_\_ No \_\_\_\_

## Aboriginal Eligibility

If you wish to declare the student is Aboriginal please select one:

\_\_\_\_ First Nation (status) \_\_\_\_ First Nation (non-status) \_\_\_\_ Metis \_\_\_\_ 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 School Board Superintendent at 403-532-3020.

## Important to Note

1. Calgary Arts Academy delivers the Alberta curriculum through Arts Immersion. Students are required to participate in music, drama, dance, visual art and literary art.
2. Calgary Arts Academy operates on a first-come, first-served basis, with siblings of current students taking priority. Upon receipt, applications are date-stamped to ensure correct placement on the wait lists.
3. All documents (please see the checklist below) plus payment of a \$50.00 admin fee must be received before your child's name is placed on the wait list.
4. Calgary Arts Academy individualizes learning through learning contracts that are created in collaboration with learning facilitators, parents and students.

## Use of Personal Information

The information requested on this form is collected under the authority of the School Act, its Student Record Regulation, Alberta's Freedom of Information and Protection of Privacy Act, and the Canadian Charter of Rights and Freedoms, Section 23. If you have any questions concerning the collection, use or disclosure of this information, please contact the Superintendent.

For information on how personal information is used, please contact the school.

### In addition to this request form, please submit the following:

- **Student Identification** - Birth Certificate copy preferred, but other forms such as a Canadian citizenship card copy, Alberta Health Care card copy, are acceptable.
- **Most Recent Report Card** - a copy of the student's most recent report card is required when applying for Years 1 to 9.
- Copies of **any other relevant documents**, such as IPPs (Individualized Program Plans,) assessments, specialized program, etc.
- Non-refundable application fee of **\$50.00**. Cash, cheque, debit card, credit card (no Amex, please.)

Once completed, this form, along with all supporting documents, can be submitted in person to any of our schools. Alternatively, it may be faxed to (403) 217-0965 or mailed to Calgary Arts Academy, Attention Kevin Loftus, 640 - 14 Avenue S.E., Calgary, AB T2G 1E8. As a courtesy to our applicants, electronic documents can be emailed to [kloftus@caaschool.com](mailto:kloftus@caaschool.com) provided that they are in PDF format and have been combined into one or two documents. **Photographed documents, other than single-page identification documents, cannot be accepted.** Applicant names are added to our wait lists once all elements, including the admin fee, have been received. With regard to payment, you have the option of mailing a cheque or money order, or paying in person with cash, cheque, money order, debit card or credit card (no Amex, please) at either of our campuses. Alternatively, you can phone the school with you credit card information. Applications are prioritized on our wait lists on first-come, first-served basis. The application date is the date that all required elements have been received.

## Declaration

I have read and understand the information provided on this form. I declare the information that I have provided on this application form is complete and accurate. I will notify the school of any changes to the information on this form. I understand that any misrepresentation or exclusion of pertinent student information could result in the withdrawal of an offer of a space.

Signature of Parent / Legal Guardian / Independent Student

Date



# Calgary Arts Academy

*Learning the Alberta Curriculum through Arts Immersion*

## Releasing Student Information to Calgary Arts Academy

STUDENT LEGAL LAST NAME	STUDENT FIRST NAME	ALBERTA LEARNING ID#	
SCHOOL		DATE OF BIRTH	CURRENT SCHOOL YEAR
<p>In an effort to allow for consultation and/or to provide an effective educational program for your child or for an independent student, and/or to assist parents or independent students, your previous school may need to release personal information to Calgary Arts Academy. We will only request personal information with your informed consent (agreement). Informed consent means a signed consent by a parent, which we obtain after a discussion with the parent about why the information will be required.</p>			
<p><b>AUTHORIZATION:</b></p> <p>I hereby authorize the <b>above-mentioned school, pre-school or daycare operator</b> and any duly authorized agent thereof, to release to Calgary Arts Academy, all student records, reports, assessments, and information of medical, psychiatric, psychological, and/or educational assessments or programs rendered to the aforementioned student. If any custody order has been granted by a court, I have the authority to provide this authorization and I have informed the school personnel if any other party's authorization is also required under the order. Please print on the lines below any specifications/restrictions regarding the type of information being released.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>Note: This Informed Consent for Release of Information to Calgary Arts Academy will be in effect for <b>one year from the signature date.</b></p>			
<b>AUTHORIZATION SIGNATURE:</b>			
NAME OF PARENT/GUARDIAN:		DATE	
<p><b>PLEASE RETURN TO: CALGARY ARTS ACADEMY. 640 – 14 Avenue S.E., Calgary, AB T2G 1E8</b>  <b>Phone (403) 532-3020 Fax (403) 217-0965</b></p>			

### INSTRUCTIONS TO SCHOOL PERSONNEL:

Certificated school personnel who talk to the parent/guardian about this consent will sign below. Your signature indicates that you have discussed with the parent/guardian the nature of the information to be released. In the Consent section above, cross out references to any type of information that the parent/guardian does not want to have released. Have the parent initial the changes. As much as possible, specify the information to be released in the space provided.

<b>INFORMED CONSENT CONSULTATION/INTERVIEW CONDUCTED BY:</b>	
NAME OF CERTIFICATED SCHOOL PERSONNEL	SIGNATURE
ROLE	DATE