

2024-2025 STUDENT APPLICATION FORM

PLEASE RETURN THE 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 Education 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.

Office, Caigary Giris Chari	er school, only C, 7239 Film Rodd S	L, Calgai	y, Alberia 1211	1 G Z OI PHONE	- 403-220-0/ 43.
SCHOOL OFFICE USE ONLY:					
Home Room Assignment:					
Date Application Received:	ENTRY DATE: / / MONTH DAY YEAR	_	lberta Education 7	#:	ESL: 301 303 CDN BORN
Date Placement Offered:			School ID #:		IPP: ☐ 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: Street:	CITY: POSTAL CODE:		POSTAL CODE:	
Home Telephone:	CELL TELEPHONE: ALTERNATE TELEPHO		TELEPHONE:	BIRTH DATE:/ MONTH DAY YEAR	
SIBLING INFORMATION:					
Do you have other children c	attending CGCS, or have you ap	plied for	any other child	ren? YES 🗌 🛭	NO If yes, please list.
Name:				GRADE:	
Name:				GRADE:	
How did you hear about the	Calgary Girls Charter School?				
MEDICAL INFORMATION:					
Does your child have any Sp health or behavior disabilities	ecial Medical Conditions we show, etc.). Please provide detail	ıld be av	vare of? (i.e. me	edications, phy	ysical disabilities, mental
Severe Allergies:					

CITIZENSHIP/IMMIGRATION STATUS:					
A copy of the student's Canadian Birth Certificate and/or Foreign attached in order for this application to be processed.					
If Landed Immigrant, a copy of your Visa/Immigration Documento Canadian Citizen: \square Yes \square No Birth Country, if NOT Canada:	ation must also be attached.				
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 :/				
□ Child of a Canadian Citizen					
□ Child of an individual lawfully admitted to Canada for permonermonds Permanent or Temporary residence Expiry Date :	anent or temporary residence Month Day YEAR				
☐ Other/Unknown (International Student Fees may apply)					
FRANCOPHONE ELIGIBILITY					
According to the Education Act and Section 23 of the Canadian C Citizen has the right to have all his/her children receive primary					
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,					
 Any child in the same family has received or is receiving p school in Canada. 	orimary or secondary school instruction at a Francophone				
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 <i>Education Act</i> ? Yes \(\subseteq\) No \(\subseteq\) 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 Regulation.					
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 \Box No \Box					
If NO, your child's primary language is: The language	age commonly spoken at home is:				
Aboriginal Self-Identification					
If you wish to declare the student is Aboriginal, please select one First Nation (status) \Box First Nation (non-status) \Box	e: Métis 🗆 Inuit 🗆				
For further information, please refer to: <u>aboriginal-self-identification sch-auth-faq jan2017.pdf (alberta.ca)</u> 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:
Address:	Сітү:	PHONE:
Province:	Postal Code:	Email:
Reason for leaving last school:		
		to contact the above named school for the purpose administrators regarding information that may be
Parent / Guardian Signature:	Date:	
STUDENT PROGRAMMING INFORMATION AND DI	SCLOSURE:	
· ·		your student's learning at the Calgary Girls irements that may affect the student's academic,
Non-disclosure diminishes the school's ability student's application for admission. If the sp		nt supports, and can potentially jeopardize the use feel free to attach additional sheets.
Has your child ever received additional lead If yes, explain the nature/duration of the su		
Has your child ever received diagnostic test If yes, specify the type of testing conducted		
Has your child ever received a Psycho-Educ If yes, a copy of the educational report mu		Yes □ No □ Report Attached □
Has your child ever received an assessme	nt or medical diagnosis letter to	address social, emotional, or behavioral concerns? Yes \Box No
If yes, explain the presenting concerns and	the results of the assessment. All	copies of reports/ letters must be included. Report Attached
Has your child received specialized/adapt If yes, provide details of program, including		

LEGAL GUARDIANS/PARENTS/OTHERS 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. If there is more than one legal guardian, include the information for each guardian on this form whether the guardians live together or not. A legal guardian may be a parent or other person who is legally responsible for the well-being of the child and makes important decisions for the child. Legal guardian is defined in section 1(2) of the Education Act and in the Alberta Government website. (For more information refer to the Custody and Guardianship section below.) LEGAL GUARDIAN RELATIONSHIP TO STUDENT ___ LIVES WITH STUDENT: YES NO NO PLEASE CHECK ONE: PARENTS LIVE TOGETHER MAIL TO: YES \Box NO \Box JOINT - SHARED CUSTODY ARRANGEMENT SOLE CUSTODY DELEGATION OF AUTHORITY DECISION MAKING AUTHORITY ONLY LAST NAME: FIRST NAME: CELL PHONE: **EMAIL ADDRESS:** HOME PHONE: WORK PHONE: CITY: POSTAL CODE: RESIDENCE ADDRESS: LEGAL GUARDIAN RELATIONSHIP TO STUDENT: LIVES WITH STUDENT: YES \(\Bar{\text{\tint{\text{\tint{\text{\tint{\text{\tin}\xititt{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\ti}\xititt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\xititt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tititt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{ PLEASE CHECK ONE: PARENTS LIVE TOGETHER MAIL TO: YES \Box NO \Box JOINT - SHARED CUSTODY ARRANGEMENT SOLE CUSTODY DELEGATION OF AUTHORITY DECISION MAKING AUTHORITY ONLY LAST NAME: FIRST NAME: CELL PHONE: **E**MAIL ADDRESS: HOME PHONE: WORK PHONE: POSTAL CODE: RESIDENCE ADDRESS: CITY: GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS, EMERGENCY PROTECTION ORDER(S): 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 any legal orders or** agreements will be required for the student's record. Does such an order exist? Yes □ No □ **Summary:**

Custody and Guardianship Documents

The original court document must be provided to the school. The school will make a copy of the document, which will be placed in the Official Student Record (OSR).

- **Decision Making** legal authority for making day-to-day decisions affecting the child. Similar to joint custody, can be court ordered. If not addressed in an Order, the guardians usually both have rights and responsibilities for this.
- Delegation of Powers and Duties to a Child Caregiver implicit sub-allocation of powers and duties by the Director
 of Child and Family Services, or their delegate (i.e., the social worker), under the Child, Youth and Family Enhancement
 Act. Done by the social worker for a child in protective custody either Temporary Guardianship Order (TGO) or
 Permanent Guardianship Order (PGO).
- Joint / Shared Custody / Parenting more than one guardian may exercise the powers, responsibilities and entitlements of guardianship, unless the court orders otherwise; shall use best efforts to co-operate with one another in exercising their powers, responsibilities and entitlements of guardianship. Can be court ordered, or presumed if the parents were married and are now separated but have not been to court.
- **Sole Custody** / **Parenting** allocation, generally or specifically, of the powers, responsibilities and entitlements of guardianship exclusive to one individual. Usually court ordered.

I HAVE COMPLETED MY STUDENT'S A	PPLICATION AND HAVE INCLUDED THE CHECKED OFF DOCUMENTATION BELOW:
 □ Copy of last 2 most recent r □ Copy of PAT results (if avail □ Copy of IPP (if applicable) □ Copy of Psycho-Educational 	able)
Declaration	
have identified all legal guard is complete and accurate. <u>I ac</u>	resent that I have the legal authority to register the student identified on this form. I dians/parents for the student. I declare the information that I have provided on this form the sknowledge that provision of incomplete, inaccurate or false information may render this I immediately notify the school of any changes to the information provided in this
Date:	Parent/Guardian Signature: