



Slovak school- Slovenská škola

www.skschool.ca

REGISTRATION FORM



STUDENT INFORMATION: (Print please)

Students Legal Name: Birthdate: Alberta Health Care Number:
Surname: DD/ MM/ YY Is student immunized:
Middle Name: Family Physician:
First Name: Gender: F M Phone Number of Physician:
Student's AKA Name: Student First Language: Any Allergies:
(name by which the student is commonly known in the family and community) Require Epi-Pen:
Address: City: Postal code:
Home Phone Number: Cell Phone Number: Email:

MEDICAL INFORMATION:

If the student's attendance at school may be affected by an existing medical/physical/emotional condition or medication that may affect his/her attendance at school, it is your responsibility to complete and submit the Student Health Plan. YES NO
If yes, please give a brief description:
Your signature at the Declaration section of the form gives the school permission to contact a physician/ emergency line or ambulance in the event that you can not be contacted or emergency exist.

SCHOOL INFORMATION:

Name & Address & Phone number of school at which student is attending or last time attended:
Grade or last Grade:

INDEPENDENT STUDENT STATUS:

Students 18 years of age and older, or "independent" under the School Act:
Any student 18 years of age and older or 16 years of age and older and considered legally "independent" under Slovak School policy may complete this form and register in without parental consent. Proof of independent status must be presented.
Are you declaring independent status? Yes No If yes, please attach proof of independent status.

PARENT/GUARDIAN INFORMATION:

This information must be provided. Please provide a minimum of TWO emergency contacts.
1. Mother Stepmother Father Stepfather Legal Guardian Other Ms. Mr. Miss Mrs. Dr.
Sole Custody Shared/Joint Custody/Guardian Access
Is this person an EMERGENCY contact? Yes No
Last Name: First Name:
Address: City: Province: Postal Code: Country:
Home Phone Number: Cell Phone Number:
Work Phone Number: Email:
Name of person/s authorized to pick up student after school:
2. Mother Stepmother Father Stepfather Legal Guardian Other Ms. Mr. Miss Mrs. Dr.
Sole Custody Shared/Joint Custody/Guardian Access
Is this person an EMERGENCY contact? Yes No
Last Name: First Name:
Address: City: Province: Postal Code: Country:
Home Phone Number: Cell Phone Number:
Work Phone Number: Email:

DECLARATION:

I, the undersigned, hereby represent that I have the legal authority to register the student. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form in timely matter.
I have also read and understand the "School District Use of Personal Information" section attached to this registration form. A copy of "Important Information for Parents" may be obtained from the school for future reference. I'm giving permission to take pictures/videos of student during teaching class for purpose of newspapers, brochures, website to promote school activities.

Signature of Custodial Parent / Legal Guardian / Independent Student:
Registration Date DD / MM / YY:

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

The personal information requested on this form as part of the school registration process is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP), the School Act and its regulations, and the Canadian Charter of Rights and Freedoms, Section 23.
This information will be used for the establishment of a student record, determination of residency, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Learning for the purpose of carrying out programs, activities, or policies under his/her administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the FOIP Act.

FEES & SCHEDULE:

Annual fee is 300\$ for first student (Sept to June). Tuition is payable preferably by Cash, but Visa & MasterCard are optional, NO cheques. Second student from same family will receive 10% off of annual tuition and 3rd or more students from same family 20% off of annual tuition.
Schedule: 3-4 days each month average (Sept to June) (excluding long weekend or statutory holidays) following CBE traditional calendar.