



ST. ALBERT PROTESTANT SEPARATE SCHOOL DISTRICT #6
60 Sir Winston Churchill Avenue
St. Albert, AB T8N 0G4
NON-RESIDENT STUDENT APPLICATION FORM

Date: _____

1. Demographic Information

Student Name:	
Grade:	Birth Date:
Parent(s)/Guardian(s):	
Address: (Rural/Legal Description)	
Phone Number	Daytime:
	Evening:

2. Resident Board: _____

3. Please identify the educational needs of your child.

a) Academic	b) Behavioural/Emotional:
c) Physical:	d) Other:
e) Does your child have any needs that would require a special education program? If so, describe.	

4. Current Academic Functioning:

- Please provide a copy of the most recent report card.

5. Rate your child’s overall academic range:

Weak _____ Below Average _____ Average _____ High Average _____

6. School History – Include:

- Schools attended/grades repeated/special programming

7. Reason for Application:

8. Should your child require a special needs program, as a non-resident student, you may be required to return to your resident district, due to insufficient resources.

9. *The information collected on this registration form is required in order to allow the board, through its administrators, to make such decisions as are necessary in order for it to fulfill its obligation to provide students with an appropriate education program, to provide a safe and secure environment, to protect the student’s rights and to determine eligibility for particular programs and the funding available both under the School Act and the Regulations through the Charter of Rights and Freedoms.*

The information will be made available to employees of St. Albert Protestant Schools, its authorized agents, and the Board of Trustees, within the scope of their roles and responsibilities, and to individuals working with the students in schools and to Alberta Education on a need to know basis.

10. In accordance with the St. Albert Protestant Separate School District #6’s policy on Resident/Non-Resident Student Status/Admissions, I do give permission for the school principal or designate to contact my child’s current/previous school(s) to obtain information which will help determine the educational needs of my child.

Date

Parent/Guardian Signature

District School

Principal’s Signature