



GOBIND SARVAR ELEMENTARY SCHOOL
 BAY 20, 3710 WESTWINDS DR, NE
 CALGARY, AB
 PHONE: 403-629-8243
 FAX: 403-351-3834
 EMAIL: info@gobindsarvarcalgary.com
 WEBSITE: www.gobindsarvarcalgary.com

FOR OFFICE USE:

| |
|---|
| MEDICAL ALERT <input type="checkbox"/> |
| LEGAL ALERT <input type="checkbox"/> |
| Date of Registration: ____/____/____ MM DD YYYY |

STUDENT REGISTRATION

| STUDENT INFORMATION I | | | |
|---|---|--|----------------|
| Legal Last Name: | Legal First Name: | Legal Middle Name: | |
| Residence Address: | City: | Province: | Postal Code: |
| Home Telephone #: | Birth Date: ____/____/____ <small>Year Month Day</small> | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/Prefer not to disclose | |
| Cell Phone # : | | | |
| PREVIOUS SCHOOL INFORMATION II | | | |
| Gobind Sarvar Student ID #: <i>(To be Assigned)</i> | Alberta Education ID Number (ASN): | Last Grade Completed: | Grade Going To |
| Name of Last School Attended: | School Address: | | |
| Does the child have an IPP (Individual Program Plan or identified special needs) If yes, please explain and attach plans provided by the previous school. | | | |
| Does student attend/attended Gobind Sarvar Gurmat School <input type="checkbox"/> yes <input type="checkbox"/> No If yes, please check below: | | | |
| Level of Gurmukhi: | <input type="checkbox"/> LKC <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 <input type="checkbox"/> LEVEL 4 <input type="checkbox"/> SANTHYA | | |
| Level of Vaaja: | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced | | |
| Level of Tabla: | <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced | | |

MEDICAL INFORMATION *(Please provide student's medical information)*

III

Alberta Health Care Number:

Family Doctor's Name:

Doctor's Ph.:

Description of any Major Health Concern *(medical conditions, allergies For e.g. Gluten, Peanuts, Kiwi):***General Precautions** *(Identify any triggers, things to avoid):***Emergency Responses** *(Any medication (e.g. EpiPen etc.), emergency contact, any other related information):***Other Health Related Information** *(I.e. Dietary restrictions, mental health, disabilities):***PARENT/GUARDIAN INFORMATION**

IV

Parent/Legal Guardian

Relationship to Student *(select one)* mother father legal guardian other: _____

Last Name:

First Name

Address *(if different from student's):*Does the student reside with this individual? Yes No

Address

City

Province

Postal Code

Home Phone:

Work Phone:

Cell Phone:

Email:

Parent/Legal Guardian

Relationship to Student *(select one)* mother father legal guardian other: _____

Last Name:

First Name:

Address *(if different from student's):*Does the student reside with this individual? Yes No

Address

City

Province

Postal Code

Home Phone:

Work Phone:

Cell Phone:

Email:

SIBLING INFORMATION**V**

Do you have other children attending Gobind Sarvar Elementary school? Yes No *If yes, please list names and grades.*

| | | | |
|-------|--------|-------|--------|
| Name: | Grade: | Name: | Grade: |
| Name: | Grade: | Name: | Grade: |

CUSTODY OR GUARDIANSHIP INFORMATION**VI**

If there are any legal documents related to custody or guardianship of the student, a copy must be attached to the registration form.

Name and date of most current legal document _____
 NAME DATE

EMERGENCY CONTACT INFORMATION OTHER THAN PARENTS / GURADIAN**VII**

| | | |
|--------------------------|----------------|----------------------|
| Emergency Contact | Name: | Relation to Student: |
| | Primary Phone: | Secondary Phone: |
| Emergency Contact | Name: | Relation to Student: |
| | Primary Phone: | Secondary Phone: |

CITIZENSHIP STATUS**VIII**

What is the citizenship or immigrant status of the student?

- Canadian citizen
- Permanent Resident/Landed Immigrant
- Lawfully admitted into Canada under the Immigration and Refugee Protection Act:
 - Temporary Resident Expiry Date (MM/DD/YYYY): _____
 - Refugee or Refugee Claimant
- Child of a Canadian citizen
- Other – Must be cleared with Citizenship and Immigration Canada: _____

Please Read the Following Before Signing:

I accept my obligation to pay school fees and bus fees (if applicable) for the full academic session in a timely manner.

I agree to abide by the school rules and code of conduct, including changes in policies if applicable.

I accept my obligation to inform the school and provide copies of custody documentation for school records (if applicable).

I give consent for my child to attend field trips and school sponsored activities/events. Forms would be send home prior to the field trip.

I give my consent to allow Gobind Sarvar Sports club to provide treatment in case of medical emergency. In case there is any health concern I take fully responsibility to inform the school.

I understand that a \$25 fee will be charged for bounced cheque or any sort of other selected payment method.

I give consent to allow Gobind Sarvar School to provide medical treatment for my child in emergency situations.

I understand that Gobind Sarvar School is not responsible for supervising children before the school start time and cannot be held liable for any injuries or damaged/lost property. I accept that parents/guardian are responsible for supervising their own children before the school start time.

I will notify the school of any changes to the information of this form.

I hereby declare that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate.

I will notify the school in advance if any person other than those motioned in this form who will be picking up my child from school.

Please note that all the staff, students and volunteers are required and must wear head covering while on School premises or during School hours. This includes fields trips or outdoor activities.

Please be advised to send healthy and only vegetarian lunch or snacks to school. (NO eggs, poultry, sea food, fish or any other animal products. This includes Gelatin products as well i.e. Welch’s food snacks, marshmallows or gummies and so on.)

Name of Parent/Legal Guardian

Signature

Date

FOR OFFICE USE ONLY:

Photocopies

- | | |
|---|--|
| 1. <input type="checkbox"/> Birth Certificate/Passport of student | 5. <input type="checkbox"/> Proof of address (driver’s license/bill) |
| 2. <input type="checkbox"/> Health Care Card of student | 6. <input type="checkbox"/> Immunization Record |
| 3. <input type="checkbox"/> Proof of Student’s Status | 7. <input type="checkbox"/> Report Card from previous school (if applicable) |
| 4. <input type="checkbox"/> Proof of parental/legal guardian status | 8. <input type="checkbox"/> Custody documents (if applicable) |

Verified: _____ Admission Approved: _____ Date: _____
(Secretary) (Principal)

CONSENT FORM FOR THE RELEASE OF PERSONAL INFORMATION

X

Please Read the Following Before Completing this form:

I, _____ hereby give consent for the following:

1. Gobind Sarvar School will share and update necessary student information with Regional Health Departments. This information will include your child's birth date, address, home phone number and work number of the parents for the purpose of "establishing and maintaining a school health record as per the Alberta Public Health Act – Section 18.1(2)" Yes
 No
2. Gobind Sarvar School takes pride in publishing events happening in the schools, board and school websites, newspapers, newsletters, media, other publications and displays often contain student names, photographs or other personal information. I authorize the Gobind Sarvar School to use the name, grade, photograph, artwork, articles and school projects of my child/children, in Board and School websites, newspapers, newsletters, media, social media, other publications and displays. Yes
 No
3. I give permission for my name, phone number and email to be shared with a phone committee to facilitate early school dismissal, student excursions and other school related activities. Yes
 No

Student Threat/Violence Risk Assessment "Fair Notice and Process"

The Board is committed to making our school safe for students and staff and will therefore respond to all student behaviours that pose a potential risk to other students, staff and members of the community. Early intervention measures help prevent school violence. Through the Student Threat/Violence Risk Assessment protocol, school teams work to assess potentially high risk threat/violent student behaviour and evaluate the level of risk to others and the student exhibiting the behaviour. This protocol will be implemented to support collaborative planning to prevent traumatic events and student information will be shared about students at risk for violence towards self and/or others to enhance safety.

Name of Parent/Legal Guardian

Signature

Date

FEE SCHEDULE

XI

Gobind Sarvar School does not charge any Registration fee. Please check your payment method.

| ONE PAYMENT (ANNUALLY) | |
|--|-------------------|
| August 7, 2017 | |
| First Child | \$1500 |
| 2 nd OR 3 rd Child | \$1300 and \$1100 |

| FOUR EQUAL PAYMENTS (QUARTERLY) | | | | |
|--|-------------|-------------|-------------|-------------|
| | July 21 | October 27 | December 15 | February 09 |
| First Child | \$375 | \$375 | \$375 | \$375 |
| 2 nd OR 3 rd Child | \$325/\$275 | \$325/\$275 | \$325/\$275 | \$325/\$275 |
| <input type="checkbox"/> Post-dated Cheque(s) or Draft Please make payable to Gobind Marg Charitable Trust Foundation | | | | |

*****All fees paid to Gobind Sarvar School Calgary are considered non-refundable and non-transferable. Please ensure all fees are paid on time.**

Do you require Transportation for your child(ren) No Yes – if yes, please fill transportation form.

Name of Parent/Legal Guardian

Signature

Date

Does your child require school transportation? Yes No If yes, please fill the information below.

When do you require transportation (please check one): AM PM Both

Student: (Last Name, First Name & Middle Name): _____

Address: _____ Postal Code: _____ Grade: _____

Phone Number: (Home): _____ (Cell): _____ (Work): _____

Birthdate (YYYY/MM/DD): _____ Gender: Male Female Other/Prefer not to Disclose

Parent/Guardian (Surname, First Name & Middle Name): _____

Parent/Guardian Email(s): _____

Parent/Guardian _____
Signature Date (YYYY/MM/DD)

Requested Start Date (YYYY/MM/DD): _____

| ONE PAYMENT (ANNUALLY) | | |
|---|-----------|---------|
| August 7, 2017 | | |
| | Both Ways | One Way |
| First Child | \$900 | \$450 |
| 2 nd & 3 rd Child | \$700 | \$350 |
| <input type="checkbox"/> Cheque/Draft <input type="checkbox"/> Cash | | |

Please Read the Following Before Signing:

I am giving permission to the Gobind Sarvar school to share the information above with the transportation provider for the purpose of transportation planning and administration.

I accept my obligation to pay bus fees which are non-refundable for the full academic session in a timely manner.

I understand that my child(ren) need to abide by the transportation rules and code of conduct, including changes in policies if applicable. Failure to cooperate can result in loss of privileges on the bus.

I give my consent to allow bus driver to provide treatment in case of medical emergency.

I accept my obligation as a parent/guardian, to be responsible for supervising of my children before and after school bus drop off.

I will make sure to be at my child(ren)'s bus stop on time.

I hereby declare that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate.

Name of Parent/Legal Guardian Signature Date