





<b>CITIZENSHIP STATUS</b>	<p>What is the citizenship or immigrant status of the student?</p> <p><input type="checkbox"/> Canadian citizen</p> <p><input type="checkbox"/> Permanent Resident/Landed Immigrant</p> <p><input type="checkbox"/> Lawfully admitted into Canada under the Immigration and Refugee Protection Act:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Temporary Resident    Expiry Date (MM/DD/YYYY): _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Refugee or Refugee Claimant</p> <p><input type="checkbox"/> Child of a Canadian citizen</p> <p><input type="checkbox"/> Other – Must be cleared with Citizenship and Immigration Canada: _____</p>
<b>ESL</b>	<p><b>ESL Eligibility</b></p> <p>A student may be eligible for ESL support when the language spoken mainly at home is a language other than English. ESL students can be Canadian born or foreign born.</p> <p>Do you think your child would benefit from ESL support?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Do you need assistance with interpretation?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Language mainly spoken at home: _____</p>
<b>FNMI</b>	<p><b>Aboriginal Self-Identification</b></p> <p>If you wish to declare the student is Aboriginal, please select one:</p> <p><input type="checkbox"/> First Nation (status)   <input type="checkbox"/> First Nation (non-status)   <input type="checkbox"/> Metis   <input type="checkbox"/> Inuit</p> <p>For further information, please refer to: <a href="http://www.education.alberta.ca/system-supports/results-reporting">www.education.alberta.ca/system-supports/results-reporting</a> 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 office.</p>
<b>FRANCOPHONE</b>	<p><b>Francophone Rights – Section 23</b></p> <p>The exercise of Francophone eligibility rights refers to instruction in a Francophone school, NOT a French Immersion school. According to the <i>School Act</i> and section 23 of the Canadian Charter of Rights and Freedoms, a student is eligible for instruction in a Francophone school if at least one parent is a Canadian citizen and one of the following three conditions exists:</p> <ul style="list-style-type: none"> <li>• Either parent’s first language learned and still understood is French, or</li> <li>• Either parent has received their primary school instruction in Canada, in French, or</li> <li>• One or more of the parent’s children has received or is receiving primary or secondary instruction in French in Canada</li> </ul> <p>Do you claim entitlement to a francophone education under the terms of the <i>School Act</i>?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If yes, and you wish to exercise your right, please contact the Conseil Scolaire du Sud de l’Alberta at 403-686-6998. The Alberta Student Records Regulations requires that, if requested, Gobind Sarvar School will provide name, address, birthdate, and parent’s name of Section 23 Eligible students to the Francophone School District.</p>
<b>FEEES</b>	<p><b><u>Please Read the Following Before Signing:</u></b></p> <ul style="list-style-type: none"> <li>• I am aware that all fees paid to Gobind Sarvar School Calgary are considered non-refundable and non-transferable.</li> <li>• I understand that it is my responsibility to ensure that all fees are paid on time otherwise late fees apply. (Read the next page under <b>Declaration</b>)</li> </ul> <p><b>I have read the above</b></p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Name of Parent/Legal Guardian</span> <span>Signature</span> <span>Date</span> </p>

## DECLARATION

### **Please Read the Following Before Signing:**

I accept my obligation to pay all 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 will be sent home prior to field trips.

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 full responsibility to inform the school.

I understand that a **\$50 NSF fee** will be charged for uncleared cheques or any sort of other selected payment method.

If any of the school fees are not paid in timely manner, the below charges will apply:

**15 days late: \$50**

**30 days late: \$75**

**Beyond 30 days late: \$75+ \$5 per additional day**

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 and after the school 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 mentioned 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/gummies etc.)

**I have read the above and reviewed Gobind Sarvar School's Discipline Policy with my child. Please review online on the below link, pages 15-17.**

<http://www.gobindsarvarcalgary.com/wp-content/uploads/2018/08/Gobind-Sarvar-School-Calgary-Handbook-2018-2019-2.pdf>

\_\_\_\_\_  
Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## STUDENT TRANSPORTATION REQUEST (One request for each student)

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

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): \_\_\_\_\_

Requested Start Date (YYYY/MM/DD): \_\_\_\_\_

2 Equal Payments				
Local: 1 <sup>st</sup> \$1,100, 2 <sup>nd</sup> \$900, 3 <sup>rd</sup> \$700 (+GST)			Long Distance: 1 <sup>st</sup> \$1,300, 2 <sup>nd</sup> \$1,100, 3 <sup>rd</sup> \$900 (+GST)	
	Local		Long Distance (outside of Stony/Memorial Dr no service for NW)	
	June 15	Nov 15	June 15	Nov 15
1 <sup>st</sup> Child	\$577.50	\$577.50	\$682.50	\$682.50
2 <sup>nd</sup> Child	\$472.50	\$472.50	\$577.50	\$577.50
3 <sup>rd</sup> Child	\$367.50	\$367.50	\$472.50	\$472.50
<input type="checkbox"/> Cheque/Draft <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Pre-Auth				

**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. Failure to pay the applicable bus fees on due dates can result in cancellation of the bus service.

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 of the bus service.

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 pick up and 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