



Chinook Learning Services Off-Campus Student Registration Form

Fields in this PDF form can be input using your computer's keyboard and mouse. Save the PDF to your computer (File menu --> Save As) prior to printing it and getting any required signatures.

Off-Campus Program Work Experience - Camps

HCS 3000 Final Mark _____

Date Completed

Student Information

Birth Date (MM/DD/YYYY) _____

Gender

☐ Female

☐ Male

☐ Another (optional)

Legal Last Name _____

Preferred Last Name _____

Legal First Name _____

Preferred First Name _____

Legal Middle Name _____

Current CBE School _____

Address _____

City _____

Province _____

Postal Code _____

Student Email _____

Cell Phone _____

Home Phone _____

Emergency Contacts (at least one parent/guardian or close relation is best)

1) Name _____

Relationship _____

Best Contact Phone _____

2) Name _____

Relationship _____

Best Contact Phone _____

Additional Forms Required

☐ Off-Campus or On-Campus Education Agreement

☐ Off-Campus Education Acknowledgement of Risk (includes medical info)

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.**

Signature of Custodial Parent / Legal Guardian / Independent Student

Registration Date (MM/DD/YYYY)

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act, the Education Act and its regulations, and the Canadian Charter of Rights and Freedoms, Section 23. This information will be used for the maintenance of the student's record, 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 Education for the purpose of carrying out programs, activities, or policies under their administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the FOIP Act.

For more information about FOIP and School District Use of Information, please visit [Important Information for Students & Parents](#) on ChinookLearningServices.com.