



AL MUSTAFA ACADEMY STUDENT REGISTRATION (2026-2027)

This registration form is a legal document. Before a student can be registered in a school, a Student Registration Form must be completed in its entirety and signed by the parent or guardian, or by the student (if living independently). The student registration form is used to enroll a student who is new. All returning students will complete the Confirmation of Registration & Residency form for that school year. Parents and students must provide evidence of the student's name, age, family address as well as Right of Access in Education in Alberta with government issued documentation. If you are unable to provide the required documents, please contact the registration office for further information.

Al Mustafa Academy and Humanitarian Society (A.0301)

PREFERRED SCHOOL

SCHOOL AMA-SOUTH JRJ (S:2764) AMA-SOUTH (S:1912) AMA-NORTH (S:2176)

Office use Only

GRADE FIRST DAY OF SCHOOL

Month	Day	Year
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ALBERTA STUDENT NUMBER (ASN)

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Do you have a child currently attending AMA? YES NO

STUDENT INFORMATION

Print the student's legal surname (last name) and given names below. These are the names on a legal document such as the student's birth certificate or adoption papers.

Student's Legal Last Name: | _____ |

Student's Legal First Name: | _____ |

Student's Legal Middle Name(s): | _____ |

Preferred Last Name: | _____ | Preferred First Name: | _____ |

Date of Birth: |__|_| | |__|_| | |__|_|_|_| | Gender: Female _____ Male _____
Day Month Year

Student's Residence

Apt#/House# Street City Province Postal Code

Primary Phone: | _____ | Student cell Phone (optional): | _____ |

Mailing Address (if different than student's Residence – mail-outs from school will be sent to this address)

Apt#/House# Street City Province Postal Code

SCHOOL HISTORY

Name of Last School Attended: _____

City/Country of last school: _____

STUDENT CITIZENSHIP STATUS

- Canadian Citizen
- Certificate of Canadian Citizenship
- Canadian Passport *Expiry Date Required* Day |__|__| Month |__|__| Year |__|__|__|__|
- Canadian Permanent Resident *Day* |__|__|__| *Month* |__|__|__| *Year* |__|__|__|__|
- Temporary Resident: *Expiry Date Required* |__|__|__| |__|__|__| |__|__|__|__|
Day Month Year
- Canadian Study Permit *Expiry Date Required* |__|__|__| |__|__|__| |__|__|__|__|
Day Month Year
- Confirmation of Permanent Residence
- Canadian Refugee Protection Claimant Document
- Step child of a Canadian or temporary foreign worker

PARENTAL CITIZENSHIP DOCUMENTS: (Please fill where applicable)

- Canadian Citizen
- Certificate of Canadian Citizenship
- Canadian Passport *Expiry Date Required:* DD |__|__| MM |__|__| YYYY |__|__|__|__|
- Parents Work visa/Permit: *Expiry Date Required:* DD |__|__| MM |__|__| YYYY |__|__|__|__|
- Parents Study visa/Permit: *Expiry Date Required:* DD |__|__| MM |__|__| YYYY |__|__|__|__|
- Confirmation of Permanent Residence
- Permanent Resident Card: *Expiry Date Required:* DD |__|__| MM |__|__| YYYY |__|__|__|__|
- Temporary Residency *Expiry Date Required* DD |__|__| MM |__|__| YYYY |__|__|__|__|
- Canadian Refugee Protection Claimant Document

LANGUAGE STATUS

1. Student birth country if not Canada : _____
2. Is English the student's first language? YES NO
3. What language is mainly spoken at home _____

DISCLOSURE RESTRICTIONS

A parent/legal guardian may have their right to access information about a student removed by a legal process. Please indicate if a legal document exists which restricts access to information about this student: YES No

If you have answered yes, the school will collect the required documentation which will be retained on the student's record.

If you have answered no, the information collected on this registration form and documents collected under the Student Record Regulation may be disclosed as permitted under the regulation.

INDEPENDENT STUDENT STATUS

The *School Act* defines an independent student as someone who is: **(i)** 18 years of age or older, **or, (ii)** 16 years of age or older, **and (a)** who is living independently, or, **(b)** who is a party to an agreement under section 57.2 of the *Child, Youth and Family Enhancement Act*.

Are you claiming status as an "Independent Student" under the definition of the *School Act*?

Yes ____

No ____

PARENT /LEGAL GUARDIAN INFORMATION

If there are two or more parents or guardians, it is important to fill in each of the sections below, whether or not the parents or guardians are living together.

PARENT/LEGAL GUARDIAN ____

RESIDES WITH: Yes ____ No ____

Last Name: | _____ |

First Name: | _____ | Mr. Mrs. Ms.Dr.etc | _____ |

Relationship to Student: Father ____ Mother ____ Other : Please specify _____

Address of First Parent: _____

Home Phone: | _____ | Business phone: | _____ | ext _____

Other Phone: | _____ | Email: | _____ |

PARENT/LEGAL GUARDIAN ____

RESIDES WITH: Yes ____ No ____

Last Name: | _____ |

First Name: | _____ | Mr. Mrs. Ms. Dr. etc | _____ |

Relationship to Student: Father ____ Mother ____ Other: Please specify _____

Address (if different from student): _____

Home Phone: | _____ | Business phone: | _____ | ext _____

Other Phone: | _____ | Email: | _____ |

OTHER RELEVANT ADULT (OPTIONAL) ____

RESIDES WITH: Yes ____ No ____

Last Name: | _____ |

First Name: | _____ | Mr. Mrs Ms.Dr. etc | _____ |

Relationship to Student: (Please specify) _____

Address (if different from student): _____

Home Phone: | _____ | Business phone: | _____ | ext _____

Other Phone: | _____ | Email: | _____ |

ARE THERE ANY FAMILY CIRCUMSTANCES YOU WISH TO BRING TO THE SCHOOL'S ATTENTION? (e.g: shared custody arrangements)

GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS & STUDENT PROTECTION

Guardians of the student must be identified to ensure each party's rights are respected. If a court order exists affecting guardianship rights, custody or access rights, a copy of the order will be required to be placed in the student record.

Please indicate if any such document(s) exist: YES ___ NO ___

(If your answer is Yes then state the type of legal Document: _____)

Access and/or custody: _____ Parenting: _____ Guardianship: _____ Protection: _____

Is there a copy of this document in the student record file? YES ___ NO ___ Document Date: |_|_| |_|_| |_|_|_|_|_|
Day Month Year

EMERGENCY CONTACTS

An "emergency contact person" is someone other than the student's parent or guardian who would be available in case of an emergency

Emergency Contact #1 _____ Relationship to Student _____

Day Phone: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Other Phone: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Emergency Contact #2 _____ Relationship to Student _____

Day Phone: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Other Phone: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

MEDICAL INFORMATION (If applicable)

Are there any serious medical conditions about which you wish the school to be aware? Please indicate below:

Diabetes ___ Epilepsy ___ Hemophilia ___ Asthma ___ Allergies (please specify) _____ Heart condition _____

Other (please specify) _____

Additional Information: _____

Doctor's Name: _____ Phone: _____

Student's Alberta Health Care Number : _____

(Please complete Medication/Medical Treatment Form)

ABORIGINAL SELF-IDENTIFICATION FORM (Optional)

If you wish to identify yourself as an Aboriginal person, please specify:

First Nations (status) First Nations (non-status) Métis Inuit

For further information, please refer to <https://www.alberta.ca/first-nations-metis-or-inuit-student-self-identification.aspx> or contact Alberta Education at 780-427-8501.

DECLARATION BY PARENT, GUARDIAN, OR INDEPENDENT STUDENT

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

I recognize that it is my responsibility to notify my child's school should the above information change.

Date: _____ Signature (First Parent/Guardian) _____