



Al Mustafa Academy and Humanitarian Society (A.0301)
CONFIRMATION OF REGISTRATION & RESIDENCY FORM FOR 2026- 2027 SCHOOL YEAR

I/We confirm that our child, will be attending Al Mustafa Academy.

PREFERRED SCHOOL

AMA-SOUTH JRJ (S:2764)

AMA-SOUTH (S:1912)

AMA-NORTH (S:2176)

<i>Office use Only</i>									
GRADE school	<input type="text"/>	FIRST day of	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Month	Day	Year				
Alberta Student Number (ASN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Information :

Student Name : _____

Grade _____

Date of Birth _____

Gender _____

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

For the safety of students and to ensure timely communication, the following information must be accurate.

First Parent /Legal Guardian Information

RESIDES WITH STUDENT : Yes ___ No ___

Last Name : _____ First Name _____

Relationship _____ Phone Number : _____

Apt#/House# Street City Province Postal Code

Email address : _____

Second Parent /Legal Guardian Information

RESIDES WITH STUDENT : Yes ___ No ___

Last Name : _____ First Name _____

Relationship _____ Phone Number : _____

Apt#/House# Street City Province Postal Code

Email address : _____

3rd Other Relevant Adult Information

RESIDES WITH STUDENT : Yes ___ No ___

Last Name : _____ First Name _____

Relationship _____ Phone Number : _____

Apt#/House# Street City Province Postal Code

Email address : _____

4th Other Relevant Adult Information

RESIDES WITH STUDENT : Yes ___ No ___

Last Name : _____ First Name _____

Relationship _____ Phone Number : _____

Apt#/House# Street City Province Postal Code

Email address : _____

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.

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: |__|__| |__|__| |__|__|__|__|

Emergency Information : Provide at least one contact for use when parent or guardian cannot be reached.

Emergency contact : #1 _____ Relationship _____

Home Phone : _____ Work phone : _____

Emergency contact : #2 _____ Relationship _____

Home Phone : _____ Work phone : _____

Alberta Health Care No. : _____

Allergy Alert Information _____

Medical Notes : _____

I certify all information above is complete and correct.

No Changes _____

Parent / Independent Student Name : _____

Parent /Independent Student Signature _____ Date : _____