

Y	Y	M	M	D	D
---	---	---	---	---	---

Registration Date

--	--	--	--	--	--	--	--	--	--

Alberta Education Student
Identification No.

Student Registration Form

Legal Surname: _____

Legal Given Name(s): _____

Birth Date:

Y	Y	M	M	D	D
---	---	---	---	---	---

Age:

Gender:

MF

Student Also Known As: _____

Health Care #: _____

Legal Surname: _____

Legal Given Name(s): _____

Birth Date:

Y	Y	M	M	D	D
---	---	---	---	---	---

Age:

Gender:

MF

Student Also Known As: _____

Health Care #: _____

Legal Surname: _____

Legal Given Name(s): _____

Birth Date:

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Age:

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Birth Date:

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MF

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Legal Surname: _____

Legal Given Name(s): _____

Birth Date:

Y	Y	M	M	D	D
---	---	---	---	---	---

Age:

Gender:

MF

Student Also Known As: _____

Health Care #: _____

PLEASE COMPLETE ADDITIONAL INFORMATION ON THE BACK

Father's Name: _____

Home Phone: _____ Business Phone: _____

Mother's Name: _____

Home Phone: _____ Business Phone: _____

Student's Current Mailing Address:

Address Line 1: _____

Address Line 2: _____

City/Town: _____

Province: _____ Postal Code: _____

Doctor: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____