

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM:**

To be officially registered as a student in a school operated by the Parkland School Division No. 70, this student registration form must be completed and signed either by the legal guardian or by the independent student.

This registration form is a legal document and therefore the information requested must be accurate and complete. Schools must be notified immediately of any changes to the information. In accordance with Section 23 of the School Act RSA 2000, a copy of this form will be placed in the student's record file.

Fields marked with \* are required. When you have completed this form, please print, sign and submit it to the student's school.

**STUDENT INFORMATION**

Print the student's legal surname (last name) and given names below. These are the names on the student's birth certificate or adoption papers. If the student uses a different first or last name, there is a space for *preferred name*.

|   |     |                                       |                      |                                 |             |
|---|-----|---------------------------------------|----------------------|---------------------------------|-------------|
| 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 or Preference/Identity*        |                      | Registering for School At:*     |             |
| Month   | Day | Year                                  |                      |                                 |             |
| Student's Street / Municipal Address*‡ (where student resides)  |     |                                       |                      |                                 |             |
| Address   |     | City/Town/County                      |                      | Province                        | Postal Code |
| Student's Mailing Address*‡ (if different than Student's Street / Municipal Address – mail-outs from school will be sent to this address)   |     |                                       |                      |                                 |             |
| Address   |     | City/Town/County                      |                      | Province                        | Postal Code |
| ‡ NOTE: Address verification is required. Please provide a copy of one of the following showing same address as above to the school: Utility Bill, Lease Agreement, Property Tax Bill or any other ID with address. |     |                                       |                      |                                 |             |
| Student's Home Phone (with area code)*  |     | Student's Cell Phone (with area code) |                      | Student's Email Address         |             |
| (      )  |     | (      )                              |                      |                                 |             |

**MEDICAL INFORMATION** (Optional)

You do not have to provide information on medical concerns, but the information could be crucial to the well-being of the student.

Does the student have any serious medical conditions about which you wish the school and/or Transportation Services to be aware? Please indicate below:

☐ Diabetes    ☐ Epilepsy    ☐ Allergies (please specify below)    ☐ Haemophilia    ☐ Heart Condition    ☐ Asthma    ☐ Other (please specify below)

Medical Notes

**ENROLLMENT/PROGRAM INFORMATION**

|  |  |   |                                      |                   |     |                             |
|--|--|---|--------------------------------------|-------------------|-----|-----------------------------|
| Required Program (check all that apply)  |  |   |                                      | Date of Enrolment |     | Grade                       |
| <input type="checkbox"/> Early Education | <input type="checkbox"/> Early Years (K-4) | <input type="checkbox"/> Middle Years (5-9) | <input type="checkbox"/> High School | Month             | Day | Year                        |
| <input type="checkbox"/> Alternative     | <input type="checkbox"/> Special Education | <input type="checkbox"/> French Immersion   | <input type="checkbox"/> Maranatha   |                   |     |                             |
| <input type="checkbox"/> Outreach        | <input type="checkbox"/> Home Education    | <input type="checkbox"/> Parent Partnership | <input type="checkbox"/> Stony Creek |                   |     |                             |
|  |  |   |                                      |                   |     | Alberta Student Education # |

**SCHOOL HISTORY**

\* Has the student ever attended school in Parkland School Division? ☐ Yes ☐ No

Previous PSD School Attended

|                                  |         |                 |                  |
|----------------------------------|---------|-----------------|------------------|
| Previous Non-PSD School Attended |         | City            | Province/Country |
| Grade                            | Program | School District |                  |

If returning to education – reason for interruption:

|   |  |  |   |
|---|--|--|---|
| <b>BUSING</b> *Does the student plan on riding a PSD school bus? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Busing Start Date<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> |   |
| Siblings Currently Riding Bus <i>(please list by name)</i>  |  | Siblings' Bus Route Number(s)  |   |
|   |  | Does the student use a wheelchair? *<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| <b>PICK UP &amp; DROP OFF INFORMATION</b> <i>(if different than Student's Street/Municipal Address)</i>                   |  |  |   |
| AM  | Pick Up Address<br><div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Address</span> <span>City</span> </div>  |  |   |
|   | Contact Name   |  | Phone <i>(with area code)</i><br>(    ) |
| PM  | Drop Off Address<br><div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Address</span> <span>City</span> </div> |  |   |
|   | Contact Name   |  | Phone <i>(with area code)</i><br>(    ) |

|  |                      |
|--|----------------------|
| <b>AM BUSING</b>   | <b>PM BUSING</b>     |
| Pick Up Location:  | Pick Up Location:    |
| Bus #:   | Bus #:               |
| Departure Time:  |                      |
| Transfer Location 1:   | Transfer Location 1: |
| Transfer Bus 1 #:  | Transfer Bus 1 #:    |
| Transfer Location 2:   | Transfer Location 2: |
| Transfer Bus 2 #:  | Transfer Bus 2 #:    |
| Drop Off Location:   | Drop Off Location:   |
| <input type="checkbox"/> Entered in System <input type="checkbox"/> Parent Contacted <input type="checkbox"/> Driver Contacted | Drop Off Time:       |

## FAMILY INFORMATION

If there are two parents or guardians for the student, it is important to fill in both sections below, whether or not the parents or guardians are living together. For the purposes of the School Act, a parent is a legal guardian for his/her child. A guardian is defined in section 20 of the Family Law Act, or a guardian appointed under Part 5 of the Child Welfare Act, Part 1, Division 5 of the Child, Youth and Family Enhancement Act or section 23 of the Family Law Act.

**Note:** It is very important that you indicate whether or not each parent/guardian or independent student is Roman Catholic or not Roman Catholic. Under the terms of the School Act, the residency status of a student is based on religion and where the parent(s) or legal guardian(s) live. A student is a resident of Parkland School Division if at least one of the parents/guardians lives in the division boundaries and is not Roman Catholic.

**See Page 4 of this form if you wish to claim status as an Independent Student.**

**See Page 5 of this form for more information about Legal Guardianship.**

| PARENT(S) / GUARDIAN(S) RESIDING AT SAME ADDRESS AS THE STUDENT  |  |
|--|--|
| PARENT / GUARDIAN #1   | Relationship to Student <i>(select one)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other <i>(please state):</i>  |
|  | Last Name*   |
|  | <div style="display: flex; justify-content: space-between;"> <span>First Name &amp; Initial*</span> <div style="font-size: x-small;"> <input type="checkbox"/> Dr.    <input type="checkbox"/> Mr.    <input type="checkbox"/> Mrs.<br/> <input type="checkbox"/> Ms.    <input type="checkbox"/> Miss           </div> </div> |
|  | <div style="display: flex;"> <div style="flex: 1;">Place of Employment</div> <div style="flex: 1;">Business Phone <i>(with area code)</i><br/>(    )</div> </div>  |
|  | <div style="display: flex;"> <div style="flex: 1;">Other Phone <i>(with area code)</i><br/>(    )</div> <div style="flex: 1;">Email</div> </div>   |
|  | Religious Declaration <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Not Roman Catholic  |
|  | PARENT / GUARDIAN #2   |
| Last Name*   |  |
| <div style="display: flex; justify-content: space-between;"> <span>First Name &amp; Initial*</span> <div style="font-size: x-small;"> <input type="checkbox"/> Dr.    <input type="checkbox"/> Mr.    <input type="checkbox"/> Mrs.<br/> <input type="checkbox"/> Ms.    <input type="checkbox"/> Miss           </div> </div> |  |
| <div style="display: flex;"> <div style="flex: 1;">Place of Employment</div> <div style="flex: 1;">Business Phone <i>(with area code)</i><br/>(    )</div> </div>  |  |
| <div style="display: flex;"> <div style="flex: 1;">Other Phone <i>(with area code)</i><br/>(    )</div> <div style="flex: 1;">Email</div> </div>   |  |
| Religious Declaration <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Not Roman Catholic  |  |

**PARENT / GUARDIAN RESIDING AT DIFFERENT ADDRESS THAN THE STUDENT**Relationship to Student *(select one)* ☐ Mother ☐ Step-Mother ☐ Father ☐ Step-Father ☐ Other *(please state):*

Last Name\*

First Name &amp; Initial\*

☐ Dr.☐ Mr.☐ Mrs.☐ Ms.☐ Miss

Address

Address

City/Town/County

Province

Postal Code

Home Phone *(with area code)\**

( )

Business Phone *(with area code)*

( )

Other Phone *(with area code)*

( )

Email

Place of Employment

Religious Declaration

☐ Roman Catholic☐ Not Roman Catholic**FAMILY CIRCUMSTANCES**

Are there any family circumstances about which you wish the school to be aware?

**CUSTODY**

In some instances, a child may be the subject of a protective court order (i.e. a restraining order). In other instances, an order or agreement made pursuant to legislation affecting guardianship rights, custody or access rights to the student may be issued. If any such orders or agreements exist, a copy will be required to be placed on the student record to ensure that each party's rights can be properly respected. Where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on the person to provide proof of the claim.

\*Are there any such orders or agreements affecting custody of or access to the student?

☐ Yes☐ No

If "Yes", you must provide legal documentation to support your request.

Custodian

Legal Guardian

Student Lives With:

Social Worker

Case Worker

\*Are there any restrictions for access to the student?

☐ Yes☐ No

If "Yes", please explain:

**SIBLINGS** *(please include pre-schoolers)*

|      |                                     |     |        |
|------|-------------------------------------|-----|--------|
| Name | Date of Birth<br>Month   Day   Year | Age | School |
| Name | Date of Birth<br>Month   Day   Year | Age | School |
| Name | Date of Birth<br>Month   Day   Year | Age | School |
| Name | Date of Birth<br>Month   Day   Year | Age | School |
| Name | Date of Birth<br>Month   Day   Year | Age | School |

# STUDENT STATUS INFORMATION

## 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 party to an agreement under section 57.2 of the Child, Youth and Family Enhancement Act.

Students who claim Independent Student Status **will be responsible for all fees**. Parents/Guardians of students with Independent Status will **not** be responsible for fees, and will **not** be given access to student records.

|   |   |   |
|---|---|---|
| Are you claiming status as an Independent Student under the definition of the School Act? | <input type="checkbox"/> Yes            | <input type="checkbox"/> No                 |
| Religious Declaration ( <i>check one</i> ) *See note under Family Information             | <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Not Roman Catholic |

## CITIZENSHIP STATUS

What is the citizenship or immigrant status of the student?  
\*Supporting documentation required; see page 6.

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Canadian Citizen            | <input type="checkbox"/> Lawfully admitted to Canada for permanent residence (student)                            | <input type="checkbox"/> †Temporary Resident                                   |
| <input type="checkbox"/> Child of a Canadian citizen | <input type="checkbox"/> †Child of an individual lawfully admitted to Canada for permanent or temporary residence | <input type="checkbox"/> †Step-child of a Canadian or Temporary Foreign Worker |
| Birth Country, if NOT Canada:                        | *Is English the student's first language?<br><input type="checkbox"/> Yes <input type="checkbox"/> No             | What language is mainly spoken at home?  |

## FRANCOPHONE EDUCATION ELIGIBILITY (SECTION 23) (Optional)

According to Section 10 of the School Act and Section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her children receive school instruction in French. If any one of the following conditions exists, the student is eligible for French instruction:

- Either parent's mother tongue is French (French was the first language learned and understood by one of the parent(s))
- Either parent received primary school instruction in French in Canada
- One or more children in the family have received or are receiving primary or secondary school instruction in French in Canada

**NOTE:** This does not include French Immersion.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you claim entitlement to a francophone education under the terms of the Canadian Charter of Rights and Freedoms and the School Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "Yes", do you wish to exercise these rights?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## ABORIGINAL SELF-IDENTIFICATION (Optional)

If you wish to declare that the student is an Aboriginal person, please specify:

|  |  |                                |                                |                                      |                              |                             |
|--|--|--------------------------------|--------------------------------|--------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Status Indian/First Nations | <input type="checkbox"/> Non-Status Indian/First Nations | <input type="checkbox"/> Métis | <input type="checkbox"/> Inuit | Does the student have treaty status? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student reside on a reserve?                |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No    | If "Yes", which reserve?             |                              |                             |
| Band of Membership:                                  |  | Band #                         |                                |                                      |                              |                             |
| Family #   |  | Child Position #               |                                |                                      |                              |                             |

**For further information or if you have questions regarding the collection activity, please contact:**

Alberta Education is collecting this personal information pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success.

Office of the Director, Aboriginal Policy  
Policy Sector, Information and Strategic Services Division  
Alberta Learning  
101-55 – 102 Street  
Edmonton, AB T5J 4L5  
Phone: 780-427-8501

## CANADA'S ANTI-SPAM LEGISLATION (CASL) CONSENT (Optional)

Canada's Anti-Spam Legislation (CASL) entered into force on July 1, 2014. The law generally prohibits the sending of commercial messages without the recipient's consent (permission), including messages to email addresses and social networking accounts, and text messages sent to a cell phone.

☐ In accordance with CASL, I give consent to receive commercial electronic messages from Parkland School Division No. 70. I understand that emergent or important school or division information/news will be communicated to parents/guardians via mail/email and/or phone.

For more information about Canada's Anti-Spam Legislation, visit [fightspam.gc.ca](http://fightspam.gc.ca)

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)

The personal information collected on this form is part of the Division registration process and is authorized under the provisions of the School Act and its regulations and also under Section 33(c) of the FOIP Act. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have any questions regarding the collection or intended use of this information, please contact the school principal.

# EMERGENCY CONTACT INFORMATION

In order to provide a safe environment for your child in an emergency situation, please provide the following information.

**NOTE:** An emergency contact person is someone other than the student's parent or guardian.

|            |  |  |
|------------|--|--|
| CONTACT #1 | Name*                                      | Relationship*                            |
|            | Home Phone (with area code)*<br>(      )   | Other Phone (with area code)<br>(      ) |
| CONTACT #2 | Name*                                      | Relationship*                            |
|            | Home Phone (with area code)*<br>(      )   | Other Phone (with area code)<br>(      ) |
| CHILD CARE | Name of Babysitter/Daycare (if applicable) | Phone (with area code)<br>(      )       |

## DECLARATION BY LEGAL GUARDIAN(S) OR INDEPENDENT STUDENT

***Please print this form, sign in the space(s) below, and submit to the student's school.***

I hereby declare that I am / we are the legal guardian(s) or the independent student referred to in this registration form and that I hereby certify the above information to be true, correct and complete.

I have also read and understand the information below regarding legal guardianship and have identified all legal guardians for the above-named student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ABOUT LEGAL GUARDIANSHIP

Effective October 2005, amendments to the School Act provide that a parent is the guardian as set out in section 20 of the Family Law Act (FLA); Part 5 of the Child Welfare Act; Part 1, Division 5 of the Child, Youth and Family Enhancement Act; or section 23 of the FLA; a temporary or permanent guardianship order under the Child Welfare Act; or an order of the court or an agreement made in accordance with family law legislation.

While a parent is usually the legal guardian of their child, that is not always the case. Guardianship rights can be shared by parents or can be lost. As a student's right to attend any particular school is based upon the residence of the "parent", and as it is the parent who exercises the various powers, responsibilities and entitlements as a guardian under the School Act, it is important that a school board determine who the legal guardians are for any particular child.

The FLA provides that, subject to any order of a court regarding guardianship of the child, the mother and father of the child are both the guardians of the child where the mother and the father:

- Were married to each other at the time of the birth of the child;
- Were married to each other and the marriage was terminated by a decree of nullity of marriage, or a judgment of divorce granted less than 300 days before the birth of the child;
- Married each other after the birth of their child;
- Cohabited with each other for 12 consecutive months during which time the child was born; or
- Were each other's adult interdependent partners at the time of the birth of their child or became each other's adult interdependent partners after the birth of their child.

If the above does not describe your relationship, guardianship is determined based on residence of the child. Section 20(3) of the FLA provides that the mother and the father are both the guardians of the child until such time as the child usually begins to reside with one of the parents, at which time that parent becomes the sole guardian of the child; or if the child lives with both parents, or alternatively, with each parent for substantially equivalent periods of time, both parents become the guardians of the child. According to the School Act (section 44), where a child's guardians live separately and in different school jurisdictions, the guardians shall choose one or the other of the school jurisdictions as the school system where the child will attend.

Despite subsection 20(3) of the FLA, if both parents agree in writing, both parents continue to be the guardians of the child even after the child begins to usually reside with only one of them. A parent with whom the child has usually resided for one year is the guardian of the child, even if the child no longer resides with that parent.

The FLA is the provincial legislation that defines guardianship rights in Alberta. Parental rights may also be described using the terms of custody and access in cases where the parties are divorced or have commenced legal proceedings under the Divorce Act. The School Act provides that where a person claims to be a parent or guardian, or claims the existence of any limitation on the authority of a parent or guardian, the onus is on that person to provide proof of the claim.

Please provide copies of any orders or agreements addressing guardianship rights, responsibilities and entitlements or otherwise affecting the custody of or access to your child or child's information, to the principal of your school.

# FOR OFFICE USE ONLY

|   |  |                           |  |
|---|--|---------------------------|--|
| <input type="checkbox"/> Registration – Current School Year | <input type="checkbox"/> Pre-Registration – Next School Year | Registration Entry Date:  |  |
| School Student ID Number:                                   |  | Origin School:            |  |
| Citizenship:  | Resident Board:  | Exceptional Student Code: |  |
| Exit Description:   |  | Exit Date:                |  |

## VERIFICATION DOCUMENTATION

Proof of Identity, Address and Citizenship must be presented at time of registration. A copy of student identification documentation will be placed in the Student Record. More than one document may be required to verify student identification and residency or to prove right to education in Alberta.

|                                       |   |                          |   |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
|---------------------------------------|---|--------------------------|---|--|--|--------------------------|--------------------|--------------------------|--------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|--------|
| Legal Student Identification Document |   | Last four digits:        |   | Date of Issue:   |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| Select applicable documentation(s):   |   |                          |   |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Alberta Adoption Order                                | <input type="checkbox"/> | Custodianship/Guardianship Documents      | <b>Address Verification</b><br>Select applicable documentation(s):<br><table border="1"> <tr><td><input type="checkbox"/></td><td>Operator's License</td></tr> <tr><td><input type="checkbox"/></td><td>Utility Bill</td></tr> <tr><td><input type="checkbox"/></td><td>Lease Agreement</td></tr> <tr><td><input type="checkbox"/></td><td>Property Tax Bill</td></tr> <tr><td><input type="checkbox"/></td><td>Other:</td></tr> </table> <p>Address verification documents are not part of the student record and are not retained at the school.</p> |  | <input type="checkbox"/> | Operator's License | <input type="checkbox"/> | Utility Bill | <input type="checkbox"/> | Lease Agreement | <input type="checkbox"/> | Property Tax Bill | <input type="checkbox"/> | Other: |
| <input type="checkbox"/>              | Operator's License                                    |                          |   |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Utility Bill  |                          |   |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Lease Agreement                                       |                          |   |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Property Tax Bill                                     |                          |   |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Other:  |                          |   |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Alberta Birth Certificate                             | <input type="checkbox"/> | †Canadian Permanent Resident Visa         |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Alberta Health Care Card                              | <input type="checkbox"/> | †Canadian Temporary Resident Visa         |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Alberta Identification Card                           | <input type="checkbox"/> | Canadian Citizenship Certificate          |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Alberta Operator's License (Independent Student Only) | <input type="checkbox"/> | Alberta Change of Name Certificate        |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Canadian Passport                                     | <input type="checkbox"/> | Passport issued outside Canada            |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Canadian Birth Certificate outside Alberta            | <input type="checkbox"/> | Foreign Birth Certificate                 |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Canadian Marriage Certificate                         | <input type="checkbox"/> | Foreign Marriage Certificate              |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | Canadian Certificate of Indian Status                 | <input type="checkbox"/> | Registration Form (temporary declaration) |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | †Canadian Work Visa (Parent)                          | #                        | Expires:                                  |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | †Canadian Study Visa (Parent)                         | #                        | Expires:                                  |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | †Canadian Study Visa (Student)                        | #                        | Expires:                                  |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | †Immigration Visa (Student)                           | #                        | Expires:                                  |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | †International Student Visa (Parent)                  | #                        | Expires:                                  |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |
| <input type="checkbox"/>              | †International Student Visa (Student)                 | #                        | Expires:                                  |  |  |                          |                    |                          |              |                          |                 |                          |                   |                          |        |

*Where*  
**THE WORLD**  
*opens up*