

## **Student Registration Form** 2015-2016 **Home-based Education**

Office Use Only School Division Student Number:	
Ministry of Education Student Number:	

## STUDENT PERSONAL INFORMATION

Student's Legal Name:				
	Surname	First Name	Middle Name(s)	
Usual First Name:		// Ionth Day Year	Gender: Male ( ) Grade: Female ( )	
Mailing Address:				
City/Town:	Postal Code:		Telephone:	
Land Location (For Rural Stu-	dents): Quarter Sect	ion Township	Range Meridian	
Family Email Address:				
PARENT OR GUARDIAN	INFORMATION			
Relationship:(Father, Mothe	r, Guardian, Grandparent)	Relationship:(F	ather, Mother, Guardian, Grandparent)	
Name:	First Name	Name:		
Surname Does this student live with you	First Name u? YES ( ) NO ( )	Does this student liv	rname First Name ve with you? YES ( ) NO ( )	
STUDENT ANCESTRY (Volume of the polyou consider this of the polyou answer of the polyou answer of the polyouth of the polyoper	student to be of First Nations, Metiered YES, please specify the Aborins () Métis () In	is, or Inuit ancestry? YE ginal Group: uit ()	SS ( ) NO ( )	
LAST SCHOOL ATTENDE	<b>CD</b> (Please complete if the student is new to	o Home Schooling)		
Name of School:		Grade:	Teacher:	
Address of School:	(City or Town)		Telephone:	
		rect. I understand it is n	nformation contained on this Student ny responsibility to inform the school	
Date		Signature of Parent or Guardia	an	