

Office Use Only

School Division Student Number: \_\_\_\_\_

Ministry of Education Student Number: \_\_\_\_\_

French Immersion Program: \_\_\_\_\_ Home Room: \_\_\_\_\_

**Student Registration Form** – \_\_\_\_\_

**School:** \_\_\_\_\_

**STUDENT PERSONAL INFORMATION**

Student's Legal Name: \_\_\_\_\_  
Surname First Name Middle Name(s)

Usual First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female Grade: \_\_\_\_\_  
Month / Day / Year

House/Apt#: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Location (For Rural Students): Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Student Cell#: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Relationship:  Father,  Mother,  Guardian  
 Step-father  Step-mother

Name: \_\_\_\_\_  
Surname First Name

Does this student live with you?  Yes  No

Employer: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Relationship:  Father,  Mother,  Guardian  
 Step-father  Step-mother

Name: \_\_\_\_\_  
Surname First Name

Does this student live with you?  Yes  No

Employer: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**CITIZENSHIP INFORMATION**

Canadian  Other—please specify: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**LANGUAGE SPOKEN:**

First Language \_\_\_\_\_ Second Language \_\_\_\_\_

**FIRST NATIONS, INUIT AND MÉTIS** (voluntary self-declaration)

First Nations Status  First Nations Non-Status  Inuit  Métis

Do you live on a reserve?  Yes  No Status No.: \_\_\_\_\_

Reserve Name: \_\_\_\_\_ House #: \_\_\_\_\_ Street Name: \_\_\_\_\_

**SIBLINGS INFORMATION** (Please attach an additional sheet to list more than two siblings.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Surname First Name Month Day Year

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Surname First Name Month Day Year

**LAST SCHOOL ATTENDED** (Please complete if the student is new to this school.)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of School: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(City or Town)

**CUSTODY INFORMATION**

**Court Order** In rare instances a child may be designated as “Protected” if a court has issued a restraining order.  
Should school administration be aware of any such Court Order for the protection of your child? Yes No  
If you answered YES, please make arrangements to discuss this situation with the school administration.

**Foster Care** Is this student in foster care? Yes No  
If you answered YES, please provide the following information:

Foster Care Agency: Ministry of Social Services CFS (Indian Child and Family Services)  
Type of Foster Care: Regular Therapeutic Therapeutic Group

Social Worker’s Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CHILD CARE OR SITTER INFORMATION**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY INFORMATION** (Parents/guardians will always be contacted first in the event of an emergency.)

Saskatchewan Hospitalization Number: \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents are unavailable) Work Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents and Emergency Contact 1 are unavailable) Work Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Does this student have a **severe** or **life threatening** medical condition? Yes No  
If you answered YES, please provide details of the medical condition. : \_\_\_\_\_

**PERMISSION**

- I give permission for my son/daughter to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone call when a trip will occur. Yes No
- I give permission for the Educational Support Teacher to conduct an assessment for the purposes of classroom programming. Yes No
- Local Authority Freedom of Information Protection (LAFOIP)** *Please read the LAFOIP brochure.* I give permission for my child’s personal information (name, grade, school), photo, video recording, and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting, publication, or internet website. (An example: The publication of your child’s picture in the local newspaper.) Yes No

*The LAFOIP brochure is available at the school or online at: [www.srsd119.ca](http://www.srsd119.ca). (Click on Parent Information.)*

**SIGNATURE REQUIRED**

*I hereby declare that I have read and understood the information contained on this Student Registration Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian