

School Division Student Number: _____ Student Registration Form – _____ Ministry of Education Student Number: **School:** _____ French Immersion Program: Home Room: STUDENT PERSONAL INFORMATION Student's Legal Name: _ Surname First Name Middle Name(s) Usual First Name: Grade: Date of Birth: Gender: Month / Day / Year Female City: _____ House/Apt#: _____ Street: ____ 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 PARENT OR GUARDIAN INFORMATION Relationship: Relationship: Guardian Father, Mother Guardian Father, Mother Step-mother Step-father Step-mother Step-father Name: Name: ____ Surname First Name Surname First Name Does this student live with you? Yes Does this student live with you? Yes No No Employer: _____ Employer: Employer's Telephone: Employer's Telephone: Cell Phone Number: Cell Phone Number: Email: 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 Status No.: Do you live on a reserve? Yes No House #: Street Name: Reserve Name: **SIBLINGS INFORMATION** (Please attach an additional sheet to list more than two siblings.) Date of Birth: Name: _____ First Name Name: Date of Birth: Month Day Surname First Name Year

Office Use Only

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:	LAST SCHOO)L ATTI	NDED (Please complete if the student is new to	this school.)				
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