

# Student Registration Form 2013-2014

## 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: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male ( ) Female ( ) Grade: \_\_\_\_  
Month Day Year

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

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

Relationship to the student: \_\_\_\_\_  
(Father, Mother, Guardian, Step-father, Step-mother)

Does this student live with you? YES ( ) NO ( )

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

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

**Contact Information** Cell Phone Number: \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

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

Relationship: \_\_\_\_\_  
(Father, Mother, Guardian, Step-father, Step-mother)

Does this student live with you? YES ( ) NO ( )

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

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

**Contact Information** Cell Phone Number: \_\_\_\_\_

### CITIZENSHIP INFORMATION if other than Canadian.

Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

### LANGUAGE INFORMATION Language spoken in the home if other than English:

\_\_\_\_\_

### STUDENT ANCESTRY (Voluntary Information)

Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Métis, or Inuit. Based on this definition, do you consider this student to be an Aboriginal person? YES ( ) NO ( )

If you answered YES, please specify the Aboriginal Group:

**Registered/Treaty/Status Indian ( ) Métis ( ) Inuit ( )**

If this student is living on reserve, please provide the name of the reserve: \_\_\_\_\_

### LAST SCHOOL ATTENDED (Please complete if the student is new to Home Schooling)

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

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

### PERMISSION

I give permission to have my child's Cumulative Records and Special Education files released from the forwarding School Division.  
YES ( ) NO ( ) DOES NOT APPLY ( )

**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 division office of any changes to the information contained on this form.

\_\_\_\_\_ Date

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