

Student Registration Form 2014- 2015

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 () Grade: ____
Month Day Year Female ()

Mailing Address: _____

City/Town: _____ Postal Code: _____ Telephone: _____

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

Family Email Address: _____

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: _____

Contact Information Cell Phone Number: _____

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

Name: _____
Surname First Name

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

Employer: _____

Employer's Telephone: _____

Contact Information Cell Phone Number: _____

CITIZENSHIP INFORMATION

() Canadian () Other: Please specify: _____

LANGUAGE INFORMATION: (language spoken in the home)

() English () Other: Please specify: _____

STUDENT ANCESTRY (Voluntary Information)

Do you consider this student to be of First Nations, Metis, or Inuit ancestry? YES () NO ()

If you answered YES, please specify the Aboriginal Group:

First Nations () **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)

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