

Student Registration Form 2014-2015

School _____

Office Use Only	
School Division Student Number:	_____
Ministry of Education Student Number:	_____
Home Room: _____	French Immersion Program: ()
School Bus Driver or Bus 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: _____

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

Student's Email Address: _____ Student's Cell Phone Number: _____

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: _____

Email: _____

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: _____

Email: _____

PERMISSION

- I give permission to have my child's Cumulative Records and Special Education files released from the forwarding School Division. YES () NO ()
- 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 the school or school division to use the student information and photo of my child for the purposes outlined under the **Discretionary Use of Student Information.** YES () NO ()
 - 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. (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

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 () ICFS (Indian Child and Family Services) ()

Type of Foster Care: Regular () Therapeutic () Therapeutic Group ()

Social Worker's Name: _____ Telephone: _____

BILLET INFORMATION (For Rural Students) (A billet is an alternate home your child can go to if the school is closed due to an emergency or if school buses are unable to transport your child home.)

Name: _____ Telephone: _____ Cell Phone Number: _____

CHILD CARE OR SITTER INFORMATION

Name: _____ Telephone: _____ Address: _____

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

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: _____

Doctor's Name: _____ Doctor's Telephone: _____ Saskatchewan Hospitalization 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 on a separate sheet.

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** ()

Registered/Treaty/Status student only: Band Name and Treaty No. _____

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

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: _____ Teacher: _____

Address of School: _____ Telephone: _____
(City or Town)