

Student Registration Form 20 ____ - 20 ____

School: _____

Office Use Only	
School Division Student Number:	_____
Ministry of Education Student Number:	_____
Home Room:	_____
School Bus Driver	_____

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: _____ Postal Code: _____ Telephone: _____

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

PARENT OR GUARDIAN INFORMATION

Relationship: _____
(Father, Mother, Guardian)

Name: _____
Surname First Name

Does this student live with you? YES NO

Employer: _____

Employer's Telephone: _____

Contact Information

Email: _____

Cell: _____

Relationship: _____
(Father, Mother, Guardian)

Name: _____
Surname First Name

Does this student live with you? YES NO

Employer: _____

Employer's Telephone: _____

Contact Information

Email: _____

Cell: _____

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: _____

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 when a trip is actually going to 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

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.

_____ 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. Legal documentation will be required.

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: _____

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: _____

Emergency Contact 2 Name: _____ Home Telephone: _____
(if parents and Emergency Contact 1 are unavailable)

Work Telephone: _____ Cell: _____

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

Citizenship: _____ Country of Birth: _____

LANGUAGE INFORMATION

Language spoken in the Home: (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)