

Student Registration Form – 2026-2027



School: _____

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

House/Apt#: _____ Street: _____ City: _____ Postal Code: _____

Mailing Address (if different from above): _____

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

Home Phone: _____ Student Cell: _____

Program of Study Regular (English) French Immersion

PARENT OR GUARDIAN INFORMATION

Relationship: Father Mother Guardian
Step-father Step-mother

Name: _____
Surname First Name

Does student live with you? Yes No

Employer's Phone: _____

Cell: _____

Email: _____

PARENT OR GUARDIAN INFORMATION

Relationship: Father Mother Guardian
Step-father Step-mother

Name: _____
Surname First Name

Does student live with you? Yes No

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 Metis
Do you live on a reserve: Yes No Status #: _____
Reserve Name: _____ House #: _____ Street Name: _____

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: _____

City/Town of School: _____ Phone: _____

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 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: _____ Phone: _____

CHILD CARE OR SITTER INFORMATION

Name: _____ Phone: _____

Address: _____

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

Emergency Contact 1 Name: _____ Home Phone: _____
(if parents are unavailable)

Relationship: _____ Cell: _____

Work Phone: _____

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

Relationship: _____ Cell: _____

Work Phone: _____

Does this student have a **severe** or **life threatening** medical condition? Yes No

If you answered Yes, please provide details of the medical condition: _____

PERMISSION

- I give permission for my child 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
- Local Authority Freedom of Information Protection (LAFOIP). Please read the LAFOIP brochure.** Yes No
I give my permission for my child’s personal information (name, grade, school), photo/video, video recording, including virtual learning opportunities, media release, media internal and external, social media permission 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, in this school year and beyond. (An example – the publication of your child’s picture in the local newspaper or social media.)

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 the 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