

School Division Student Number: _____ Student Registration Form – _____ Ministry of Education Student Number: **School:** _____ French Immersion Program: Home Room: STUDENT PERSONAL INFORMATION Student's Legal Name: _ Surname First Name Middle Name(s) Usual First Name: Grade: Date of Birth: Gender: Month / Day / Year Female City: _____ House/Apt#: _____ Street: ____ Mailing Address (if different from above): ______ Postal Code: _____ Land Location (For Rural Students): Quarter Section Township Range Meridian Home Telephone: Student Cell#: PARENT OR GUARDIAN INFORMATION PARENT OR GUARDIAN INFORMATION Relationship: Relationship: Guardian Father, Mother Guardian Father, Mother Step-mother Step-father Step-mother Step-father Name: Name: ____ Surname First Name Surname First Name Does this student live with you? Yes Does this student live with you? Yes No No Employer: _____ Employer: Employer's Telephone: Employer's Telephone: Cell Phone Number: Cell Phone Number: Email: Email: 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 Métis Status No.: Do you live on a reserve? Yes No House #: Street Name: Reserve Name: **SIBLINGS INFORMATION** (Please attach an additional sheet to list more than two siblings.) Date of Birth: Name: _____ First Name Name: Date of Birth: Month Day Surname First Name Year

Office Use Only

(City or Town) 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 N If you answered YES, please make arrangements to discuss this situation with the school administration.	LAST SCHOO	OL ATTI	ENDED (Please complete if the	e student is new to this	school.)				
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Work Telephone:	Saskatchewan I	Hospitali	zation Number:						
Work Telephone:			Name:			Home Telephone:			
Emergency Contact 2 Name: Home Telephone: [If parents and Emergency Contact 1 are unavailable] Work Telephone: Cell Phone Number: Nork Telephone: Survival Mork Telephone: Nork Nork Telephone: Nork Nork Nork Nork Nork Nork Nork Nork	(if parents are unava	railable)	Work Telephone:		Cell Phone	e Number:			
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