Office Use Only      Student Registration Form	Saskatchewan Rivers				
School:    School Droison Student Number:      School:    First Name:      Student's Legal Name:    Sumance      Sudent's Legal Name:    Sumance      Sudent's Legal Name:    Sumance      Student's Legal Name:    Sumance      Sudent's Legal Name:    Sumance      Sudent's Legal Name:    Sumance      Sudent's Legal Name:    Date of Birth:      //    //      House/Aptri:    Street:      //    City:      //    Postal Code:      //    Postal Code:      //    Student's Street:      //    Student Cell#:      //    Parent OR GUARDIAN INFORMATION      Relationship:    Father,      Name:    Samance      //    Stop-father      //    Stop-father      //    Stop-father      //    Stop-father      //    Samance      //    First Name      Does this student live with you?    Yes      Name:    Samance      //    First Name      Does this student live with you?    <		Office Use Only			
School:	$\sim$	School Division Student Number:			
STUDENT PERSONAL INFORMATION      Student's Legal Name:	Student Registration Form –	Ministry of Education Student Number:			
Student's Legal Name:	School:	French Immersion Program: Home Room:			
Sumane    First Name    Middle Name(s)      Usual First Name     Date of Birth:     Gender:    Malle    Grade:       House/Apt#:     Street:     City:       Mailing Address (if different from above):     Postal Code:					
House/Apt#:	Student's Legal Name:	First Name Middle Name(s)			
Mailing Address (if different from above):	Usual First Name: Date of Birth:	/  /  Gender:  Male  Grade:    onth  /  Day  /  Year  Female			
Land Location (For Rural Students):    QuarterSectionTownshipRange Meridian      Home Telephone:   Student Cell#:      PARENT OR GUARDIAN INFORMATION    PARENT OR GUARDIAN INFORMATION      Relationship:    Father, Mother Guardian      Step-father    Step-mother      Name:	House/Apt#: Street:	City:			
Home Telephone:	Mailing Address (if different from above):	Postal Code:			
PARENT OR GUARDIAN INFORMATION    PARENT OR GUARDIAN INFORMATION      Relationship:    Father,    Mother    Guardian      Step-father    Step-mother    Relationship:    Father,    Mother    Guardian      Name:	Land Location (For Rural Students): Quarter Sect	tion Township Range Meridian			
Relationship:    Father,    Mother    Guardian    Relationship:    Futher,    Mother    Guardian      Step-father    Step-father    Step-mother    Step-father    Step-mother      Name:	Home Telephone: Student	Cell#:			
Step-father    Step-mother      Name:	PARENT OR GUARDIAN INFORMATION	PARENT OR GUARDIAN INFORMATION			
Does this student live with you?    Yes    No    Does this student live with you?    Yes    No      Employer:	•				
Does this student live with you?    Yes    No    Does this student live with you?    Yes    No      Employer:	Name:	Name: First Name			
Employer's Telephone:    Employer's Telephone:      Cell Phone Number:    Cell Phone Number:      Email:    Email:      Email:    Email:      Canadian    Other—please specify:    Email:      Canadian    Other—please specify:    Country of Birth:      LANGUAGE SPOKEN:    Erist Language    Second Language      First Language    First Nations Non-Status    Inuit      Métis    Do you live on a reserve?    Yes    No      Status No::    House #:    Street Name:      Status INFORMATION    (Please attach an additional sheet to list more than two siblings.)    Name:      Name:    First Name    Date of Birth:    /					
Cell Phone Number:	Employer:	Employer:			
Email:	Employer's Telephone:	Employer's Telephone:			
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      Do you live on a reserve?    Yes    No      Status No.:	Cell Phone Number:	Cell Phone Number:			
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      Obyou live on a reserve?    Yes    No    Status No.:      Reserve Name:    Yes    No    Street Name:      SIBLINGS INFORMATION (Please attach an additional sheet to list more than two siblings.)    Name:    Date of Birth: Year	Email:	Email:			
LANGUAGE SPOKEN:      First Language    Second Language      FIRST NATIONS, INUIT AND MÉTIS (voluntary self-declaration)      First Nations Status    First Nations Non-Status      Inuit    Métis      Do you live on a reserve?    Yes    No      Reserve Name:	CITIZENSHIP INFORMATION				
First Language    Second Language      FIRST NATIONS, INUIT AND MÉTIS (voluntary self-declaration)      First Nations Status    First Nations Non-Status      Inuit    Métis      Do you live on a reserve?    Yes    No      Reserve Name:     House #:    Street Name:      SIBLINGS INFORMATION    (Please attach an additional sheet to list more than two siblings.)    Date of Birth:    //      Name:	Canadian Other—please specify:	Country of Birth:			
FIRST NATIONS, INUIT AND MÉTIS (voluntary self-declaration)      First Nations Status    First Nations Non-Status    Inuit    Métis      Do you live on a reserve?    Yes    No    Status No.:	LANGUAGE SPOKEN:				
First Nations Status    First Nations Non-Status    Inuit    Métis      Do you live on a reserve?    Yes    No    Status No.:	First Language	_ Second Language			
Do you live on a reserve?    Yes    No    Status No.:	FIRST NATIONS, INUIT AND MÉTIS (voluntary self-decla	ration)			
Reserve Name:    House #:    Street Name:      SIBLINGS INFORMATION (Please attach an additional sheet to list more than two siblings.)      Name:	First Nations Status First Nations Non-S	Status Inuit Métis			
SIBLINGS INFORMATION (Please attach an additional sheet to list more than two siblings.)      Name:	Do you live on a reserve? Yes No	Status No.:			
Name:   Date of Birth:  //    Surname  First Name  Date of Birth:  //	Reserve Name:	House #: Street Name:			
	SIBLINGS INFORMATION (Please attach an additional sheet to list	more than two siblings.)			
	Name:	Date of Birth://			
Name:					
	Name: First Name	Date of Birth: <u>Month</u> <u>Day</u> <u>Year</u>			

LAST SCHOO	DL ATTH	<b>ENDED</b> (Please complete if the student is new to this scho	ol.)			
Name of Schoo	ol:	C	arade:			
Address of Sch	ool:	(City or Town)		Telephone:		
		(City or Town)				
CUSTODY IN <u>Court Order</u>	In rare Should	ATION instances a child may be designated as "Protected school administration be aware of any such Cou answered YES, please make arrangements to dis	irt Order for th	ne protection of your child	? Yes	No
<u>Foster Care</u>		student in foster care? Yes No answered YES, please provide the following inf	ormation:			
Foster Care Ag	ency:	Ministry of Social ServicesCFS (IndiaType of Foster Care:RegularT	an Child and F herapeutic	amily Services) Therapeutic Group		
Social Worker's	s Name:	T	elephone:			
		Telephone:				
		RMATION (Parents/guardians will always be calculated by the calculation number:	0	in the event of an emergen	су.)	
Emergency Contact 1 (if parents are unavailable)		Name:				
		Work Telephone:		e Number:		
Emergency Con (if parents and Eme		Name:		Home Telephone:		
		severe or life threatening medical condition?	Yes	No		
If you answered	d YES, pl	ease provide details of the medical condition. :				
PERMISSION	1					
normal scho	ool hours	my son/daughter to participate in low risk educa away from the school grounds. I understand that es. The school will inform me by written note or	the activities	will be connected to	Yes	No
I give permi or work to b public throu	ission for be display igh a post	eedom of Information Protection (LAFOIP) <i>P</i> my child's personal information (name, grade, so eed beyond the school or school division and knowing, publication, or internet website. (An example wspaper or social media.)	chool), photo, w that it will b	video recording, and/ e accessible to the	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.