

LAST SCHOOL ATTENDED (Please complete if the student is new to this school.)

Name of School: _____ Grade: _____

Address of School: _____ Telephone: _____
(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 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 CFS (Indian Child and Family Services)
Type of Foster Care: Regular Therapeutic Therapeutic Group

Social Worker’s Name: _____ Telephone: _____

CHILD CARE OR SITTER INFORMATION

Name: _____ Telephone: _____

Address: _____

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

Saskatchewan Hospitalization Number: _____

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: _____

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 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 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