

Office Use Only	
School Division Student Number: _____	
Ministry of Education Student Number: _____	
French Immersion Program: _____	Home Room: _____

Student Registration Form – _____

School: _____

STUDENT PERSONAL INFORMATION

Student's Legal Name: _____
Surname First Name Middle Name(s)

Usual First Name: _____ Date of Birth: ____/____/____ Gender: _____ Grade: _____
Month / Day / Year

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

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

Relationship: Father, Mother, Guardian, Step-father, Step-mother

Name: _____
Surname First Name

Does this student live with you? Yes No

Employer: _____

Employer's Telephone: _____

Cell Phone Number: _____

Email: _____

PARENT OR GUARDIAN INFORMATION

Relationship: Father, Mother, Guardian, Step-father, Step-mother

Name: _____
Surname First Name

Does this student live with you? Yes No

Employer: _____

Employer's Telephone: _____

Cell Phone Number: _____

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

Do you live on a reserve? Yes No Status No.: _____

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: _____

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

- 1. 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
- 2. **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