

Student Registration Form –	School Division Student Number: Ministry of Education Student Number:
School:	
STUDENT PERSONAL INFORMATION Student's Legal Name: Surname	First Name Middle Name(s)
Usual First Name: Date of Birth:	1.136.1.141.16
House/Apt#: Street:	City:
Mailing Address (if different from above):	Postal Code:
Land Location (For Rural Students): Quarter	Section Township Range Meridian
Home Telephone: Stud	ent Cell#:
PARENT OR GUARDIAN INFORMATION	PARENT OR GUARDIAN INFORMATION
Relationship: Father, Mother Guardi Step-father Step-mother	an Relationship: Father, Mother Guardian Step-father Step-mother
Name: Surname First Name	Name: First Name
Does this student live with you? Yes No	Does this student live with you? Yes 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-de First Nations Status First Nations N	,
Do you live on a reserve? Yes No	Status No.:
Reserve Name:	House #: Street Name:
SIBLINGS INFORMATION (Please attach an additional sheet to	o list more than two siblings.)
Name: First Name	Date of Birth: / / Day / Year
Name: First Name	Date of Birth://

Office Use Only

LAST SCHOO)L ATTI	ENDED (Please complete if the	ne student is new to th	is school.)					
Name of Schoo	ol:			Grade:					
Address of School:(City or Town)				Telephone:					
		(City o	or Town)						
CUSTODY IN Court Order	In rare	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 If you answered YES, please make arrangements to discuss this situation with the school administration.							
Foster Care		s student in foster care? Yes No u answered YES, please provide the following information:							
Foster Care Ago	-	Ministry of Social Servi Type of Foster Care:	Regular	Therapeutic	amily Services) Therapeutic Group				
Social Worker's	s Name:			Telephone:					
CHILD CARE	OR SIT	TER INFORMATION							
Name:		Γ	Telephone:						
Address:									
EMERGENCY	Y INFOI	RMATION (Parents/guar	rdians will always	s be contacted first t	in the event of an emerge	ncy.)			
Saskatchewan I	Hospitaliz	zation Number:			, o	• /			
Emergency Contact 1		Name:			Home Telephone:				
(if parents are unavailable)	ailable)	Work Telephone:		Cell Phone	e Number:				
Emergency Contact 2 (if parents and Emergency Con					Home Telephone:				
		ntact 1 are unavailable) Work Telephone:			ne Number:				
Does this stude	nt have a	severe or life threatening			No				
		lease provide details of the			· ·				
ii you unswered	4 1 LO, p	rease provide details of the	medical condition						
	T								
normal scho	ission for ool hours	my son/daughter to partic away from the school groups. The school will inform	unds. I understan	d that the activities	will be connected to	Yes	No		
I give permi or work to b	ission for be display igh a post	eedom of Information Promy child's personal information beyond the school or setting, publication, or internet ewspaper.)	mation (name, gra	ide, school), photo, d know that it will b	video recording, and/ e accessible to the	Yes	No		
The LAFOIP b	brochure	is available at the school	or online at: ww	v.srsd119.ca. (Clic	k on Parent Information	.)			
SIGNATURE	REQUI	RED							
	have prov	have read and understood vided is correct. I underst							
	te			Signature of Pa	rent or Guardian				