

## 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                                | <b>ENDED</b> (Please complete if the  | e student is new to this                | school.)                                  |  |            |    |  |
|--|--|--|---|---|---|--|------------|----|--|
| CONTROL INFORMATION COUNT O'RE  In Tare 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 O'rder for the protection of your child? Yes N If you answered YES, please make arrangements to discuss this situation with the school administration.  Foster Care  Is this student in fuster 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 Alame: Telephone: Home Telephone:  CHILD CARE OR SITTER INFORMATION  (Parents/guardians will always be contacted first in the event of an emergency.)  Saskatchewan Hospitalization Number:  Emergency Contact 1 Name: Home Telephone: Gell Phone Number:  Emergency Contact 1 war unwalable)  Work Telephone: Cell Phone Number:  Emergency Contact 1 war unwalable)  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.  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.  2. Local Authority Freedom of Information Frone gade, school) photo, video recording, and/or works 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 or social media.)  The LAFOIP brochure is available at the school or online at: www.srsd119.ca. (Click on Parent Information.)  SIGNATURE REQUIRED  The tafford in the first of a | Name of Schoo                                | 1:                                     |   |   | Grade:                                    |  |            |    |  |
| CONTROL INFORMATION COUNT O'RE  In Tare 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 O'rder for the protection of your child? Yes N If you answered YES, please make arrangements to discuss this situation with the school administration.  Foster Care  Is this student in fuster 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 Alame: Telephone: Home Telephone:  CHILD CARE OR SITTER INFORMATION  (Parents/guardians will always be contacted first in the event of an emergency.)  Saskatchewan Hospitalization Number:  Emergency Contact 1 Name: Home Telephone: Gell Phone Number:  Emergency Contact 1 war unwalable)  Work Telephone: Cell Phone Number:  Emergency Contact 1 war unwalable)  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.  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.  2. Local Authority Freedom of Information Frone gade, school) photo, video recording, and/or works 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 or social media.)  The LAFOIP brochure is available at the school or online at: www.srsd119.ca. (Click on Parent Information.)  SIGNATURE REQUIRED  The tafford in the first of a | Address of School:                           |  |   | Town)                                   | )   |  | Telephone: |    |  |
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| EMERGENCY INFORMATION (Parents/guardians will always be contacted first in the event of an emergency.)  Saskatchewan Hospitalization Number:  Emergency Contact 1  Mame:  Mork Telephone:  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 Yes No educational objectives. The school will inform me by written note or telephone call when a trip will occur.  2. Local Authority Freedom of Information Protection (LAFOIP) Please read the LAFOIP brochure. 1 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 or social media.)  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 of this form.  | ·  | -                                      | Type of Foster Care:  | Regular                                 | Therapeutic                               | ,  |            |    |  |
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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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| Date Signature of Parent or Guardian   | I hereby declar information I h              | e that I l<br>have prov                | have read and understood wided is correct. I understa   |   |   |  |            |    |  |
|  |  | te                                     |   |   | Signature of Pa                           | rent or Guardian                             |            |    |  |