



Office Use Only

School Division Student Number: \_\_\_\_\_

Ministry of Education Student Number: \_\_\_\_\_

French Immersion Program: \_\_\_\_\_ Home Room: \_\_\_\_\_

**Student Registration Form – 2020-2021**

School: \_\_\_\_\_

**STUDENT PERSONAL INFORMATION**

Student's Legal Name: \_\_\_\_\_  
Surname First Name Middle Name (s)

Usual First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female Unspecified Grade: \_\_\_\_\_  
Month/Day/Year

House/Apt#: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Land Location (For Rural Students): Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Meridian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Relationship: Father Mother Guardian  
Step-father Step-mother

Name: \_\_\_\_\_  
Surname First Name

Does student live with you? Yes No

Employer: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Relationship: Father Mother Guardian  
Step-father Step-mother

Name: \_\_\_\_\_  
Surname First Name

Does student live with you? Yes No

Employer: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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 Metis  
Do you live on a reserve: Yes No Status #: \_\_\_\_\_  
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

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

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
City/Town of School: \_\_\_\_\_ Phone: \_\_\_\_\_

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**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 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: \_\_\_\_\_ Phone: \_\_\_\_\_

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**CHILD CARE OR SITTER INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Emergency Contact 1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if parents are unavailable) Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact 2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(if parents and Emergency Contact 1 are unavailable) Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Does this student have a **severe or life threatening** medical condition? Yes No  
If you answered Yes, please provide details of the medical condition: \_\_\_\_\_

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**PERMISSION**

1. I give permission for my child 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 my 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.) Yes No

*The LAFOIP brochure is available at the school or online at [www.srsd119.ca](http://www.srsd119.ca). (Click on Parent Information)*

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**SIGNATURE REQUIRED**

*I hereby declare that I have read and understood the information contained on the 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