

Student Registration Form – 2020-2021

School Division Student Number:		
Ministry of Education Student Nu	mber:	
French Immersion Program:	Home Room:	

Office Use Only

STUDENT P Student's Legal	PERSONAL INF Name:	Surname		First Name		Middle	Name (s)
		Date of Birth:			Gender:	Male Female Unspecified	Grade:
House/Apt#:	Street		(City:			
Mailing Address	s (if different from al	oove):					
Land Location (For Rural Students):	Quarter:	Section: _	Township	p: l	Range:	Meridian:
Home Phone: _		Student (Cell:				
Relationship: Name: Does student liv Employer: Employer's Pho Cell: Email:	Father Step-father Surname e with you? ne:	Yes No	Guardian	PARENT OI Relationship: Name: Does student liv Employer: Employer's Pho Cell: Email:	Fathe Step-father Surname e with you?	er Mothe er Step-mothe Yes	er Guardia er First Name No
Canadia		– please specify:			Country of	of Birth:	
FIRST NAT	IONS INUIT AN	ND MÉTIS (volu First Nations Nor	ntary self- n-Status	Second Language: declaration) Inuit Status #:		Metis	
Reserve Name:		105		House #:	Str	reet Name:	
SIBLINGS I	NFORMATION	(Please attach ar		al sheet to list r	nore than t	two siblings)	
·	Surname	First Name		_	Mont	h/Day/Year	
Name:	Surname	First Name	I	Date of Birth: _	Mont	th/Day/Year	

First Name

Surname

Name of School:	ase complete if the student is new to this school) Grade:			
City/Town of School:	Phone:			
CUSTODY INFORMATION				
Court Order In rare instances a child ma Should school administration	by be designated as "Protected" if a court has issued a restraining order. On be aware of any such Court Order for the protection of your child? You ments to discuss this situation with the school administration.	es No		
Foster Care	? Yes No If you answered Yes, please provide the following of Social Services CFS (Indian Child and Family Therapeutic Therapeutic Group			
CHILD CARE OR SITTER INFO				
Name:Address:				
	(Parents/guardians will always be contacted first in the event of an en	mergency)		
Saskatchewan Hospitalization Number: Emergency Contact 1	Name: Home Phone:			
(if parents are unavailable)	Work Phone: Cell:			
Emergency Contact 2 (if parents and Emergency Contact 1 are unavailable)	Name: Home Phone:			
	Work Phone: Cell:			
Does this student have a severe or life threa If you answered Yes, please provide details	atening medical condition? Yes No of the medical condition:			
school hours away from the school greducational objectives. The school wil	ipate in low risk educational activities that occur during normal rounds. I understand that the activities will be connected to ll inform me by written note or telephone call when a trip will	Yes No		
brochure . I give my permission for r video recording, and/or work to be dis	mation Protection (LAFOIP). Please read the LAFOIP my child's personal information (name, grade, school), photo, eplayed beyond the school or school division and know that it a posting, publication, or internet website. (An example: The elocal newspaper or social media.)	Yes No		
	school or online at www.srsd119.ca. (Click on Parent Information)			
	rstood the information contained on the Student Registration Form and to nderstand it is my responsibility to inform the school of any changes to th			
Dete	Cianatana af Danast an Carl			
Date	Signature of Parent or Guardian			