

**Student Registration Form**

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| **School registering for:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous school attended | | | | | | | | | | | | | | | Address of previous school | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| French Immersion Program (École Palliser Heights, Central Collegiate, and École Gravelbourg) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal last name | | | | | | | | Legal first name | | | | | | | | | | | | | | | | | | | | Legal middle name | | | | | | | | | | | | | | | |
| Student preferred name, if different from legal name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth (MMM-dd-yyyy) | | | | | | | Gender  Female  Male  Undeclared | | | | | | | | | | | | | | | | | | | | | | | Grade | | | | | | | | | | Homeroom | | | |
| Student email address | | | | | | | | | | | | | | | | Student cellular phone | | | | | | | | | | | | | | | | | | Student home phone | | | | | | | | | |
| **Citizenship** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is student a Saskatchewan resident?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is student a Canadian citizen?  Yes  No | | | | | | | | | | | | | | | | | | If no, state citizenship: | | | | | | | | | | | | | | | | | | | | | | | | | |
| First language | | | | | | | | | | | | | | | | | | Second language | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of birth | | | | | | | | | | | | | | | | | | Last country student attended school | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY** - How was the student’s name, birthday and citizenship verified? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth certificate | | | Passport | | | | | | | | Status card | | | | | | | | | | | | | Immigration papers or permanent resident card | | | | | | | | | | | | | | | | | | | |
| Non-Canadian citizen - proof of legal status must be provided in order to register (copy to be provided to Division office) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Study permit  Refugee category  Permanent Resident Document | | | | | | | | | | | | Parent work permit  Parent study permit  Record expiry date of permit (MMM-dd-yyyy): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of school official verifying document | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apt number | | House number | | | Street name | | | | | | | | | | | | | | | | City/Town | | | | | | | | | | | | | | | | | Postal Code | | | | | |
| If the mailing address is a box number, please also provide a physical address and/or land location. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Box number | City/Town | | | | | | | | | | | | Postal code | | | | | | | ¼ Section | | | | | | Section | | | | | | Township | | | | Range | | | | | Riverlot | | Meridian |
| **Voluntary Aboriginal Identification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aboriginal people are those who identify themselves to be First Nations (Registered, Treaty, Status Indian, and Non-Status Indian), Métis, or Inuit/Inuk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Based on this definition, do you consider yourself to be an Aboriginal Person? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | |
| If Yes, please indicate which Aboriginal group you belong to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered, Treaty or Status Indian | | | | | | | | | | | | | | Non-Status Indian | | | | | | | | | | | | | Métis | | | | | | | | | | Inuit/Inuk | | | | | | |
| **Guardianship Rights, Custody or Access Rights** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Guardians of the student must be identified to ensure each party’s rights are respected. If an order affecting guardianship rights, custody or access rights exists, please indicate which by checking off the appropriate box below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Access/Custody | | | | Guardianship | | | | | | | | | | | | | Protection | | | | | | | | | | | | | | | | Other: | | | | | | | | | | |
| Document expiration date(s): | | | | | | | | | | | | | | | | | | | | | | | Copy in student record  Yes  No | | | | | | | | | | | | | | | | | | | | |
| **Parents/Guardians Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to student - please specify | | | | | | | | | Last name | | | | | | | | | | | | | | | | | | | | First name | | | | | | | | | | | | | | |
| Apt number | | House number | | | | Street or box number | | | | | | | | | | | | | | | | City/Town | | | | | | | | | | | | | | | | | Postal code | | | | |
| Home phone | | | | | | | | | Cellular phone | | | | | | | | | | | | | | | | | | | | Work phone | | | | | | | | | | | | | | |
| Lives with student:  Yes  No | | | | | | | | | Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check all items that this parent/guardian should receive: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| grade mailing | | | | | | conduct mailing | | | | | | | | | | | | | other mailing | | | | | | | | | | | | | | | | MSS family portal access | | | | | | | | |
| Relationship to student - please specify | | | | | | | | | Last name | | | | | | | | | | | | | | | | | | | | First name | | | | | | | | | | | | | | |
| Apt number | | House number | | | | Street or box number | | | | | | | | | | | | | | | | City/Town | | | | | | | | | | | | | | | | | Postal code | | | | |
| Home phone | | | | | | | | | Cellular phone | | | | | | | | | | | | | | | | | | | | Work phone | | | | | | | | | | | | | | |
| Lives with student:  Yes  No | | | | | | | | | Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check all items that this parent/guardian should receive: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| grade mailing | | | | | | conduct mailing | | | | | | | | | | | | | other mailing | | | | | | | | | | | | | | | | MSS family portal access | | | | | | | | |
| Relationship to student - please specify | | | | | | | | | Last name | | | | | | | | | | | | | | | | | | | | First name | | | | | | | | | | | | | | |
| Apt number | | House number | | | | Street or box number | | | | | | | | | | | | | | | | City/Town | | | | | | | | | | | | | | | | | Postal code | | | | |
| Home phone | | | | | | | | | Cellular phone | | | | | | | | | | | | | | | | | | | | Work phone | | | | | | | | | | | | | | |
| Lives with student:  Yes  No | | | | | | | | | Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check all items that this parent/guardian should receive: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| grade mailing | | | | | | conduct mailing | | | | | | | | | | | | | other mailing | | | | | | | | | | | | | | | | MSS family portal access | | | | | | | | |
| Relationship to student - please specify | | | | | | | | | Last name | | | | | | | | | | | | | | | | | | | | First name | | | | | | | | | | | | | | |
| Apt number | | House number | | | | Street or box number | | | | | | | | | | | | | | | | City/Town | | | | | | | | | | | | | | | | | Postal code | | | | |
| Home phone | | | | | | | | | Cellular phone | | | | | | | | | | | | | | | | | | | | Work phone | | | | | | | | | | | | | | |
| Lives with student:  Yes  No | | | | | | | | | Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check all items that this parent/guardian should receive: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| grade mailing | | | | | | conduct mailing | | | | | | | | | | | | | other mailing | | | | | | | | | | | | | | | | MSS family portal access | | | | | | | | |
| **Siblings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please list siblings living in the same home and attending school.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Siblings full name** | | | | | | | | | | **Birthdate (MMM-dd-yyyy)** | | | | | | | | | | | | | | | **Current school** | | | | | | | | | | | | | | | | | **Grade** | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
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| **Emergency Contact Information** | | | | | | | | | | |
| Who should be contacted in case of an emergency if parent(s)/guardian(s) cannot be reached? | | | | | | | | | | |
| Last name | First name | | | | | Phone number | | | | Relationship |
| Last name | First name | | | | | Phone number | | | | Relationship |
| **Medical Information** | | | | | | | | | | |
| **Health Services Number (HSN)** | | | **Doctor’s name** | | | | | **Doctor’s phone number** | | |
| **The HSN is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students’ educational needs are being met. The Ministry of Education will not use the HSN for any other purpose.** | | | | | | | | | | |
| **Please list any medical conditions that the school should be aware of, include the severity of condition and attach any relevant documents.** | | | | | | | | | | |
| **Child Care Information** | | | | | | | | | | |
| **Daycare or child care provider name** | | | | | | **Address** | | | | |
| **Business phone** | | | **Home phone** | | | | | **Cellular phone** | | |
| **School Bus Information** | | | | | | | | | | |
| **If student resides within the school’s boundary area, check the appropriate box below.** | | | | | | | | | | |
| Does not require transportation | | | Requires transportation from address on page one | | | | | **Requires transportation from alternate address** | | |
| Alternate address including town/city: | | | |  | | | | | | |
| Reason for alternate address request: | | | Second parent | | | | Child Care | | Other: | |
| Additional information for alternate address request. | | | | | | | | | | |
| Requested bus service start date: | |  | | | | | | | | |
| **Billet Information** | | | | | | | | | | |
| In the event buses do not run due to bad weather conditions, bus failure or an emergency, we require a billet home for your student in the same town as they attend school. | | | | | | | | | | |
| **Last name** | | | **First name** | | | | | **Address** | | |
| **Home phone** | | | **Cellular phone** | | | | | **Business phone** | | |
| **Declaration** | | | | | | | | | | |
| *I, the undersigned, hereby represent that I have the legal authority to register this student. I declare the information that I provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.* | | | | | | | | | | |
| Date | | | | | Signature of Parent/Custodial Parent/Legal Guardian | | | | | |
| NOTE: Your student is not officially registered until legal documentation is  brought directly to the school and verified by school personnel. | | | | | | | | | | |