

# Student Registration Form

<b>School registering for:</b>										
Previous school attended					Address of previous school					
<input type="checkbox"/> French Immersion Program (École Palliser Heights, Central Collegiate, and École Gravelbourg)										
<b>Student Information</b>										
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 <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undeclared			Grade		Homeroom			
Student email address				Student cellular phone			Student home phone			
<b>Citizenship</b>										
Is student a Saskatchewan resident? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Is student a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, state citizenship:						
First language				Second language						
Country of birth				Last country student attended school						
<b>OFFICE USE ONLY</b> - How was the student's name, birthday and citizenship verified?										
<input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Status card <input type="checkbox"/> 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)										
<input type="checkbox"/> Study permit			<input type="checkbox"/> Parent work permit							
<input type="checkbox"/> Refugee category			<input type="checkbox"/> Parent study permit							
<input type="checkbox"/> Permanent Resident Document			Record expiry date of permit (MMM-dd-yyyy):							
Signature of school official verifying document										
<b>Student Address</b>										
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	
<b>Voluntary Aboriginal Identification</b>										
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? <input type="checkbox"/> No <input type="checkbox"/> Yes										
If Yes, please indicate which Aboriginal group you belong to:										
<input type="checkbox"/> Registered, Treaty or Status Indian			<input type="checkbox"/> Non-Status Indian		<input type="checkbox"/> Métis		<input type="checkbox"/> Inuit/Inuk			
<b>Guardianship Rights, Custody or Access Rights</b>										
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.										
<input type="checkbox"/> Access/Custody <input type="checkbox"/> Guardianship <input type="checkbox"/> Protection <input type="checkbox"/> Other:										
Document expiration date(s):					Copy in student record <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Parents/Guardians Contact Information

1. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No			Email			
Please check all items that this parent/guardian should receive: <input type="checkbox"/> grade mailing <input type="checkbox"/> conduct mailing <input type="checkbox"/> other mailing <input type="checkbox"/> MSS family portal access						
2. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No			Email			
Please check all items that this parent/guardian should receive: <input type="checkbox"/> grade mailing <input type="checkbox"/> conduct mailing <input type="checkbox"/> other mailing <input type="checkbox"/> MSS family portal access						
3. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No			Email			
Please check all items that this parent/guardian should receive: <input type="checkbox"/> grade mailing <input type="checkbox"/> conduct mailing <input type="checkbox"/> other mailing <input type="checkbox"/> MSS family portal access						
4. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No			Email			
Please check all items that this parent/guardian should receive: <input type="checkbox"/> grade mailing <input type="checkbox"/> conduct mailing <input type="checkbox"/> other mailing <input type="checkbox"/> 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

<b>Emergency Contact Information</b>			
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
<b>Medical Information</b>			
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.			
<b>Child Care Information</b>			
Daycare or child care provider name		Address	
Business phone	Home phone	Cellular phone	
<b>School Bus Information</b>			
If student resides within the school's boundary area, check the appropriate box below.			
<input type="checkbox"/> Does not require transportation	<input type="checkbox"/> Requires transportation from address on page one	<input type="checkbox"/> Requires transportation from alternate address	
Alternate address including town/city:			
Reason for alternate address request: <input type="checkbox"/> Second parent <input type="checkbox"/> Child Care <input type="checkbox"/> Other:			
Additional information for alternate address request.			
Requested bus service start date:			
<b>Billet Information</b>			
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	
<b>Declaration</b>			
<i>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.</i>			
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.			