



Students Legal name		Birthdate			Gender		
Last Name		MMM	DD	YYYY	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
First Name		Languages		First Language			
Middle Name				Second Language			
Usual or Called Name <i>(If different from First Name)</i>		Previous School Attended			Previous School's Location		
Registering for Grade		<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	Siblings	

First Nations, Inuit and Métis (voluntary self-declaration)

First Nations Status First Nations Non-Status Inuit Métis

Reserve Name: _____

Citizenship Is the named student a Canadian citizen? Yes No If No, Citizenship: _____

If Not a Canadian citizen contact Newcomer Student Centre Country of Birth: _____

NEWCOMER STUDENT CENTRE USE ONLY Last Country Student Attended School: _____

Proof of legal status must be provided in order to register (A copy will be placed in the student's cumulative folder.)

Permanent Resident Refugee Category Parent Work Permit Exp mmm/dd/yyyy _____

Study Permit (International Student Program) Parent Study Permit Exp mmm/dd/yyyy _____

Signature of School official Verifying document _____

OFFICE USE ONLY How was the students name and birthdate verified?

Birth Certificate Passport Status Card

Immigration Papers / Permanent Resident Card Other (Name Official Document) _____

Signature of School official Verifying document _____

STUDENT'S RESIDENCE		STUDENT'S CONTACT INFORMATION			
House Number	Apt# (if applicable)	Area Code	Phone		
Street		Email			
City		Area Code	Cell		
Province	Postal Code	Student Resides with			
		<input type="checkbox"/> Two Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint Custody <input type="checkbox"/> Relative <input type="checkbox"/> Guardian			

EMERGENCY / MEDICAL INFORMATION

Who should be contacted first in the case of school closure or an emergency? (i.e. Mother, Father, Guardian)

1. _____

2. _____

3. Other Emergency Contact Name: _____ Phone () _____

4. Other Emergency Contact Name: _____ Phone () _____

Doctor's Name Phone () _____ Saskatchewan Health Card Number _____

Life Threatening Medical Condition(s) that requires regular medication or requires emergency medication that the school should be aware of.

Other Medical Condition(s) that the school should be aware of.

GUARDIANSHIP RIGHTS, CUSTODY, OR ACCESS RIGHTS	Indicate if such document(s) exist: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Legal Document: <input type="checkbox"/> Access and/or Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship <input type="checkbox"/> Protection <input type="checkbox"/> Other	
Copy in Student Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	Document Expiry Date (if applicable)
OFFICE USE ONLY (NOTES):	

First parent/Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other
Last Name	Address if different from Student
First Name	House/Apt #
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	City
Phone ()	Province Postal Code
Email	Employer
Cell ()	Employer Phone ()

Second parent/Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other
Last Name	Address if different from Student
First Name	House/Apt #
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	City
Phone ()	Province Postal Code
Email	Employer
Cell ()	Employer Phone ()

Third parent/Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other
Last Name	Address if different from Student
First Name	House/Apt #
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	City
Phone ()	Province Postal Code
Email	Employer
Cell ()	Employer Phone ()

Fourth parent/Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other
Last Name	Address if different from Student
First Name	House/Apt #
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	City
Phone ()	Province Postal Code
Email	Employer
Cell ()	Employer Phone ()

Employees of Saskatoon Public Schools may use the information collected on this form to help provide appropriate educational programming and support for the student.

We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatoon Health Region for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the **Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.**

Note: Your child is not officially registered until legal documentation is brought directly to the school and verified by school personnel.

Declaration

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have 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

***Please note: Once this form has been completed, you will still need to contact the school about course selection.**

To submit the form electronically:

- Please fill in all relevant information on the form.
- Save the completed form to your computer.
- Email the form as an attachment to the schools email address which can be found on Saskatoon Public Schools website.
 - You will receive a confirmation email that the registration form was received.
- You will be required to sign the form and show ID to verify the student's birthdate during your next visit to the school.

To submit at the school:

- Please fill in all relevant information, then print the form, or;
- Print the form, then fill in all relevant information.
 - Please note this form prints to 8.5" X 14" or legal paper size.
- Hand in the completed form to the front desk of the school.

Paper copies of these forms are always available at the front desk of every school.