**Elementary Registration Form 2022-2023**

Fairhaven School

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| **Students who are not Canadian citizens** must contact the **Newcomer Student Centre**, 310 – 21st Street East, (306) 683-8400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student’s Legal name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Birthdate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gender | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Languages | | | | | | | | | | | | | | | | | | | | | | | | | | | | First Language | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Usual or Called Name  *(If different from First Name)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Previous School Attended | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Previous School’s Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Registering for Grade | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | PK | | | | | | | | | | | | | |  | | | | | | | K | | | | | | | |  | | | | | | | | | | | Grade | | | | | | | | | | | | | | | |  | | | | | | | | | | | | 1 | | | | | | |  | | | | | | | 2 | | | | | | | |  | | | | | | | | | 3 | | |  | | | | | 4 | | | | | |  | | | | | 5 | | | | | |  | | | | | | 6 | | |  | | | | | 7 | | | | | |  | | | 8 |
| \*\* For PK ( PreKindergarten) and K (Kindergarten ) options please contact your school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **First Nation, Inuit and Métis** (voluntary self-declaration) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | First Nation Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | First Nation Non-Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Inuit | | | | | | | | | | | | | | | |  | | | | | | Métis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Reserve Name: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | How was the student’s name and birthdate verified? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Birth Certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Passport | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Status Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Immigration Papers / Permanent Resident Card | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other (Name Official Document) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of school official verifying document | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **STUDENT’S RESIDENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STUDENT’S CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apt# (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Area Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Area Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cell | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Province | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Student resides with | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Two Parents | | | | | | | | | | | |  | | | | | | | Mother | | | | | | | |  | | | | | | Father | | | | | | |
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| **EMERGENCY / MEDICAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who should be contacted first in the case of school closure or an emergency? (e.g. Mother, Father, Guardian) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. | | | Other Emergency Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | | | | | | | | | ( ) | | | | | | | | | |  | | | | | | | | | | | | | |
| 4. | | | Other Emergency Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | | | | | | | | | | ( ) | | | | | | | | | |  | | | | | | | | | | | | | |
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| Life Threatening Medical Condition(s) that requires regular medication or requires emergency medication that the school should be aware of. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Medical Condition(s) that the school should be aware of. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Child Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **First parent/guardian** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Father | | | | | | | | | | | | | | | | | | | |  | | | | | | | Mother | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Step father | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Step Mother | | | | | | | | | | | | | | |  | | | | | | Legal Guardian | | | | | | | | | | | | | | | | | | | |  | | | | | | Other | | | | |
| Last Name | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address if different from Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | House/Apt # | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | |  | | | | | Mr. | | | | | | | | | |  | | | | Mrs. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Ms. | | | | | | | | | | | | | | | |  | | | | | | | | | | Miss | | | | | | | | | | | | | | | | | | |  | | | | | | | | Dr. | | | | | | | | | | | | | | Street | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Married | | | | | | | | | | | | |  | | | | | | Single | | | | | | | | | | | | |  | | | | | | | | | | | | Separated | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Divorced | | | | | | | | | | | | | | | | | | |  | | | | | | | | Other | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | | | | | | | | ( 306 ) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Province | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Postal Code | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **Second parent/guardian** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Father | | | | | | | | | | | | | | |  | | | | | | | | | | | Mother | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Step father | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Step Mother | | | | | | | | | | | | | | | |  | | | | | Legal Guardian | | | | | | | | | | | | | | | | | | | | |  | | | | | Other | | |
| Last Name | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address if different from Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Title | | | | |  | | | | Mr. | | | | | | | |  | | | | | | | Mrs. | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Ms. | | | | | | | | | | | | | |  | | | | | | | | Miss | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Dr. | | | | | | | | | | | | | Street | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Married | | | | | | | | | | |  | | | | | Single | | | | | | | | | | | | | |  | | | | | | | | | | Separated | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Divorced | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Other | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Third parent/guardian** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Father | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Mother | | | | | | | | | | | | | | | | | |  | | | | | | | | Step father | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Step Mother | | | | | | | | | | | | | | |  | | | | | | Legal Guardian | | | | | | | | | | | | | | | | | | | |  | | | | | | Other | | | | | |
| Last Name | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address if different from Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Title | | | | |  | | | | Mr. | | | | | | | |  | | | | | | | Mrs. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Ms. | | | | | | | | | | | | | | |  | | | | | | | | | Miss | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Dr. | | | | | | | | | | | | | Street | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Married | | | | | | | | | | | |  | | | | Single | | | | | | | | | | | | | | |  | | | | | | | | | | Separated | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Divorced | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Other | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employer | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Fourth parent/guardian** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Father | | | | | | | | | | | | | | | | | | | |  | | | | | | | Mother | | | | | | | | | | | | | | | | | | |  | | | | | | | | Step father | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Step Mother | | | | | | | | | | | | | | |  | | | | | | Legal Guardian | | | | | | | | | | | | | | | | | | | |  | | | | | | Other | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address if different from Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | House/Apt # | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | |  | | | | | Mr. | | | | | | | | |  | | | | | Mrs. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Ms. | | | | | | | | | | | | | | | |  | | | | | | | | Miss | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Dr. | | | | | | | | | | | | | Street | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Married | | | | | | | | | | | | |  | | | | | Single | | | | | | | | | | | | | |  | | | | | | | | | | | Separated | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Divorced | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Other | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employer | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| GUARDIANSHIP, CUSTODY, OR ACCESS RIGHTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Indicate if such document(s) exist: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Yes | | | | | | | |  | | | | | | | No | |
| Type of Legal Document: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Access and/or Custody | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Parenting | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Guardianship | | | | | | | | | | | | | | | | | |  | | | | | | Protection | | | | | | | | | | | | | | | | |  | | | Other | | | | | | | | | | | | | | | |
| Copy in Student Record: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Yes | | | | | | | | | | | |  | | | | | | | | | | | No | | | | | | | | | | | | | | Document Expiry Date (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OFFICE USE ONLY (NOTES): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please list siblings living in the same home** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sibling’s Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Birthdate (MMM-DD-YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Current School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Grade | | | | | | | |
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| *Employees of Saskatoon Public Schools may use the information collected on this form to help provide appropriate educational programming and support for the student.*  *Demographic information, is shared with Saskatchewan Ministry of Education to support the Student Data System. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**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 school’s 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 legal documentation 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 school’s office.

**Paper copies of these forms are always available at the office of every school.**