



Students who are not Canadian citizens must contact the **Newcomer Student Centre**, 310 - 21st Street East, (306) 683-8400

French Immersion available at École Alvin Buckwold, École College Park, École Dundonald, École Forest Grove, École Henry Kelsey, École Lakeview, École River Heights, École Silverspring and École Victoria

STUDENT INFORMATION

Student's Legal name		Birthdate		Gender	
Last Name		MMM	DD	YYYY	<input type="checkbox"/> Male
First Name		Languages		<input type="checkbox"/> Female	
Middle Name		First Language			
		Second Language			
Usual or Called Name <i>(If different from First Name)</i>		Has student ever been registered with Saskatoon Public Schools?			
		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Previous School Attended		Previous School's Location			
Registering for Grade <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> LFI 6 <input type="checkbox"/> LFI 7 Indicate preference of the following Kindergarten Programs 1= Most preferred 2= 2 nd choice 3= 3 rd choice					
M/W/Alternate Friday		T/Th/Alternate Friday			

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

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 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

STUDENT'S RESIDENCE **STUDENT'S CONTACT INFORMATION**

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

EMERGENCY / MEDICAL INFORMATION

Who should be contacted first in the case of school closure or an emergency? (e.g. 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.

Child Care

Name _____ Phone () _____

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. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Street	
		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. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Street	
		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. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Street	
		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. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Street	
		City	
Phone	()	Province	Postal Code
Email		Employer	
Cell	()	Employer Phone	()

GUARDIANSHIP, 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):

Please list siblings living in the same home			
Siblings Full Name	Birthdate (MMM-DD-YYYY)	Current School	Grade

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