

Elementary Registration Form 2021-2022 École Lakeview School

☐ English Program ☐ French Immersion Program

					· 21 st Street E	,	(500) 000	0.0	
STUDENT INFORMATION									
Student's Legal name		Birthdate				Ge	nder		
Last Name		MMM	DD	YYY	Y		Male		Female
							Unsp	ecifi	ed
First Name		Languages	First Language	9					
			Second Langu						
Middle Name		Has student	ever been reg		ed with Sas	kato	on Publi	c Sch	nools?
ı		│ □ Yes	□ No						
Usual or Called Name		1							
(If different from First Name)		Previous School Attended Previous School's Location							
,									
Registering for Grade P	PK 🗌 K Gra	ade 🗆 1	□ 2 □ 3	3 [4 🗆 :	5 [] 6 [7 🗆 8
** For PK (PreKindergarten) a	and K (Kindergarten)	options pleas	e contact vour	scho	ool				
Indicate preference of the Kindergarten P		<u> </u>	M/W/ Alternate	1	T/Th Alternate		Everyday		Everyday
(Each option may not be offered at your sch			Friday		Friday		AM		PM
	<u> </u>								
First Nation, Inuit and Métis	(voluntary self-declar	ration)							
☐ First Nation Status	First Nation	Non-Status	☐ Inuit		□ M	étis			
Reserve Name:									
Citizenship Is the named s	student a Canadian ci	tizen? \square	Yes 🗌 No		f no, citizen	ship	<u> </u>		
If not a Canadian citizen conto	act Newcomer Studer	nt Centre	Country of Bir	th:					
NEWCOMER STUDENT CENTR	La La	st Country St	udent Attended	d Sch	nool:				
Proof of legal status must be p	provided in order to re	egister							
☐ Permanent Resident	☐ Refugee Ca	itegory \square	Parent Work	Perr	nit Exp mmm/dd	/уууу			
☐ Study Permit (Internation	nal Student Program) 🗆	Parent Study	Peri	nit Exp mmm/dd	/vvvv			
·	nature of school officia				, p				
		ar vernying de							
OFFICE USE ONLY How	was the student's nai	me and birtho	date verified?						
☐ Birth Certificate	□ Passport		☐ Status Ca	ırd					
☐ Immigration Papers / Pe	ermanent Resident Ca	rd Other (Name Official Docum	ent)					
Sign	ature of school officia	al verifying do	cument						
CTUDENT'S DESIDENCE		CTUD	ENT'S CONTAC	T 181	CODA A TIO	. A.I			
STUDENT'S RESIDENCE		3100	JENT 3 CONTAC		IFURIVIATIO	IN			
Harran Mirrahan	A 11	۸	Carla Diagra	_					
House Number	Apt# (if applicable)	Area	Code Phor	ie					
	Apt# (if applicable)	()	ie					
House Number Street	Apt# (if applicable)	Area (Emai)	ie					
Street	Apt# (if applicable)	Emai)	ie					
	Apt# (if applicable)	()	ie					
Street		Email Area () Code Cell				Mathar		Fathor
Street	Apt# (if applicable) Postal Code	Email Area ()		Two Parents		Mother		Father
Street		Email Area () Code Cell		☐ Two Parents ☐ Joint		Mother Relative		Father Guardian
Street		Email Area () Code Cell		Parents				
Street City Province	Postal Code	Email Area () Code Cell		Parents Joint				
Street City Province EMERGENCY / MEDICAL INFO	Postal Code	Area (Stude) I Code Cell) ent resides with	1	Parents Joint Custody		Relative		
Street City Province EMERGENCY / MEDICAL INFO Who should be contacted first	Postal Code	Area (Stude) I Code Cell) ent resides with	1	Parents Joint Custody	her,	Relative	n)	
Street City Province EMERGENCY / MEDICAL INFO Who should be contacted first 1.	Postal Code	Area (Stude) I Code Cell) ent resides with	1	Parents Joint Custody	her,	Relative	 n)	
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First parent/guardian	☐ Father ☐ Mothe	er 🗌 Step fathe	☐ Ste	ep Mother	Legal Guardian	☐ Other
Last Name			Addre	ss if differe	ent from Student	
First Name			House	/Apt #		
Title	ſrs. ☐ Ms. ☐	Miss Dr.	Street	-		
☐ Married ☐ Single	☐ Separated ☐	Divorced	City			
Phone (306)			Provin	re	Postal Code	
Email			Emplo		1 Ostar code	
Cell ()				er Phone	()	
Second parent/guardian	☐ Father ☐ Mo	other Step fat		Step	Legal Guardian	□ Other
Second parent/guardian	Totalici ivid	otilei Step lat		Mother		_ Other
Last Name					nt from Student	
First Name			House		The monit student	
	Irs.	Miss Dr.	Street	7119611		
☐ Married ☐ Single		Divorced ☐ Other	City			
		Divorced Other			Destal Code	
Phone ()			Provin		Postal Code	
Email			Emplo		()	
Cell ()				er Phone	()	
Third parent/guardian	☐ Father ☐ Moth	er Step father		p Mother	<u> </u>	Other
Last Name					nt from Student	
First Name			House	/Apt #		
Title 🗌 Mr. 🗎 M	Irs. \square Ms. \square	Miss \square Dr.	Street			
Married Single	☐ Separated ☐	Divorced Other	City			
Phone ()			Provin	ce	Postal Code	
Email			Emplo	yer		
Cell ()			Employ	er Phone	()	
Fourth parent/guardian	☐ Father ☐ Moth	her 🗌 Step fathe	· Ste	p Mother	Legal Guardian	☐ Other
Last Name			Addres	s if differe	nt from Student	
First Name			House	/Apt #		
Title	Irs. Ms.	Miss Dr.	Street			
☐ Married ☐ Single	☐ Separated ☐	Divorced Other	City			
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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.
 - o 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.