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|  |  |  | **Elementary Registration Form 2020 - 2021** |
|  |  |  |  |
|  |  |  | Prince Philip School ~ Kindergarten ⃝AM ⃝ PM Using KinderCare Program ⃝YES ⃝ NOChild must be born between January 1, 2015 - January 31, 2016 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | [ ]  | English | [ ]  | Cree Language & Culture Program | [ ]  | French Immersion |
|  |  |  |  |  |  |  |  |  |  |
| **Students who are not Canadian citizens** must contact the **Newcomer Student Centre**, 310 – 21st Street East , (306) 683-8400 |  | Cree Language & Culture Program at Confederation Park SchoolFrench Immersion available at Alvin Buckwold, College Park, Forest Grove, Henry Kelsey, Lakeview, River Heights and Victoria |
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| **STUDENT INFORMATION** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Student’s Legal Name**  | Birthdate | Gender |
|  | Last Name |       | MMM | DD | YYYY |  | [ ]  | Male |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |     |    |      |  | [ ]  | Female |
|  | First Name |       | Languages | First Language |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Second Language |       |
|  | Middle Name |       | Has Student Ever Been Registered With Saskatoon Public Schools? |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [ ]  | Yes |  |  | [ ]  | No |  |  |  |  |  |
|  | Usual or Called Name |       | Previous School Attended | Previous School’s Location |
|  |  | If different from First Name |  |  |  |  |  |  |  |  |  |  |       |  |

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| Registering for Grade | [ ]  | PK | [ ]  | K |  | Grade | [ ]  | 1 | [ ]  | 2 | [ ]  | 3 | [ ]  | 4 | [ ]  | 5 | [ ]  | 6 | [ ]  | 7 | [ ]  | 8 |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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 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 student’s name and birthdate verified? |
|  [ ]  Birth Certificate [ ]  Passport [ ]  Status Card Other (Name Official Document) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  [ ]  Immigration Papers / Permanent Resident card |
|  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 | [ ]  Two Parents | [ ] Mother | [ ] Father |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | [ ]  Joint  Custody | [ ] Relative | [ ] 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. |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 3. | Other Emergency Contact | Name |       | Phone | (    ) |     -      |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4. | Other Emergency Contact | Name |       | Phone | (    ) |     -      |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor’s Name |       | Phone | (    ) |     -      |  |  |  |  |  |  |  |  |  |  |
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| Saskatchewan Health Card Number |        |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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** |
| Name |       | Phone | (    ) |     -      |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **GUARDIANSHIP RIGHTS, 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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| **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. [ ] Miss [ ] Dr.  | Street |       |
| [ ] Married [ ] Single [ ] Separated [ ] Divorced [ ] Other  | City |       |
| Phone |  | ( |     | ) |  |     | - |      |  |  |  | Province |      | Postal Code |       |
| Email |       | Employer |       |
| Cell |  | ( |     | ) |  |     | - |      |  |  |  | Employer Phone |  | ( |     | ) |     | - |      |
| **Second 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. [ ] Miss [ ] Dr.  | Street |       |
| [ ] Married [ ] Single [ ] Separated [ ] Divorced [ ] Other  | City |       |
| Phone |  | ( |     | ) |  |     | - |      |  |  |  | Province |      | Postal Code |       |
| Email |       | Employer |       |
| Cell |  | ( |     | ) |  |     | - |      |  |  |  | Employer Phone |  | ( |     | ) |     | - |      |
| **Third 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. [ ] Miss [ ] Dr.  | Street |       |
| [ ] Married [ ] Single [ ] Separated [ ] Divorced [ ] Other  | City |       |
| Phone |  | ( |     | ) |  |     | - |      |  |  |  | Province |      | Postal Code |       |
| Email |       | Employer |       |
| Cell |  | ( |     | ) |  |     | - |      |  |  |  | Employer Phone |  | ( |     | ) |     | - |      |
| **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. [ ] Miss [ ] Dr.  | Street |       |
| [ ] Married [ ] Single [ ] Separated [ ] Divorced [ ] Other  | City |       |
| Phone |  | ( |     | ) |  |     | - |      |  |  |  | Province |      | Postal Code |       |
| Email |       | Employer |       |
| Cell |  | ( |     | ) |  |     | - |      |  |  |  | Employer Phone |  | ( |     | ) |     | - |      |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.* *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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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