

# Student Registration Form – 2023-2024



School: \_\_\_\_\_

## STUDENT PERSONAL INFORMATION

Student's Legal Name: \_\_\_\_\_  
Surname First Name Middle Name (s)

Usual First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Unspecified Grade: \_\_\_\_\_  
Month/Day/Year

House/Apt#: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Land Location (For Rural Students): Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Meridian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Program of Study ☐ Regular (English) ☐ French Immersion

## PARENT OR GUARDIAN INFORMATION

Relationship: ☐ Father ☐ Mother ☐ Guardian  
☐ Step-father ☐ Step-mother

Name: \_\_\_\_\_  
Surname First Name  
Does student live with you? ☐ Yes ☐ No

Employer's Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Relationship: ☐ Father ☐ Mother ☐ Guardian  
☐ Step-father ☐ Step-mother

Name: \_\_\_\_\_  
Surname First Name  
Does student live with you? ☐ Yes ☐ No

Employer's Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## CITIZENSHIP INFORMATION

☐ Canadian ☐ Other – please specify: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

## LANGUAGE SPOKEN

First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

## FIRST NATIONS INUIT AND MÉTIS (voluntary self-declaration)

☐ First Nations Status ☐ First Nations Non-Status ☐ Inuit ☐ Metis  
Do you live on a reserve: ☐ Yes ☐ No Status #: \_\_\_\_\_  
Reserve Name: \_\_\_\_\_ House #: \_\_\_\_\_ Street Name: \_\_\_\_\_

## SIBLINGS INFORMATION (Please attach an additional sheet to list more than two siblings)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Surname First Name Month/Day/Year  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Surname First Name Month/Day/Year

## LAST SCHOOL ATTENDED (Please complete if the student is new to this school)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

City/Town of School: \_\_\_\_\_ Phone: \_\_\_\_\_

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## CUSTODY INFORMATION

**Court Order** In rare instances a child may be designated as “Protected” if a court has issued a restraining order. Should school administration be aware of any such Court Order for the protection of your child? ☐ Yes ☐ No  
If yes, please make arrangements to discuss this situation with the school administration.

**Foster Care** Is this student in foster care? ☐ Yes ☐ No If you answered Yes, please provide the following information

Foster Care Agency: ☐ Ministry of Social Services ☐ ICFS (Indian Child and Family Services)

Type of Foster Care: ☐ Regular ☐ Therapeutic ☐ Therapeutic Group

Social Worker’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## CHILD CARE OR SITTER INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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## EMERGENCY INFORMATION (Parents/guardians will always be contacted first in the event of an emergency)

Emergency Contact 1 (if parents are unavailable) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact 2 (if parents and Emergency Contact 1 are unavailable) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Does this student have a **severe** or **life threatening** medical condition? ☐ Yes ☐ No

If you answered Yes, please provide details of the medical condition: \_\_\_\_\_

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## PERMISSION

1. I give permission for my child to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone call when a trip will occur. ☐ Yes ☐ No

2. **Local Authority Freedom of Information Protection (LAFOIP).** *Please read the LAFOIP brochure.* ☐ Yes ☐ No  
I give my permission for my child’s personal information (name, grade, school), photo/video, video recording, including virtual learning opportunities, media release, media internal and external, social media permission and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting publication, or internet website, in this school year and beyond. (An example – the publication of your child’s picture in the local newspaper or social media.)

*The LAFOIP brochure is available at the school or online at [www.srsd119.ca](http://www.srsd119.ca). (Click on Parent Information)*

## SIGNATURE REQUIRED

*I hereby declare that I have read and understood the information contained on the Student Registration Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian