



# Elementary Registration Form 2012-13

English

French Immersion

## ÉCOLE LAKEVIEW SCHOOL

Legal Name \_\_\_\_\_

Usual or Called name (if different from Legal Name) \_\_\_\_\_  
Last First Middle

Date student began or will begin elementary school: \_\_\_\_\_  
Month Day Year

Has this student ever been registered in a Saskatoon Public School? Y  N

Last Saskatoon Public School Attended: \_\_\_\_\_

Previous School: \_\_\_\_\_ in (city/Province/Country) \_\_\_\_\_  
(if other than a Saskatoon Public School)

Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_  
Month Day Year

Gender (M/F) \_\_\_\_\_

Registering for Grade (circle one) P K 1 2 3 4 5 6 7 8

Please list siblings that are living in the same home and indicate if they attend this school, are pre-school etc.

| Sibling's Full Name | Birthdate (i.e. Dec 12, 2006) | Current School |
|---------------------|-------------------------------|----------------|
|                     |                               |                |
|                     |                               |                |
|                     |                               |                |

Student's Home Phone # \_\_\_\_\_ The student is living with: \_\_\_\_\_

Student resides with:  Two Parents  Mother Only  Father Only  Guardian  With Relative  Joint Custody  Home Stay  
Title(s) Last Name (Example: Mr. & Mrs. Smith)

Student's Home Address \_\_\_\_\_  
Apartment/House Number and Street City Postal Code

Student's Cell # \_\_\_\_\_ Student's Email Address \_\_\_\_\_

Please specify the student's parents/guardians below, indicating which parents have custody.

|  |  |  |
|--|--|--|
| Name _____<br><small>Title Given Name Last Name</small>  | Relationship _____<br><small>(i.e. mother/father/guardian)</small> | Has Custody? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Email Address _____  | Home Phone _____   | Cell Phone _____   |
| Employer _____   | Work Phone _____   | Ext _____  |
| Address (if different from the students) _____<br><small>Apartment/House Number and Street</small> | City _____   | Postal Code _____  |

|  |  |  |
|--|--|--|
| Name _____<br><small>Title Given Name Last Name</small>  | Relationship _____<br><small>(i.e. mother/father/guardian)</small> | Has Custody? Y <input type="checkbox"/> N <input type="checkbox"/> |
| Email Address _____  | Home Phone _____   | Cell Phone _____   |
| Employer _____   | Work Phone _____   | Ext _____  |
| Address (if different from the students) _____<br><small>Apartment/House Number and Street</small> | City _____   | Postal Code _____  |

...enter additional contacts at the top of page 2.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Has Custody? Y  N   
Title Given Name Last Name (i.e. mother/father/guardian)

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Address (if different from the students) \_\_\_\_\_  
Apartment/House Number and Street City Postal Code

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Has Custody? Y  N   
Title Given Name Last Name (i.e. mother/father/guardian)

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Address (if different from the students) \_\_\_\_\_  
Apartment/House Number and Street City Postal Code

Contact Person with Social Services (if applicable) \_\_\_\_\_  
(Full Name) (Work Phone)

Emergency contact 1 (a relative or friend) \_\_\_\_\_ Phone \_\_\_\_\_ Ext: \_\_\_\_\_  
(Full Name)

Emergency contact 2 (a relative or friend) \_\_\_\_\_ Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Child Care \_\_\_\_\_  
Name Phone Apartment/House Number and Street

Doctor's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Student's Saskatchewan Health Number \_\_\_\_\_

Who should be contacted first in the case of school closure or an emergency? \_\_\_\_\_  
(mother/father/guardian/emergency contact)

**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. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Citizenship: Canadian  Other (please specify) \_\_\_\_\_

Country of Birth: Canada  Other (please specify) \_\_\_\_\_

Do the student's parents reside within the city limits Y  N

Languages spoken at home \_\_\_\_\_ (first) \_\_\_\_\_ (second)

For office Use:  
 How was the student's eligibility verified?  
 Work Visa, Student Visa, Immigration Papers  
 \_\_\_\_\_  
(signature of school administrator verifying document)

**First Nations, Inuit and Métis People:** the following information is voluntary. Do you consider this student to be a First Nations, Inuit or Métis person? If so, please select one:

First Nation Status  Inuit  Reserve Name: \_\_\_\_\_  
 First Nation Non-Status  Métis

*Employees of Saskatoon Public Schools may use the information collected on this form to help provide appropriate educational programming and support for the student. Contact information is collected to help us communicate effectively with the student's parents or guardians. Some of this demographic data may be shared with organizations we work with to help them provide the following services to our students: student ID cards, immunization, vision screening, hearing screening, and dental programs.*

*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 Tracking Program. This program is intended to identify school-aged youths not registered in school, so that action may be taken to help meet their educational needs. How this information is accessed, used, or disclosed is protected under the **Freedom of Information and Protection of Privacy Act and the Local Freedom of Information and Protection of Privacy Act.***

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Are you a legal Guardian? (Y/N) \_\_\_\_\_