



Elementary Registration Form 2012-13

English

French Immersion

LAKERIDGE 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

For office Use:

How was the student's Name and Birthdate verified?
 Birth Cert. Health Card Passport Bap Cert.

(signature of school official verifying document)

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 _____ <small>Title Given Name Last Name</small>	Relationship _____ <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) _____ <small>Apartment/House Number and Street City Postal Code</small>		
Name _____ <small>Title Given Name Last Name</small>	Relationship _____ <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) _____ <small>Apartment/House Number and Street City Postal Code</small>		

... 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)

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) _____

For office Use:
 How was the student's eligibility verified?
 Work Visa, Student Visa, Immigration Papers

 (signature of school administrator verifying document)