



Collegiate Registration Form 2011-2012

Marion M. Graham Collegiate – Grade 9 French

Legal Name _____
Last First Middle

Usual or Called name (if different from Legal Name) _____
Last First

Date this student began, or will begin grade 9 for the first time: _____
Month Day Year

Previous School: _____ in (city/Province/Country) _____

Have you ever attended a Saskatoon Public School? Y N Id# _____ (if known)

Birthdate _____ Current Age _____ Gender (M/F) _____
Month Day Year

Registering for Grade (circle one) 9 10 11 12 5th Year Upgrader Adult (22 or older) 8 (at City Park or Bedford Road)

Special Programs (circle one if applicable): Royal West, Bridges, Omega, Main Street, Admin Assist,
 International Student Program, Exchange Student

Please list any siblings that are currently attending this school: _____

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

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

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.

Name _____ Relationship _____ Has Custody? Y <input type="checkbox"/> N <input type="checkbox"/> <small>Title Given Name Last Name (i.e. mother/father/guardian)</small> 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 _____ Relationship _____ Has Custody? Y <input type="checkbox"/> N <input type="checkbox"/> <small>Title Given Name Last Name (i.e. mother/father/guardian)</small> 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>
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Emergency contact (a relative or friend) _____ Phone _____ Ext: _____
(Full Name)

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)

Emergency Notes (specify emergency medication etc.) _____

Please list any 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

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. Please select one of the following if appropriate:

First Nation Status Inuit Reserve Name: _____

First Nation Non-Status Métis

Program Type (circle one): Regular English French Immersion Adult 12 Program LSWS FLS

Languages spoken at home _____ (first) _____ (second)

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

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: transportation, 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 Student Signature _____ Are you a legal Guardian? (Y/N) _____

For office Use How was the student's Name and Birthdate verified? (circle one)

Birth Cert. Health Card Passport/Visa Bap Cert Transfer from SPS

Collegiate Official: _____