



To register for Summer School, please fill out this form and e-mail, fax, mail or bring it in person to: The Central Resource Centre (3rd Floor)

Saskatoon Public Schools  
310 – 21st Street East  
Saskatoon, Saskatchewan S7K 1M7

Fax: (306) 657-3966  
E-mail: krahnw@spsd.sk.ca or neufeldl@spsd.sk.ca or tetraults@spsd.sk.ca

**\*Note: Students registered in the International Program at Evan Hardy, please take your filled out Summer School registration form to the International Student Office at Evan Hardy Collegiate located at 605 Acadia Drive or E-mail: isp@spsd.sk.ca**

### STUDENT INFORMATION

Last Name (legal)	First Name (legal)	Middle Name (legal)	
Last Name (usual/called)	First Name (usual/called)	Last Name (previous/maiden, if applicable)	
Birth Date (month/day/year)	Current Age	Gender <input type="radio"/> Male <input type="radio"/> Female	
Street Address	City	Province	Postal Code
Telephone Number (include area code)	Email Address		

Citizenship     Canadian                       Landed Immigrant  
                     International Student         Other (please specify) \_\_\_\_\_

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

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

**First Nations, Inuit and Métis People:** The following information is voluntary. If applicable, please select one:

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

I am living with     Both Parents     Mother Only     Father Only     Guardian     On My Own

\_\_\_\_\_  
Title                      Initial                      Last Name (Example: Mr. and Mrs. Smith)

Emergency contact    \_\_\_\_\_  
Full Name                      Home Phone                      Work/Cell Phone

Relationship to you \_\_\_\_\_

Please list any medical condition(s) of which the school should be aware. State if the condition is life threatening, requires regular medication or requires emergency medication.

\_\_\_\_\_  
\_\_\_\_\_

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

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.

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 Learning 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.

## SCHOOL INFORMATION

Last grade completed \_\_\_\_\_ Year completed \_\_\_\_\_ Most recent high school attended \_\_\_\_\_

In (town/city) \_\_\_\_\_ Are you taking classes there in the fall?  Yes  No

Have you ever been registered in a Saskatoon Public School?  Yes  No

If so, which school did you attend? \_\_\_\_\_

Select the best of the following which describes your **most recent** school:

- Moved from another country
- Transferred from Saskatoon Catholic
- Moved from another province
- Transferred from Saskatoon Private
- Transferred from Saskatoon Public
- Returned (to the same school)

## SUMMER SCHOOL COURSE REGISTRATION REQUEST

Course Code	Course Title	Start Date	Course Fee
		July 4, 2017	

**\*ON-LINE STUDENTS – Please indicate which weekly tutorial, (4 in total) you will attend:**

- Wednesday Evenings at 6:00 p.m. \_\_\_\_\_  Thursday Mornings at 9:00 a.m. \_\_\_\_\_

**TUITION FEE PAYMENT (Tuition fee payment is due at the time of registration) NO CHEQUES**

Total amount paid: \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Cash  Debit  Visa  MasterCard Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

### **\*ATTENTION: STUDENTS UNDER THE AGE OF 18**

**Please Have Your School Representative Fill Out This Portion of the Registration Form**

School Attending \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Student # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Principals, please affix school stamp to the registration form. Students must have the necessary prerequisite.

Prerequisite class grade achieved \_\_\_\_\_

Principal/Counselor Signature \_\_\_\_\_



**Saskatoon Public Schools**  
Inspiring Learning

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