



Students who are not Canadian citizens must contact the Newcomer Student Centre, 310 – 21st Street East, (306) 683-8400

Students Legal name		Birthdate			Gender	
Last Name		MMM	DD	YYYY	<input type="checkbox"/>	Male
					<input type="checkbox"/>	Female
					<input type="checkbox"/>	Unspecified
First Name		Languages		First Language		
Middle Name				Second Language		
Usual or Called Name (If different from First Name)		Previous School Attended			Previous School's Location	
Registering for Grade		<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	Siblings

First Nations, Inuit and Métis (voluntary self-declaration)

First Nations Status First Nations Non-Status Inuit Métis

Reserve Name: _____

Citizenship Is the named student a Canadian citizen? Yes No If No, Citizenship: _____

If Not a Canadian citizen contact Newcomer Student Centre Country of Birth: _____

NEWCOMER STUDENT CENTRE USE ONLY Last Country Student Attended School: _____

Proof of legal status must be provided in order to register (A copy will be placed in the student's cumulative folder.)

Permanent Resident Refugee Category Parent Work Permit Exp mmm/dd/yyyy _____

Study Permit (International Student Program) Parent Study Permit Exp mmm/dd/yyyy _____

Signature of School official Verifying document _____

OFFICE USE ONLY How was the students name and birthdate verified?

Birth Certificate Passport Status Card

Immigration Papers / Permanent Resident Card Other (Name Official Document) _____

Signature of School official Verifying document _____

STUDENT'S RESIDENCE		STUDENT'S CONTACT INFORMATION	
House Number	Apt# (if applicable)	Area Code	Phone
		()	
Street		Email	
City		Area Code	Cell
		()	
Province	Postal Code	Student Resides with	<input type="checkbox"/> Two Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/> Joint Custody <input type="checkbox"/> Relative <input type="checkbox"/> Guardian

EMERGENCY / MEDICAL INFORMATION

Who should be contacted first in the case of school closure or an emergency? (i.e. Mother, Father, Guardian)

1. _____

2. _____

3. Other Emergency Contact Name: _____ Phone () _____

4. Other Emergency Contact Name: _____ Phone () _____

Doctor's Name Phone Saskatchewan Health Card Number

()

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.

GUARDIANSHIP RIGHTS, CUSTODY, OR ACCESS RIGHTS	Indicate if such document(s) exist: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Legal Document: <input type="checkbox"/> Access and/or Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship <input type="checkbox"/> Protection <input type="checkbox"/> Other	
Copy in Student Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	Document Expiry Date (if applicable)
OFFICE USE ONLY (NOTES):	

First parent/Guardian		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Last Name		Address if different from Student	
First Name		House/Apt #	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		City	
Phone	()	Province	Postal Code
Email		Employer	
Cell	()	Employer Phone	()

Second parent/Guardian		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Last Name		Address if different from Student	
First Name		House/Apt #	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		City	
Phone	()	Province	Postal Code
Email		Employer	
Cell	()	Employer Phone	()

Third parent/Guardian		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Last Name		Address if different from Student	
First Name		House/Apt #	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		City	
Phone	()	Province	Postal Code
Email		Employer	
Cell	()	Employer Phone	()

Fourth parent/Guardian		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
Last Name		Address if different from Student	
First Name		House/Apt #	
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		City	
Phone	()	Province	Postal Code
Email		Employer	
Cell	()	Employer 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.

*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 Data System. Contact information is collected and shared with the Saskatoon Health Region for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the **Freedom of Information and Protection of Privacy Act** and the **Local Authority Freedom of Information and Protection of Privacy Act**.*

Note: Your child is not officially registered until legal documentation is brought directly to the school and verified by school personnel.

Declaration

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. *I will notify the school of any changes to the information on this form.*

Date	Signature of Parent / Custodial Parent / Legal Guardian

THE ALTERNATE EDUCATION WORK STUDY PROGRAM (AEWS)

This alternative high school program has both a junior and senior component. The length of time a student remains in the program may extend beyond four years depending upon the skills and goals of the individual.

Course Outline

- ❖ Career Education/Work Experience
Explores and develops knowledge and skills in the world of work. Volunteer opportunities and work placements are provided in the school and community.
- ❖ Life Skills
Emphasizes social skills through school and community-based activities. Independent living options are explored.
- ❖ Health/Physical Education
Teachers healthy living for the body and mind. Develops physical fitness, recreational and social skills through school and community-based activities.
- ❖ Integrated Elective Options
Electives are offered, when appropriate, to the interest and ability of the student.
- ❖ Language Arts
Emphasizes communication skills in practical applications to independent living and employment.
- ❖ Family Studies
Students learn independent living skills in home management, clothing care, nutrition and food preparation.
- ❖ Mathematics
Centers on money management, budgeting, and consumer education.
- ❖ Science
Provides awareness, understanding and concern for living things and their relationship with the environment.
- ❖ Social Science
Teaches understand of civic responsibility and local, national and global events that influence our lives.

(Please indicate the program you will be entering by placing a ✓ in the appropriate box.)

<input type="checkbox"/>	Grade 9 <ul style="list-style-type: none">• Arts Education• Careers• Health• Language Arts A & B• Mathematics• Practical & Applied Arts• Physical Education• Social Science• Science
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<input type="checkbox"/>	Grade 10 <ul style="list-style-type: none">• Career Work Education• Language Arts A & B• Family Studies• Mathematics• Life Skills• Science• Social Science• Wellness Male or Female
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<input type="checkbox"/>	Grade 11 <ul style="list-style-type: none">• Career Work Education• Language Arts A• Health Science• Family Studies• Mathematics• Life Skills• Life Transitions• Social Science
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<input type="checkbox"/>	Grade 12 <ul style="list-style-type: none">• Career Work Education A & B• Language Arts A & B• Family Studies• Life Skills• Life Transitions• Mathematics• Social Science
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Agreement: We understand that this application is used to plan for the upcoming year. We agree, therefore, with the school policy that students are expected to continue in the courses selected for each semester. If a change in the course selected is necessary, or if circumstances force us to withdraw the application, we will promptly notify Bedford Road Collegiate Student Services (306-683-7656).

Parent/Guardian Signature

Student Signature

Date