



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

STUDENT INFORMATION												
Student's 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							
					Second Language							
Middle Name			Has student ever been registered with Saskatoon Public Schools?									
			<input type="checkbox"/> Yes <input type="checkbox"/> No									
Usual or Called Name <i>(If different from First Name)</i>			Previous School Attended			Previous School's Location						
Registering for Grade <input type="checkbox"/> PK <input type="checkbox"/> K			Grade		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Indicate preference of the Kindergarten Program <small>(Each option may not be offered at your school)</small>			1= Most preferred 2= 2 nd choice 3= 3 rd choice		Full Days	M/W/ Alternate Friday	T/Th Alternate Friday	Everyday AM	Everyday PM			
First Nation, Inuit and Métis (voluntary self-declaration)												
<input type="checkbox"/> First Nation Status			<input type="checkbox"/> First Nation Non-Status			<input type="checkbox"/> Inuit		<input type="checkbox"/> Métis				
Reserve Name:												
Citizenship		Is the named student a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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												
<input type="checkbox"/> Permanent Resident			<input type="checkbox"/> Refugee Category			<input type="checkbox"/> Parent Work Permit			Exp mmm/dd/yyyy _____			
<input type="checkbox"/> Study Permit (International Student Program)			<input type="checkbox"/> Parent Study Permit			Exp mmm/dd/yyyy _____						
Signature of school official verifying document												
OFFICE USE ONLY												
How was the student's name and birthdate verified?												
<input type="checkbox"/> Birth Certificate			<input type="checkbox"/> Passport			<input type="checkbox"/> Status Card						
<input type="checkbox"/> 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? (e.g. 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.												
Child Care												
Name					Phone							
					()							

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	(306)				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		()

GUARDIANSHIP, 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):

Please list siblings living in the same home			
Sibling’s Full Name	Birthdate (MMM-DD-YYYY)	Current School	Grade

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

To submit the form electronically:

- Please fill in all relevant information on the form.
- Save the completed form to your computer.
- Email the form as an attachment to the school's email address which can be found on Saskatoon Public Schools' website.
 - You will receive a confirmation email that the registration form was received.
- You will be required to sign the form and show legal documentation to verify the student's birthdate during your next visit to the school.

To submit at the school:

- Please fill in all relevant information, then print the form, or;
- Print the form, then fill in all relevant information.
 - Please note this form prints to 8.5" X 14" or legal paper size.
- Hand in the completed form to the school's office.

Paper copies of these forms are always available at the office of every school.