



<b>First parent/guardian</b>		<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		( )	

<b>Second parent/guardian</b>		<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		( )	

<b>Third parent/guardian</b>		<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		( )	

<b>Fourth parent/guardian</b>		<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		( )	

<b>GUARDIANSHIP, CUSTODY, OR ACCESS RIGHTS</b>		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):**

<b>Please list siblings living in the same home</b>			
Siblings 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.**

<b>Declaration</b>	
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>I will notify the school of any changes to the information on this form.</i>	
Date	Signature of Parent / Custodial Parent / Legal Guardian



SKILL DEVELOPMENT INFORMATION	
Skill Development <input type="checkbox"/> Fine Art <input type="checkbox"/> Athletic	Activity Description:
Name of Club or Organization	
Contact Information of Club Organization	
Name of Coach/Instructor	
Contact Information of Coach/Instructor	
Length of time you have been associated with this Club or Organization	
On average how many hours per week do you typically spend with this group training /skill development?	
What will likely be your transportation arrangements between your training /practice facility and school?	
Are there any extended leave/travel opportunities that may occur during the school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	
Are there any months of the year where your schedule may change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.	
Are there any other students/families that you may connect with that are training at the same club/activity/organization attending this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, families names.	
What was the last school you attended?	
Who was your teacher last school year?	