

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			
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.

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



MONTESSORI INFORMATION

Previous Montessori Education	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Montessori School	
Contact Information of Montessori School	
Length of Time and Dates	
Number of Siblings and Ages	

CONSIDERATIONS

- Previous Montessori experience is an asset at the Upper Elementary (Grades 4–6) and Middle Years levels (Grades 7–8)
- Space and class size limitations
- Transportation is not provided
- Band not offered
- Student learns best in a self-directed, independent environment
- Preference is given to all students who reside within city of Saskatoon limits
- Montessori grade 1 will be an open lottery for all students regardless of previous school experience (Private or Public)
- Preference will be given to students who attend Saskatoon Public Schools for admission into the Montessori grades 2-8

To submit:

- 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
OR
- Email a copy to cityparkschool@spsd.sk.ca

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