



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	
Middle Name				Second Language	
Usual or Called Name <i>(If different from First Name)</i>		Has student ever been registered with Saskatoon Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Previous School Attended		Previous School's Location	
Registering for Grade <input type="checkbox"/> Kindergarten		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			

** Please contact your school for Kindergarten options

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

First Nation Status First Nation 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

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 student's 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				()			
City				Email			
Province		Postal Code		Area Code		Cell	
				()			
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 () _____

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.

*Demographic information, is shared with Saskatchewan Ministry of Education to support the Student Data System. 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.