



☐English      ☐French Immersion

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

STUDENT INFORMATION													
Students Legal name			Birthdate				Gender						
Last Name			MMM	DD	YYYY		<input type="checkbox"/> Male	Unspecified					
							<input type="checkbox"/> Female						
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

First Nations, Inuit and Métis (voluntary self-declaration)			
<input type="checkbox"/> First Nations Status	<input type="checkbox"/> First Nations Non-Status	<input type="checkbox"/> Inuit	<input type="checkbox"/> Métis
Reserve Name:			

<b>Citizenship</b>	Is the named student a Canadian citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, Citizenship:	
<b>If Not a Canadian citizen contact Newcomer Student Centre</b>		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.)			
<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 students 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)	Home Phone	
Street		Email	
City		Cell Phone	
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.

Child Care	
Name	Phone

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 (    )	

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