**Lakeridge School Registration Form 2022-2023**

**Montessori Elementary Program**

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| **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 |[ ]  Male [ ]  Female |
|   |   |   |   |[ ]  Unspecified |
| First Name | Languages | First Language |   |
|   |  | Second Language |   |
| Middle Name | Has student ever been registered with Saskatoon Public Schools? |
|   |[ ]  Yes |[ ]  No |
| Usual or Called Name*(If different from First Name)* | Previous School Attended | Previous School’s Location |
|   |   |   |
| Registering for Grade |  | CASA |[ ]   |  |  | Lower |[ ]  1 |[ ]  2 |[ ]  3 |  |  |  |  |  |
|  |
| **First Nations, Inuit and Métis** (voluntary self-declaration) |
|[ ]  First Nations Status |[ ]  First Nations 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 | Email |
|   |   |
| City | Area Code | Cell |
|   |  ( ) |   |
| Province | Postal Code | Student resides with |[ ]  Two Parents |[ ]  Mother |[ ]  Father |
|   |   |  |[ ]  Joint Custody |[ ]  Relative |[ ]  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** |[ ]  Father | [ ]  | Mother |[ ]  Step father |[ ]  Step Mother |[ ]  Legal Guardian |[ ]  Other |
| Last Name |   | Address if different from Student |
| First Name |   | House/Apt # |   |
| Title |[ ]  Mr. |[ ]  Mrs.  |[ ]  Ms. |[ ]  Miss |[ ]  Dr. | Street |   |
|[ ]  Married |[ ]  Single |[ ]  Separated |[ ]  Divorced |[ ]  Other | City |   |
| Phone | ( 306 ) |   | Province |   | Postal Code |   |
| Email |   | Employer |   |
| Cell | ( ) |   | Employer Phone | ( ) |   |
| **Second parent/guardian** |[ ]  Father | [ ]  | Mother |[ ]  Step father |[ ]  Step Mother |[ ]  Legal Guardian |[ ]  Other |
| Last Name |   | Address if different from Student |
| First Name |   | House/Apt # |   |
| Title |[ ]  Mr. |[ ]  Mrs.  |[ ]  Ms. |[ ]  Miss |[ ]  Dr. | Street |   |
|[ ]  Married |[ ]  Single |[ ]  Separated |[ ]  Divorced |[ ]  Other | City |   |
| Phone | ( ) |   | Province |   | Postal Code |   |
| Email |   | Employer |   |
| Cell | ( ) |   | Employer Phone | ( ) |   |
| **Third parent/guardian** |[ ]  Father | [ ]  | Mother |[ ]  Step father |[ ]  Step Mother |[ ]  Legal Guardian |[ ]  Other |
| Last Name |   | Address if different from Student |
| First Name |   | House/Apt # |   |
| Title |[ ]  Mr. |[ ]  Mrs.  |[ ]  Ms. |[ ]  Miss |[ ]  Dr. | Street |   |
|[ ]  Married |[ ]  Single |[ ]  Separated |[ ]  Divorced |[ ]  Other | City |   |
| Phone | ( ) |   | Province |   | Postal Code |   |
| Email |   | Employer |   |
| Cell | ( ) |   | Employer Phone | ( ) |   |
| **Fourth parent/guardian** |[ ]  Father | [ ]  | Mother |[ ]  Step father |[ ]  Step Mother |[ ]  Legal Guardian |[ ]  Other |
| Last Name |   | Address if different from Student |
| First Name |   | House/Apt # |   |
| Title |[ ]  Mr. |[ ]  Mrs.  |[ ]  Ms. |[ ]  Miss |[ ]  Dr. | Street |   |
|[ ]  Married |[ ]  Single |[ ]  Separated |[ ]  Divorced |[ ]  Other | City |   |
| Phone | ( ) |   | Province |   | Postal Code |   |
| Email |   | Employer |   |
| Cell | ( ) |   | Employer Phone | ( ) |   |
|  |
| GUARDIANSHIP, CUSTODY, OR ACCESS RIGHTS | Indicate if such document(s) exist: |[ ]  Yes |[ ]  No |
| Type of Legal Document: |[ ]  Access and/or Custody |[ ]  Parenting |[ ]  Guardianship |[ ]  Protection |[ ]  Other |
| Copy in Student Record: |[ ]  Yes |[ ]  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.* *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 |
|   |   |



LAKERIDGE SCHOOL

**Montessori Elementary Program**

**Montessori Information**

|  |  |
| --- | --- |
| Previous Montessori Education | [ ]  Yes [ ]  No |
| Name of Montessori School: | Click or tap here to enter text. |
| Contact Information of Montessori School: | Click or tap here to enter text. |
| Length of Time and Dates: | Click or tap here to enter text. |
| Number of Siblings and Ages: | Click or tap here to enter text. |

**Considerations**

* Space and class size limitations
* Bussing is available for students who are eligible according to SPS bussing criteria
* 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)

**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.**