### Elementary Registration Form 2019 – 2020

**Lawson Heights School**

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

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#### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Legal name</td>
<td></td>
</tr>
<tr>
<td>Birthdate</td>
<td>MMM DD YYYY</td>
</tr>
<tr>
<td>Gender</td>
<td>Male/Female</td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Languages</td>
<td></td>
</tr>
<tr>
<td>Second Language</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Usual or Called Name (if different)</td>
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<tr>
<td>Last Name</td>
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<td>First Name</td>
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<td>First Name</td>
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<td>Middle Name</td>
<td></td>
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<tr>
<td>Usual or Called Name (if different)</td>
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</tbody>
</table>

#### Citizen Information

- **Is the named student a Canadian citizen?**
  - Yes
  - No

**If not a Canadian citizen contact Newcomer Student Centre**

#### 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
  - Study Permit (International Student Program)
  - Parent Study Permit Exp

#### 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)
  - Other Emergency Contact
  - Name:
  - Phone
  - 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.

#### STUDENT’S RESIDENCE

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>House Number</td>
<td></td>
</tr>
<tr>
<td>Apt# (if applicable)</td>
<td></td>
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<tr>
<td>Area Code</td>
<td></td>
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<tr>
<td>Phone</td>
<td>( )</td>
</tr>
<tr>
<td>Street</td>
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<tr>
<td>Email</td>
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<td>City</td>
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<td>Area Code</td>
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<td>Cell</td>
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<tr>
<td>Province</td>
<td></td>
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<tr>
<td>Postal Code</td>
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<tr>
<td>Student resides with</td>
<td></td>
</tr>
<tr>
<td>Two Parents</td>
<td></td>
</tr>
<tr>
<td>Joint Custody</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
</tr>
<tr>
<td>Relative</td>
<td></td>
</tr>
<tr>
<td>Guardian</td>
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</tbody>
</table>

#### 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

- **Child Care**
  - Name:
  - Phone

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In accordance with the Student Information Act, parents/guardians are required to provide current contact information. If there is a change in information, please contact the school.
### First parent/guardian
- **Title**: [ ] Mr.  [ ] Mrs.  [ ] Ms.  [ ] Miss  [ ] Dr.
- **Relationship**: [ ] Father  [ ] Mother  [ ] Stepfather  [ ] Stepmother  [ ] Legal Guardian  [ ] Other
- **Last Name**
- **Address if different from Student**
- **First Name**
- **House/Apt #**
- **Street**
- **City**
- **Phone** ( )
- **Email**
- **Cell** ( )
- **Employer**
- **Employer Phone** ( )

### Second parent/guardian
- **Title**: [ ] Mr.  [ ] Mrs.  [ ] Ms.  [ ] Miss  [ ] Dr.
- **Relationship**: [ ] Father  [ ] Mother  [ ] Stepfather  [ ] Stepmother  [ ] Legal Guardian  [ ] Other
- **Last Name**
- **Address if different from Student**
- **First Name**
- **House/Apt #**
- **Street**
- **City**
- **Phone** ( )
- **Email**
- **Cell** ( )
- **Employer**
- **Employer Phone** ( )

### Third parent/guardian
- **Title**: [ ] Mr.  [ ] Mrs.  [ ] Ms.  [ ] Miss  [ ] Dr.
- **Relationship**: [ ] Father  [ ] Mother  [ ] Stepfather  [ ] Stepmother  [ ] Legal Guardian  [ ] Other
- **Last Name**
- **Address if different from Student**
- **First Name**
- **House/Apt #**
- **Street**
- **City**
- **Phone** ( )
- **Email**
- **Cell** ( )
- **Employer**
- **Employer Phone** ( )

### Fourth parent/guardian
- **Title**: [ ] Mr.  [ ] Mrs.  [ ] Ms.  [ ] Miss  [ ] Dr.
- **Relationship**: [ ] Father  [ ] Mother  [ ] Stepfather  [ ] Stepmother  [ ] Legal Guardian  [ ] Other
- **Last Name**
- **Address if different from Student**
- **First Name**
- **House/Apt #**
- **Street**
- **City**
- **Phone** ( )
- **Email**
- **Cell** ( )
- **Employer**
- **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

<table>
<thead>
<tr>
<th>Siblings Full Name</th>
<th>Birthdate (MMM-DD-YYYY)</th>
<th>Current School</th>
<th>Grade</th>
</tr>
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<tbody>
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</table>

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 will notify the school of any changes to the information on this form.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of Parent / Custodial Parent / Legal Guardian</th>
</tr>
</thead>
</table>