



Students who are not Canadian citizens must contact the  
**Newcomer Student Centre, 310 – 21<sup>st</sup> 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"/> LLPreK <input type="checkbox"/> PreK <input type="checkbox"/> Kind. 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					
Indicate preference of the following <b>Kindergarten</b> Programs 1=1 <sup>st</sup> choice 2=2 <sup>nd</sup> choice <input type="checkbox"/> No preference <input type="checkbox"/> M/W/ Alternate Friday <input type="checkbox"/> T/Th Alternate Friday			Indicate preference of the following <b>Pre-Kindergarten</b> Programs 1=1 <sup>st</sup> choice and 2= 2 <sup>nd</sup> choice <input type="checkbox"/> No preference <input type="checkbox"/> Mon-Thurs AM <input type="checkbox"/> Mon-Thurs PM		

**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		Email	
City	Postal Code	Area Code	Cell
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? (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 ( ) \_\_\_\_\_

<b>First parent/guardian</b>		<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		(   )	

<b>Second parent/guardian</b>		<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		(   )	

<b>Third parent/guardian</b>		<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		(   )	

<b>Fourth parent/guardian</b>		<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		(   )	

<b>GUARDIANSHIP, CUSTODY, OR ACCESS RIGHTS</b>		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):**

<b>Please list siblings living in the same home</b>			
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.**