



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				Birth date				Gender			
Last Name				MMM		DD		YYYY		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
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"/> 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	
Indicate preference of the following Kindergarten Programs 1= Most preferred 2= 2 <sup>nd</sup> choice 3= 3 <sup>rd</sup> choice				No preference		M/W/ Alt Friday		T/Th Alt Friday			
First Nation, Inuit and Métis (voluntary self-declaration)											
<input type="checkbox"/> First Nation Status				<input type="checkbox"/> First Nation Non-Status				<input type="checkbox"/> Inuit		<input type="checkbox"/> Métis	
Reserve Name:											
Citizenship		Is the named student a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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											
<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 student's 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)			Area Code		Phone			
						( )					
Street						Email					
City						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					
						( )					

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		(    )					

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.**