



School Name:

Student's Last Name	Student's First Name	Student's Middle Name
Usual or Called name (if different from Legal Name)	Birthdate (YYYY-MM-DD)	Gender Male      Female
Date Student began or will begin elementary school (YYYY-MM-DD)	Has this student ever been registered in a Saskatoon Public School? Yes      No	Last Saskatoon Public School Attended
Previous School attended (if other than a Saskatoon Public School)	Previous School's location (City/Province/Country)	Grade Registering For (choose one from the following)

<b>For Office Use Only:</b>				
How was the student's Name and Birthdate verified?	Birth Cert.	Health Card	Passport	Bap Cert.
Signature of School Official Verifying document				
<b>X</b>				
Student Resides with	The student is living with (Example: Mr. & Mrs. Smith)	Does this person have custody of the child? Yes      No		

## Student's Home Address

Apt. Number	House Number	Street	City	Postal Code
Student's Home Number		Student's Cell Number	Student's Email Address	

## Emergency Contact 1 (a relative or friend)

Full Name	Relationship to Student (if other please specify)	Phone Number	Cell Phone Number
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## Emergency Contact 2 (a relative or friend)

Full Name	Relationship to Student (if other please specify)	Phone Number	Cell Phone Number
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**Contact Person with Social Services (if applicable)**

Last Name	First Name	Phone Number

**Child Care**

Name	Phone	Address

**Doctor**

Doctor's Name	Work Phone	Student's Saskatchewan Health #

**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.

**Who should be contacted first in the case of school closure or an emergency**

Please choose from the following	Name	Phone Number
Citizenship (if other please specify)	Country of Birth (if other please specify)	Do the student's parents reside within city limits
Canadian Other :	Canada Other:	Yes                  No
Languages Spoken at home		
First:	Second:	

**For Office Use Only:**

How was the student's eligibility verified?	Work Visa	Student Visa	Immigration Papers
Signature of School Official Verifying document			
<b>X</b>			

**First Nations, Inuit and Metis People (the following is voluntary)**

Do you consider this student to be a First Nations, Inuit or Metis person? If so, please select one of the following			
First Nation Status	Inuit		
First Nation Non-Status	Metis	Reserve Name:	

**Please list siblings that are living in the same home.**

Sibling's Full Name	Birthdate(YYYY-MM-DD)	Current School	Grade

**Please Specify the student's parents/guardians below, indicating which parents have custody.**

Full Name	Relationship	Has Custody	
		Yes	No
Email Address	Home Phone	Cell Phone	
Employer	Work Phone	Ext.	
Address (if different from the students)	City	Postal Code	

Full Name	Relationship	Has Custody	
		Yes	No
Email Address	Home Phone	Cell Phone	
Employer	Work Phone	Ext.	
Address (if different from the students)	City	Postal Code	

*Employees of Saskatoon Public Schools may use the information collected on this form to help provide appropriate educational programming and support for the student. Contact information is collected to help us communicate effectively with the students: student ID cards, immunization, vision screening, hearing screening, dental programs and transportation.*

*We collected 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 Tracking Program. This program is intended to identify school-aged youth not registered in school, so that action may be taken to help meet their educational needs. How this information is accessed, used, or disclosed is protected under the **Freedom of Information and Protection of Privacy Act and the Local Freedom of Information and Protection of Privacy Act.***

Date (YYYY-MM-DD)	Parent or Guardian Signature	Are you a legal Guardian?
	X	Yes No