



Student Registration Form

APF-3000.2

School:

French Immersion (available at École White City and Lumsden Elementary School)

Students who are not Canadian Citizens please contact the **Education Centre** at (306) 949-3366 or reception@pvsd.ca

STUDENT INFORMATION

Student Legal Name Last Name	Birthdate MMM DD YYYY	Grade	Gender
First Name	Languages Spoken in the home Additional Language		
Middle Name	Has student ever been registered with Prairie Valley School Division? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred Name and Pronouns (if different from legal name)	Previous School Attended	Previous School's Location	

FIRST NATIONS, INUIT AND MÉTIS (voluntary self-declaration)

First Nations Status
 First Nations Non-Status
 Inuit
 Metis

Lives on Reserve Yes No If Yes – Name of Reserve _____ Band Affiliation _____

Citizenship Is the named student a Canadian Citizen Yes No If no, state Citizenship _____

Country of Birth _____ Last Country Student Attended School _____

OFFICE USE ONLY How was the student's name, birthdate and citizenship verified?

Birth Certificate
 Passport
 Status Card
 Immigration Papers/Permanent Resident Card

Non-Canadian Citizens - Proof of legal status must be provided in order to register (Copy to be provided to Education Centre.)

Study Permit
 Refugee Category
 Parent Work Permit Exp mmm/dd/yyyy _____

Permanent Resident Document
 Parent Study Permit Exp mmm/dd/yyyy _____

Signature of School official verifying document _____

STUDENT'S ADDRESSES STUDENT'S CONTACT INFORMATION

House Number	Apt# (if applicable)	Phone	Cell
Street or Box #		Email	
City		Subdivision	
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
Land Location (if applicable)		Physical Address (if different than mailing address)	
Quarter Sec	Section	Township Rd	Range Rd
Meridian	Apt	House #	Street
City			Postal Code

EMERGENCY/MEDICAL INFORMATION

Who should be contacted first in the case of an emergency other than contacts listed in the Contact section of this form?

Last Name	First Name	Pronouns	Address	Home Phone
Business Phone	Cell Phone	Doctor's Name		Doctor's Phone

Optional: Health Services Number (HSN): _____

This number is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students' educational needs are being met. The Ministry of Education will not use the HSN for any other purpose

Medical Conditions that the school should be aware of. Please include the severity of the condition in the explanation. Attach any necessary documents.

GUARDIANSHIP RIGHTS, 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"/> Guardianship	<input type="checkbox"/> Protection	<input type="checkbox"/> Other		
Copy in Student Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Document Expiry Day (if applicable)			
Parent/Guardian Contact Information (Please fill out in order of contact priority and include area code in all phone numbers)						
Parent/Guardian 1		<input type="checkbox"/> Parent		<input type="checkbox"/> Legal Guardian		
Last Name		First Name		Address if different from Student		
Lives With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	House/Apt #	Street or Box #		
Mail To	<input type="checkbox"/> Yes (allows access to all student information)		<input type="checkbox"/> No		Province	
Phone		Cell Phone		Postal Code		
Email			Work Phone			
Parent/Guardian 2		<input type="checkbox"/> Parent		<input type="checkbox"/> Legal Guardian		
Last Name		First Name		Address if different from Student		
Lives With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	House/Apt #	Street or Box #		
Mail To	<input type="checkbox"/> Yes (allows access to all student information)		<input type="checkbox"/> No		Province	
Phone		Cell Phone		Postal Code		
Email			Work Phone			
Parent/Guardian 3		<input type="checkbox"/> Parent		<input type="checkbox"/> Legal Guardian		
Last Name		First Name		Address if different from Student		
Lives With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	House/Apt #	Street or Box #		
Mail To	<input type="checkbox"/> Yes (allows access to all student information)		<input type="checkbox"/> No		Province	
Phone		Cell Phone		Postal Code		
Email			Work Phone			
Parent/Guardian 4		<input type="checkbox"/> Parent		<input type="checkbox"/> Legal Guardian		
Last Name		First Name		Address if different from Student		
Lives With	<input type="checkbox"/> Yes	<input type="checkbox"/> No	House/Apt #	Street or Box #		
Mail To	<input type="checkbox"/> Yes (allows access to all student information)		<input type="checkbox"/> No		Province	
Phone		Cell Phone		Postal Code		
Email			Work Phone			
BILLET INFORMATION Where should the student go if weather does not permit travel (address should be in the same town as the school).						
Last Name		First Name	Pronoun	Address		
Business Phone		Cell Phone		Home Phone		
CHILD CARE (if applicable)		Last Name		First Name		
Address		Phone		Cell Phone		
SIBLINGS – Please list siblings <u>living in the same home</u> and attending school						
Sibling's Full Name		Birthdate (MMM-DD-YYYY)		Current School		Grade
SCHOOL BUS TRANSPORTATION If student resides within the school's attendance area, check the appropriate box below.						
<input type="checkbox"/> Does not require transportation <input type="checkbox"/> Requires transportation from address listed on page 1 <input type="checkbox"/> Requires transportation from alternate location						
Alternate Address		Alternate address is:		<input type="checkbox"/> Child Care <input type="checkbox"/> Second parent <input type="checkbox"/> Other:		
Include City			Requested Service Start Date:			
Please provide an explanation why transportation is required from the alternate address:						
School registration information, including HSN, may also be provided to the Regional Health Authority (RHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student. PLEASE NOTE: Prior to any service being provided to the student by the RHA, express consent will be obtained from the parent/guardian or student (if older than 18 years)						
Declaration	Note: Your child is not officially registered until legal documentation is brought directly to the school and verified by school personnel.					
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>I will notify the school of any changes to the information on this form.</i>						
Date		Signature of Parent/Custodial Parent/Legal Guardian				