



Student Registration Form

School:

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

Students who are not Canadian Citizens please contact the **Designated Superintendent of Education**, 3080 Albert St. North (306)949-3366

STUDENT INFORMATION

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

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

<input type="checkbox"/> First Nations Status	<input type="checkbox"/> First Nations Non-Status	<input type="checkbox"/> Inuit	<input type="checkbox"/> Metis
Lives on Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes – Name of Reserve _____		Band Affiliation _____
Citizenship	Is the named student a Canadian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> 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?		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Status Card	<input type="checkbox"/> 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.)			
<input type="checkbox"/> Study Permit	<input type="checkbox"/> Refugee Category	<input type="checkbox"/> Parent Work Permit Exp mmm/dd/yyyy _____	
<input type="checkbox"/> Permanent Resident Document	<input type="checkbox"/> 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	Address	Home Phone
Business Phone	Cell Phone	Doctor's Name	Doctor's Phone
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"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> 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	City	Province	
Phone	Cell Phone	Postal Code	
Email	Work Phone		
Parent/Guardian 2	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> 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	City	Province	
Phone	Cell Phone	Postal Code	
Email	Work Phone		
Parent/Guardian 3	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> 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	City	Province	
Phone	Cell Phone	Postal Code	
Email	Work Phone		
Parent/Guardian 4	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> 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	City	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	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		