



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 | | | | |