



# Student Registration Grades 1-8

Date of Application:	<b>FOR OFFICE USE ONLY</b>
School Receiving Application:	
<b>Student Information</b>	
<input type="checkbox"/> SDS <input type="checkbox"/> PowerSchool <input type="checkbox"/> EAL	

Student's Legal Name: \_\_\_\_\_

Last | First | Middle

Name Used (if different from legal name): \_\_\_\_\_

Birth Date: mm | dd | yyyy     Male     Female    Canadian Citizen?     Yes     No

Home Phone: \_\_\_\_\_    Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Apartment # | House # | Street | City | Postal Code

If living on an acreage or farm, please provide land location:

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Meridian: \_\_\_\_\_

What program are you applying for?     English     French

School-age Siblings: Please list name, grade and school of each sibling.

Last School Attended: \_\_\_\_\_

**Medical Information:** Please provide any necessary medical information on a separate sheet and attach it to this form.

**Custody and/or Contact Arrangements:**

**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.

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).

## Heritage Information

The following information is collected for the Ministry of Education and disclosure is protected under *The Local Freedom of Information and Protection of Privacy Act* and all employees of Regina Public Schools must adhere to *Administrative Policy 405*.

Country of Birth: \_\_\_\_\_    Country of Citizenship: \_\_\_\_\_

First Language spoken at home: \_\_\_\_\_    Second Language spoken at home: \_\_\_\_\_

In which school division do parents/guardians reside?     Regina Public or     Other (specify)

Canadian Birth Certificate or     Canadian Citizenship Document #:

## Self-Declaration Information

Information on Aboriginal ancestry is collected in the SDS by the Ministry of Education and Regina Public School Division to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry. For more information, please visit <http://www.rbe.sk.ca/parents/aboriginal-self-declaration>.

Aboriginal people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis, or Inuit.

Based on this definition, do you consider the student that you are registering to be an Aboriginal person?

Yes  No

If **Yes**, please check the box that best identifies the student.

First Nations/Registered/Treaty/Status  First Nations/Non-Registered/Non-Status  Métis  Inuit

Band Affiliation (optional): \_\_\_\_\_ Treaty Status Number (optional): \_\_\_\_\_

## Parent/Guardian or Child Care Provider Contact Information (Please fill out in order of contact priority)

**Contact #1:** Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

**Contact #2:** Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

**Contact #3:** Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

**Contact #4:** Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

## Additional Contact Information

Social Worker Name: (if applicable) Phone:

Other: Phone: