

Student Registration Form

Date of Application:	School Receiving Application:	
Entry Date to this School:	Grade:	Is English the student's first language? <input type="radio"/> Yes <input type="radio"/> No
Are there any medical restrictions that your child faces? <input type="radio"/> Yes <input type="radio"/> No		
Do you require bus transportation? <input type="radio"/> Yes <input type="radio"/> No IF Yes, <input type="radio"/> City <input type="radio"/> Rural		

SECTION 1

STUDENT/ENROLMENT INFORMATION

Student's Legal Name:	Last	First	Middle
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Name Used (if different from legal name): _____

Date of Birth:	mm	dd	yyyy	Gender: <input type="radio"/> Male <input type="radio"/> Female
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Home Phone:	Student's Cell Phone:	Student's Email:
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Mailing Address:

Box #	RR#	Apartment #	House #	Street	City	Province	Postal Code
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Physical Address: (where student currently lives - if different from mailing address)

Apartment #	House #	Street	City	Province	Postal Code
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If living on an acreage or farm, please provide land location:

Quarter	Section	Township	Range	Meridian
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Permanent Address: (If different from mailing and physical address)

Apartment #	House #	Street	City	Province	Postal Code
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Origin School (Last School Attended): _____

City: _____ Province: _____ Country (if not Canada): _____

Are you an exchange student? Yes No If yes, provide name of Exchange Program: _____

For high school only: Are you here for hockey? Yes No If yes, provide Team Name: _____

SECTION 2

COMMUNICATION

***SchoolMessenger** is an automated notification service which quickly delivers announcements and school or division-wide messages to students, parents, staff and school groups. Messages that may be sent out include bus cancellations, emergency situations such as a lockdown, daily attendance, etc.*

SchoolMessenger messages will be directed to the Home Phone number stated in Section 1. If you prefer to be contacted at a different number, please indicate the phone number here: _____

IF your child's school sends **school correspondence** electronically, would you like to receive them through email?
 Yes No *If yes, provide the email address(es) below:*

Name: _____ Email: _____

Name: _____ Email: _____

SECTION 3**PARENT/GUARDIAN INFORMATION**

Student is living with: Both Parents Mother Father Guardian Grandparent
 Foster Care Host Family Other _____

Is there a custody order in place? Yes No (If yes, please provide a copy to the school)

Relationship to student:

Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, Foster, Host Family, Other** _____

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency contact: (indicate order of contact preference)

1st 2nd 3rd 4th

School closure contact: Yes No

Home Address: same as student OR specify address below

Relationship to student:

Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, Foster, Host Family, Other** _____

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency contact: (indicate order of contact preference)

1st 2nd 3rd 4th

School closure contact: Yes No

Home Address: same as student OR specify address below

Relationship to student:

Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, Foster, Host Family, Other** _____

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency contact: (indicate order of contact preference)

1st 2nd 3rd 4th

School closure contact: Yes No

Home Address: same as student OR specify address below

Relationship to student:

Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, Foster, Host Family, Other** _____

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency contact: (indicate order of contact preference)

1st 2nd 3rd 4th

School closure contact: Yes No

Home Address: same as student OR specify address below

SIBLING INFORMATION

List all siblings / step-siblings who attend a school within GSSD:

Full legal name		School	Grade	Lives at the same address
First Name	Surname (if different from student)			
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

SECTION 4

EMERGENCY CONTACTS & MEDICAL INFORMATION

Emergency Contact Name *(other than Guardian)*: _____

Relationship to Student: _____

Phone #: _____

Cell Phone #: _____

Name of Childcare Provider: _____

Phone #: _____

Cell Phone #: _____

Does your child have a special need or severe or life threatening medical condition that the school should be aware of?
(Allergies, Asthma, Epilepsy, etc.) Yes No

If **Yes**, please provide details or comments below regarding your child that would be helpful to the school:

BILLET INFORMATION

For rural bus students: *(in case the buses do not run due to bad weather conditions, bus failure or an emergency, we require a billet home in town for your child)*

Billet Name: _____

Home Phone #: _____

Work and/or Cell Phone #: _____

SECTION 5

RESIDENCY/ LANGUAGE/ CITIZENSHIP

SK Resident: Yes No (A SK resident is someone who owns, rents or leases a residence in SK or resides with an immediate family member who is a SK resident)

Country of Birth: _____ Country of Citizenship (If not Canada): _____

1st Language spoken: _____ 2nd Language spoken: _____

IMMIGRATION STATUS *(choose the student's applicable status from the list below)*

Canadian Citizen *(born in Canada)*

Date of entry into Canada: _____ Date of entry into Saskatchewan: _____

Naturalized Canadian Citizen *(wasn't born in Canada and is granted Canadian Citizenship)*

Permanent Resident *(granted permission to live and work in Canada without any time limit on the stay, not yet a Canadian Citizen)*

Expiry Date: _____

Temporary Resident *(Student accompanied by parent with work permit)* Expiry Date: _____

Student/Visitor Visa *(Student who is lawfully in Canada for a temporary purpose such as work/study/visit & is not a Canadian citizen)*

Expiry Date: _____

Refugee *(seeking protection from former country)*

SELF-DECLARATION INFORMATION

Aboriginal people are those who identify themselves to be First Nations (Registered/Treaty/Status Indian, Non-Status Indian), Métis, or Inuit/Inuk. Based on this definition, do you consider the student that you are registering to be an Aboriginal person?

Yes No

Which group do you belong to: Registered/Treaty/Status Indian Non-status Indian Metis Inuit/Inuk

Indian Registry No.: _____

I reside: On Reserve Off Reserve IF *On Reserve*, provide Reserve of Residence:

(reserve student currently resides on) _____

SECTION 6**INFORMATION**

Good Spirit School Division has an Administrative Procedures Manual in place designed to be the primary written source of administrative direction for the division. These procedures provide guidelines which the division, staff and students are to follow.

We would like to bring to your attention two (2) specific Administrative Procedures that we would ask you to review with your child in an age-appropriate manner. As all students have access to both technology and transportation services, it is very important to ensure that procedures are in place, and followed, for the safety and efficient usage of these resources.

- AP 140 - Acceptable Technology Use
- AP 554 - Student Transportation Code of Conduct

I hereby declare that I have read and understood the information contained in the above section and that the information I have provided on this Registration Form is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date: _____

LOCAL AUTHORITY FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

The personal information requested on this form as part of the school registration process is collected under the authority of Saskatchewan's Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) for the establishment of a student record, determination of residency, to provide students with an education program that meets their needs, to provide a safe and secure school environment, for program placement, determination of eligibility and/or suitability for provincial or federal funding, to manage problems or emergencies, for reporting and providing statistics to the Minister of Education, and for other purposes that relate directly to and are necessary for the school's operating programs and activities. This information will be managed in accordance with the privacy protection provisions of the LAFOIP Act.

FOR OFFICE USE ONLY:

Documents verified: (Verify that information is correct)

- Address confirmation (utility bill, tax notice, drivers license, lease)
- Birth certificate Health Card
- Passport (Photo page & visa) or Certificate of Canadian Citizenship
- Certificate of Permanent Residence (PR Card)
Expiration Date: _____
- Other Visa Type: _____
Expiration Date: _____
- Original or translated transcripts / recording document from former school

Learning ID/DEN _____

Locker # Assigned: _____

Room: _____

Request cumulative record

Notified GSSD Transportation Department

Student has consent for media publication Yes No
(Form 140-3)

Information entered in: SDS Maplewood