



Background Information:

Legal Name of Child: _____
Last *First* *Middle*

Name Used (if other than legal name): _____

Birth date: ____/____/____ Gender: ____ M ____ F Home Phone #: _____
Month / Day / Year

Home Address: **BOTH** Street and PO Box: _____
Apt. # *House #* *Street* *Box #*

Town/City: _____ Province: _____ Postal Code: _____

Legal Land Description (**Rural only**): Quarter Section: ____ Section: ____ Township: ____ Range Road: ____ Meridian: ____
(Include the RM name & number): _____

Citizenship 1: _____ Birth Country: _____ Country of Origin: _____

Citizenship 2: _____ Saskatchewan Resident: Yes: _____ No: _____

Language 1 spoken in the home: _____ Language 2 spoken in the home: _____

Parent/Guardian Information:

Name: _____ Relationship to Child: _____ Address: _____ City: _____ Postal Code: _____ Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____ Email Address: _____	Name: _____ Relationship to Child: _____ Address: _____ City: _____ Postal Code: _____ Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____ Email Address: _____
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Child Resides with: mother & father: _____ mother only: _____ father only: _____
 mother/stepfather: _____ father/stepmother: _____ guardian: _____ other: _____

****If not living with parents, please complete the following:***

Name of person you live with: _____ Relationship to student: _____
 Employer: _____ Business Phone #: _____

Daycare/Babysitter Contact:

Name: _____ Address: _____
 Phone #: _____
Home *Cell*



Emergency Contact: **Contact #1:** **Contact #2:** **Contact #3:**

Name: _____

Emergency Contact Phone #: _____

Relationship to student: _____

(Emergency contact should be someone who is in close proximity to the school and can be contacted if the parents are unavailable)

Aboriginal Ancestry: *(self-declaration) (Voluntary)*

Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Non-Status Indian, Métis, or Inuit. Based on this definition do you consider your child to be an Aboriginal person? Yes _____ No _____

If yes, please specify the Aboriginal group your child belongs to:

Registered/Treaty/Status Indian _____ Métis _____ Non-Status Indian _____ Inuit _____

Siblings: **Sibling #1:** **Sibling #2:** **Sibling #3:**

Name: _____

School: _____

Other Information:

Does your child have special needs? (Medical or other): _____

Is there any present involvement with any service providing agencies? Kids First: _____ ECIP: _____ ASD: _____

Speech: _____ OT: _____ PT: _____ Wascana: _____ Other: _____

Parent/Guardian Signature

Date



OFFICE USE ONLY

(This section is for school use only)

Alternate School (Base School): _____

SK Ministry Student ID No: _____ Special Ed Code: _____

Program: EAL: _____ French Immersion: _____ Other: _____

Copy on file: Birth Certificate: _____ Health Card: _____

Enrollment Reason: _____

Have Cum Folder: Yes: _____ No: _____

Bus Information:

Bus Driver Name: _____ Bus Route #: _____

Bus Driver Phone #: _____

Land Location if different than above: OS: _____ Section: _____ Township: _____ Range Road: _____ Meridian: _____

Foreign Student

Non-Canadian

Country of Origin: _____

Exchange Student: Yes: _____ No: _____ Type of Exchange Program: _____

Tuition Collected: Yes: _____ No: _____ Exchange Length (Months): _____

Tuition Status: _____

Non-Saskatchewan

Province of Origin: _____

Exchange Student: Yes: _____ No: _____ Type of Exchange Program: _____

Tuition Collected: Yes: _____ No: _____ Exchange Length (Months): _____

Tuition Status: _____