

STUDENT REGISTRATION FORM

School:

French Immersion (available at Palliser Heights, Central Collegiate and École Gravelbourg School)

Students who are not Canadian Citizens please contact the Division Office at 306.694.1200 or visit us at 1075 9th Avenue N.W., Moose Jaw

STUDENT INFORMATION

Student Legal Name	Birthdate			Grade	Gender
Last Name	MMM	DD	YYYY		<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Languages <u>First Language</u> <u>Second Language</u>				
Middle Name	Has student ever been registered with Prairie South Schools? <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)

First Nations Status First Nations Non-Status Inuit Métis

Lives on Reserve Yes No If Yes, Name of Reserve _____ Band Affiliation _____

CITIZENSHIP

Is student a Canadian Citizen? Yes No If no, state Citizenship _____

Country of Birth	Last Country Student Attended School
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OFFICE USE ONLY

How was the student's name, birthdate and citizenship verified?

Birth Certificate Passport Status Card Immigration Papers/Permanent Resident Card

Non-Canadian Citizens: Proof of legal status must be provided in order to register (copy to be provided to Division Office)

Study Permit Refugee Category Parent Work Permit Exp mmm/dd/yyyy _____

Permanent Resident Document Parent Study Permit Exp mmm/dd/yyyy _____

Signature of School official verifying document _____

STUDENT'S ADDRESS

STUDENT'S CONTACT INFORMATION

House Number	Apt # (if appl)	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)	
Qtr Sec	Section	Township	Range 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 severity of condition in explanation. Attach 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 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 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 living in the same home 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 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:	
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 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	