



# Student Registration

"Ensuring Personal Excellence For All Students"

## PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

**This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially. Please print clearly. Before a student can be registered by a school, a student registration form must be completed in its entirety and signed by a parent or guardian, or by the student if living independently.**

**The registration form must be accompanied by appropriate documentation:**

- o Canadian Citizen: Proof of Legal Name and Age as registered by Vital Statistics of Province of Birth (I.e. Birth Certificate, Canadian Citizen Document)
- o Non-Resident: Visa or documentation by which the student is lawfully admitted to Canada for permanent or temporary residency, and the expiry date. (I.e. Passport, Work/Study Permits, Student Visa)

**The personal information collected on this form is part of the district registration process and use authorized under the provisions of the School Act and its regulations. All personal information collected during the registration process and during the course of the school year will be used to provide an education program and ensure a safe secure school environment.**

**If you have any questions or concerns regarding the collection and intended uses of this information, please contact the school principal.**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Registration Date: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|  
Day Month Year

Registration for current year  Pre-registration for next year

**Student Information:** Write the student's LEGAL Surname (last name) and LEGAL Given Names below. These are the names as registered with Vital Statistics of the Province of Birth as they appear on the student's birth certificate /adoption papers.

Legal Surname: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Legal First Name: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Legal Middle Name: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Gender: Male  Female

Birthdate: (Day/Month/Year) |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Birth Certificate:  Attached  Not Available  On file already  
Day Month Year

If the student uses a different last name or first name other than what he/she has been legally registered, please indicate "Preferred Names".

Preferred Surname: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Preferred First Name: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Residence Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Rural Students: \_\_\_\_\_ Quarter, Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ West of the \_\_\_\_\_ Meridian

City/Town: \_\_\_\_\_ Province: |\_\_|\_| |\_\_|\_| Postal Code: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Province of Residence: |\_\_|\_| |\_\_|\_|

Home Phone: |\_\_|\_| |\_\_|\_| |\_\_|\_| - |\_\_|\_| |\_\_|\_| |\_\_|\_| - |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| Student Cell Phone: (optional) |\_\_|\_| |\_\_|\_| |\_\_|\_| - |\_\_|\_| |\_\_|\_| |\_\_|\_| - |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

**School History:** Has your child ever attended school in LPSD? If so, please indicate the school: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: |\_\_|\_| |\_\_|\_| Country (if other than Canada): \_\_\_\_\_

Has your child ever attended school in Saskatchewan? If so, please indicate the school and City/Town \_\_\_\_\_

If available, please provide SK Learning ID#: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

Has your child ever attended school in Alberta? If so, please indicate the school and City/Town \_\_\_\_\_

If available, please provide Alberta Student Number: |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_| |\_\_|\_|

### Medical Information:

Are there any serious medical conditions about which you wish the school to be aware of?

Allergies: Please specify below  Diabetes  Haemophilia  Epilepsy  Heart Condition  Asthma: On Medication:  Yes  No

Additional Information (hearing, vision, physical needs): \_\_\_\_\_

**Parent or Guardian Information:** Complete all Parent/Guardian Contact information whether or not Parent/Guardians are living together.

In rare instances a student may be designated as "Protected" if a court issued restraining order under the Youth, Child and Family Enhancement Act, the Domestic Relations Act, or the Young Offenders Act.

Please indicate if the school should be aware of any such court order for the protection of the student.  Yes  No

Note: If yes, please make an appointment to discuss this situation with the school administration. You will need to supply legal documentation.

**Student Lives with:**

Both Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  Guardian  Other: Please specify \_\_\_\_\_

**Contact Information 1.** Relationship to Student:  Father  Mother  Other: Please specify \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

Address (if different from student) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Business Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Ext. |\_\_|\_\_|\_\_|\_\_|

Other Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Email: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Contact Information 2.** Relationship to Student:  Father  Mother  Other: Please specify \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

Address (if different from student) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Business Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Ext. |\_\_|\_\_|\_\_|\_\_|

Other Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Email: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Contact Information 3.** Relationship to Student:  Father  Mother  Other: Please specify \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

Address (if different from student) \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Business Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Ext. |\_\_|\_\_|\_\_|\_\_|

Other Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

Email: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**Emergency Contact Information (other than parent)** Relationship to Student:  Other: Please specify \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|

**Rural Students:** It is VERY IMPORTANT that we have an *In Town Billet* in case of inclement weather.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. |\_\_|\_\_|\_\_|  
Ms. Etc.

City/Town: \_\_\_\_\_ Province: |\_\_|\_\_| Postal Code: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Home Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| Cell Phone: |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|



**Name of Siblings (At School)**

\_\_\_\_\_ Gr. \_\_\_\_ School: \_\_\_\_\_      \_\_\_\_\_ Gr. \_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_ Gr. \_\_\_\_ School: \_\_\_\_\_      \_\_\_\_\_ Gr. \_\_\_\_ School: \_\_\_\_\_

**Names of Siblings (At Home)**

\_\_\_\_\_ Age: \_\_\_\_ Year of Birth \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_ Year of Birth \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_ Year of Birth \_\_\_\_\_      \_\_\_\_\_ Age: \_\_\_\_ Year of Birth \_\_\_\_\_

OTHER INFORMATION YOU THINK MIGHT BE HELPFUL TO THE TEACHER: \_\_\_\_\_

---

---

**Declaration by Parent, Guardian or Independent Student:**

I hereby certify the above information to be true, correct and complete.

Date: |\_|\_| |\_|\_| |\_|\_|\_|\_|\_|  
          Day   Month    Year

\_\_\_\_\_ *Signature of Parent /Guardian /Independent Student*

For school use only: Grade: _____    Homeroom: _____    Guidance Initial: _____    SIRS ID#: _____    LPSD Quadrant: _____
---