



## STUDENT INFORMATION

Previous School Attended:						
Legal Surname:		Legal Given Name:			Legal Middle Name:	
Preferred Surname:		Preferred Given Name:			Preferred Middle Name:	
Birthdate (M/D/Y)		Gender	Grade	Student Cell Phone Number(optional)		
Home Street Address or Land Location			PO Box # or RR #	City, Province, Postal Code		
Aboriginal Ancestry				Band Affiliation		Reserve of Residence
<input type="checkbox"/> Inuit/Inuk <input type="checkbox"/> Metis <input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian						
Country of Birth	Citizenship Country 1	Citizenship Country 2	Entry to Canada Date	Citizenship Effective Date	Home Language 1	Home Language 2
Resident Type		<input type="checkbox"/> Sask Resident <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Student/Visitor Visa				
Medical, Family, Legal, Learning Alerts <i>(Please list any alerts that the school needs to be aware of)</i>						

Is there a custody order in place for this child?  No  Yes (please provide a copy to the school)  
 Custody Order Date: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Relationship	Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	Legal Guardianship	<input type="checkbox"/> N/A (No custody order) <input type="checkbox"/> Yes (provide to school)
First Name	Email	
Primary Phone	Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Work Phone	
Home Street Address or Land Location	PO Box # or RR #	City, Province, Postal Code

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## BILLET INFORMATION (Required for rural students)

Billet Name		
Primary Phone number	Cell or Alternate Phone Number	

EMERGENCY CONTACT INFORMATION in the event a Parent/Guardian/Billet is not available				
Name	Relationship	Primary Phone	Cell Phone	Work Phone

SIBLINGS		
Name	Relationship	Birthdate

**BUS TRANSPORTATION**

Transportation is provided for students residing within the attendance area of a school and who live more than one (1) kilometer from that school. Based on this information, will this student come to school by bus?  
 Yes  No

**School Bus Safety**

The **DRIVER** is responsible for:  
 Being a professional driver. Ensuring the bus is mechanically ready for the journey. Safely operating the bus by following legislation, regulations, and NESD policy. Allowing enough time to arrive at the destination safely. Familiarizing passengers with emergency equipment and procedures. Establishing additional rules that will enhance bus safety

The **PASSENGER** is responsible for:  
Before and while boarding – Arriving at the bus stop 5 minutes early. Wearing weather appropriate clothing. Always standing away from the road and once the bus stops, using the handrail to board. Respecting others – no pushing, fighting or horseplay. Entering the bus and quickly sitting properly in your seat  
During the bus ride – Knowing what to do in an emergency. Never placing hands, head, or other body parts out the window. Obeying the safety rules. When bringing large items on the bus, leaving them where the driver indicates. Always remaining seated while the bus is moving. Not cluttering the aisles with bags, feet, etc. Doing your part to not distract the driver.  
Leaving the bus – Letting the bus stop completely before standing up. Informing the driver if you drop something inside, under or close to the bus. Verifying with the driver that it is safe to cross the street. Exiting the bus using the handrail and moving at least 2 meters away from the bus.

I have read, understood, and agree to the above School Bus Safety within the North East School Division

**SIGNATURE**

Declaration: A child is not officially registered until legal identification is verified by the school (ie: Birth certificate, passport, health card). I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any change to the information on this form.

\_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_  
Date

Or  
 I am an 18-year-old student. I have checked all the above data and made any necessary corrections.

\_\_\_\_\_  
 18-Year-Old Student Signature \_\_\_\_\_  
Date

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.