



STUDENT REGISTRATION FORM

for Bussing only

School: _____

Today's Date: _____

STUDENT INFORMATION

Legal Last Name: _____ Preferred Last Name: (if different from Legal) _____

First Name: _____ Middle Name(s): _____

Date of Birth: _____ Male Female Unspecified Grade: _____
Month Day Year

Street Address: _____

Land Location: Quarter _____ Section _____ Township _____ Range _____ Meridian _____

Mailing Address: Box #: _____ Town: _____ Postal Code: _____

Home Phone: _____ Student's Cell phone: _____

PARENT / GUARDIAN INFORMATION

Student is living with: Both Parents Mother Father Guardian Foster Care

Is there a custody order in place? NO YES (if yes, please provide a copy to the school)

Relationship:

Circle one → Father, Mother, Step-Father, Step-Mother, Guardian, Foster

Name: _____

Employer: _____

Work #: _____ primary daytime contact number:

Cell #: _____

Periodically this school will send you school related information such as newsletters. How would you like to receive these communications: email paper

Email: _____

Home Address: _____
(if not the same as the student)

Relationship:

Circle one → Father, Mother, Step-Father, Step-Mother, Guardian, Foster

Name: _____

Employer: _____

Work #: _____ primary daytime contact number:

Cell #: _____

Periodically this school will send you school related information such as newsletters. How would you like to receive these communications: email paper

Email: _____

Home Address: _____
(if not the same as the student)

EMERGENCY CONTACTS & MEDICAL INFORMATION

1. Emergency Contact Name: _____

Phone/Cell #(s) _____

2. Childcare provider: _____

Phone/cell #(s) _____

SK Hospitalization # _____ Doctor's Name & Phone #: _____

Does this student have a severe or life threatening medical condition: YES NO

If yes, please explain: _____

Does this student have any other medical condition that we should be aware of? _____

SIBLING INFORMATION

List any siblings / step-siblings (both older and younger):

Name: _____ Grade: _____ Birthdate: _____

Name: _____ Grade: _____ Birthdate: _____

Name: _____ Grade: _____ Birthdate: _____

Name: _____ Grade: _____ Birthdate: _____

ANCESTRY INFORMATION

Aboriginal people are those who identify themselves to be First Nations (Registered/Treaty/Status Indian, Non-Status Indian), Metis or Inuit/Inuk. Based on this definition, do you consider yourself to be an Aboriginal person? YES NO

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

I reside: On Reserve Off Reserve

FEDERAL: Band of Residence: _____ Reserve of Residence: _____

Band of Financial Responsibility: _____

LANGUAGE / ENROLMENT / CITIZENSHIP

SK Resident: YES (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)
(No Tuition Status)

Non-SK Resident: Reciprocal Exchange Student

Foreign Tuition (The student is NOT a resident of SK & NOT residing with an immediate family member)

Province/Country of Birth: _____ Citizenship: _____

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

IMMIGRATION STATUS

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

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

Temporary Resident (*has come to Canada legally for a temporary purpose and does not have Canadian citizenship*)

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

Refugee (*seeking protection from former country*)

TRANSPORTATION INFORMATION

Transportation is provided for students residing within the attendance area of a school and who live more than one (1) kilometer from that school.

Is this a **NEW student** registration: YES NO

Student will come to school by bus: YES NO If yes, bus driver's name: _____

BILLET INFO

RURAL STUDENTS: (in case the buses do not run due to weather, bus failure or emergency, we require a billet home in town for your child).

Billet Name: _____

Phone/Cell #(s) _____

PERMISSIONS

① NEW STUDENTS: EDUCATIONAL RECORDS

I give permission to have my child's Cumulative Records and Special Education files released from the forwarding School Division. YES NO

Name of last school attended: _____ Town/City: _____ Grade: _____

② POLICY ON USE OF COMPUTER TECHNOLOGY

I understand and agree to follow the policy on use of computer technology in the North East School Division. I sign my name as a guarantee that I shall use the technology in accordance with the Board of Education policy. I shall provide the signature of my parent or guardian as further evidence of my willingness to abide by the conditions of use as set out in the policy.

You may read the full policy here: <http://www.nesd.ca/Board/policiesprocedures/Documents/Technology%20Policies/IT%20-%20Acceptable%20Use%20Policy%20Nov.11.pdf#search=acceptable%20use>

YES NO Student Signature: _____

③ FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

This personal information collected under the authority of the Saskatchewan *Freedom of Information and Protection of Privacy Act* will be held securely and in confidence, and will only be used in data collection software within the School Division and reported to the Ministry of Education & Kelsey Trail Health Region.

I give permission to the school to take photos of my child. I give this release on the understanding that the materials produced will be used exclusively for the promotion of education which includes the school website, school newsletter, local newspaper, media and other communication-supported student learning. It is understood that picture identification by name/reference will not be part of the webpage layout. YES NO

④ TRANSPORTATION CONSENT

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

You may read the full policy here: <http://www.nesd.ca/Programs/transportation/Documents/DRIVER%20-%20School%20Bus%20Safety%208x11.pdf>

YES NO Not applicable

I consent to medical information being given to the bus driver so that they are aware of any special needs or requirements.

YES NO Not applicable

I consent to my name and telephone number(s) being included on a call list circulated to other families on the bus route. If you choose not to consent you may not be made aware of route cancellations that happen on short notice.

YES NO Not applicable

I hereby declare that I have read and understood the information contained in the above Permissions 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 Signature: _____ Date: _____

FOR OFFICE USE ONLY:

- Documents gathered: Birth Certificate
 Passport (Photo page & visa) or Immigration Document
Retain copies in student's cumulative record Original or translated transcripts / recording document from former school
 Certificate of Permanent Residence (PR Card)

Transportation Office Use Only

<input type="radio"/> Entered in VT	<input type="radio"/> Family Informed	<input type="radio"/> Driver Informed	<input type="radio"/> School Informed
Route:	Bus:	Driver:	Stop: