

# Student Registration Form

Date of Application:	School Receiving Application:	
Entry Date to this School:	Grade:	Is English the student's first language? <input type="radio"/> Yes <input type="radio"/> No

**IF** bus transportation is required, answer the following question: Are you a **new** registrant to the school or has your pick up / drop off **location changed**? ☐ Yes ☐ No (If **Yes**, please complete a GSSD School Bus Student Registration Form)

## SECTION 1

### STUDENT/ENROLMENT INFORMATION

Student's Legal Name:		Last	First	Middle
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Name Used (if different from legal name): \_\_\_\_\_

Date of Birth:			Gender: <input type="radio"/> Male <input type="radio"/> Female	
mm	dd	yyyy		

Home Phone:	Student's Cell Phone:	Student's Email:
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Mailing Address:

Box #	RR#	Apartment #	House #	Street	City	Province	Postal Code
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Physical Address: (where student currently lives - if different from mailing address)

Apartment #	House #	Street	City	Province	Postal Code
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If living on an acreage or farm, please provide land location:

Quarter	Section	Township	Range	Meridian
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Permanent Address: (If different from mailing and physical address)

Apartment #	House #	Street	City	Province	Postal Code
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Original School (Last School Attended): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country (if not Canada): \_\_\_\_\_

Are you an exchange student? ☐ Yes ☐ No If yes, provide name of Exchange Program: \_\_\_\_\_

**For high school only:** Are you here for hockey? ☐ Yes ☐ No If yes, provide Team Name: \_\_\_\_\_

## SECTION 2

### COMMUNICATION

**Synrevoice** is an automated notification service which quickly delivers announcements and school or division-wide messages to students, parents, staff and school groups. Messages that may be sent out include bus cancellations, emergency situations such as a lockdown, daily attendance, etc.

**Synrevoice messages will be directed to the Home Phone number stated in Section 1.** If you prefer to be contacted at a different number, please indicate the phone number here: \_\_\_\_\_

**IF** your child's school sends **school newsletters** electronically, would you like to receive them through email?

☐ Yes ☐ No If **yes**, provide the email address(es) below:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 3****PARENT/GUARDIAN INFORMATION**

Student is living with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Grandparent

☐ Foster Care ☐ Host Family ☐ Other \_\_\_\_\_

Is there a custody order in place? ☐ Yes ☐ No (If yes, please provide a copy to the school for verification)

**Relationship to student:**

Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, Foster, Host Family, Other** \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency contact: (indicate order of contact preference)

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

School closure contact: ☐ Yes ☐ No

Home Address: ☐ same as student OR specify address below

\_\_\_\_\_  
\_\_\_\_\_

**Relationship to student:**

Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, Foster, Host Family, Other** \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency contact: (indicate order of contact preference)

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

School closure contact: ☐ Yes ☐ No

Home Address: ☐ same as student OR specify address below

\_\_\_\_\_  
\_\_\_\_\_

**Relationship to student:**

Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, Foster, Host Family, Other** \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency contact: (indicate order of contact preference)

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

School closure contact: ☐ Yes ☐ No

Home Address: ☐ same as student OR specify address below

\_\_\_\_\_  
\_\_\_\_\_

**Relationship to student:**

Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, Foster, Host Family, Other** \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency contact: (indicate order of contact preference)

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

School closure contact: ☐ Yes ☐ No

Home Address: ☐ same as student OR specify address below

\_\_\_\_\_  
\_\_\_\_\_

**SIBLING INFORMATION**

List all siblings / step-siblings who attend a school within GSSD:

Full legal name		School	Grade	Lives at the same address
First Name	Surname (if different from student)			
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

## SECTION 4

### EMERGENCY CONTACTS & MEDICAL INFORMATION

Emergency Contact Name *(other than Guardian)*:

Relationship to Student:

Phone #:

Cell Phone #:

Name of Childcare Provider:

Phone #:

Cell Phone #:

Name of Doctor:

Does your child have a special need or severe or life threatening medical condition that the school should be aware of?  
(Allergies, Asthma, Epilepsy, etc.) ☐ Yes ☐ No

If **Yes**, please provide details or comments below regarding your child that would be helpful to the school:

### BILLET INFORMATION

**For rural bus students:** *(in case the buses do not run due to bad weather conditions, bus failure or an emergency, we require a billet home in town for your child)*

Billet Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work and/or Cell Phone #: \_\_\_\_\_

## SECTION 5

### RESIDENCY/ LANGUAGE/ CITIZENSHIP

**SK Resident:** ☐ Yes ☐ No (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)

Country of Birth: \_\_\_\_\_ Country of Citizenship (If not Canada): \_\_\_\_\_

1<sup>st</sup> Language spoken: \_\_\_\_\_ 2<sup>nd</sup> Language spoken: \_\_\_\_\_

### IMMIGRATION STATUS *(choose the student's applicable status from the list below)*

☐ Canadian Citizen *(born in Canada)*

Date of entry into Canada: \_\_\_\_\_ Date of entry into Saskatchewan: \_\_\_\_\_

☐ Naturalized Canadian Citizen *(wasn't born in Canada and is granted Canadian Citizenship)*

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

☐ Temporary Resident *(Student accompanied by parent with work permit)*

☐ Student/Visitor Visa *(Student 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)*

### SELF-DECLARATION INFORMATION

Aboriginal people are those who identify themselves to be First Nations (Registered/Treaty/Status Indian, Non-Status Indian), Métis, or Inuit/Inuk. Based on this definition, do you consider the student that you are registering to be an Aboriginal person?

☐ Yes ☐ No

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

I reside: ☐ On Reserve ☐ Off Reserve

IF *On Reserve*, provide Reserve of Residence:

*(reserve student currently resides on)* \_\_\_\_\_

## SECTION 6

### INFORMATION

Good Spirit School Division has an Administrative Procedures Manual in place designed to be the primary written source of administrative direction for the division. These procedures provide guidelines which the division, staff and students are to follow.

We would like to bring to your attention two (2) specific Administrative Procedures that we would ask you to review with your child in an age-appropriate manner. As all students have access to both technology and transportation services, it is very important to ensure that procedures are in place, and followed, for the safety and efficient usage of these resources.

- AP 140 - Acceptable Technology Use
- AP 554 - Student Transportation Code of Conduct

*I hereby declare that I have read and understood the information contained in the above 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 Name: (please print) \_\_\_\_\_

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

#### FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

This personal information collected under *The Local Authority Freedom of Information and Protection of Privacy Act* (LAFOIP) will be held securely and in confidence. This information will be treated in accordance with privacy and protection provisions as detailed in LAFOIP.

#### FOR OFFICE USE ONLY:

Documents verified: (Verify that information is correct)

- ☐ Birth certificate
- ☐ Health Card
- ☐ Passport (Photo page & visa) or Immigration Document
- ☐ Original or translated transcripts / recording document from former school
- ☐ Certificate of Permanent Residence (PR Card)

Learning ID/DEN \_\_\_\_\_

Locker # Assigned: \_\_\_\_\_

Room: \_\_\_\_\_

- ☐ Request cumulative record
- ☐ Bus Registration Form sent to Central Office

Information entered in: ☐ SDS ☐ Maplewood