

## Student Registration Form 2019- 2020

Carlton Comprehensive Public High School

☐ Regular Program ☐ French Immersion ☐ Other

*Office Use Only*

School Division Student Number: \_\_\_\_\_

Ministry of Education Student Number: \_\_\_\_\_

### STUDENT PERSONAL INFORMATION

Student's Legal Name: \_\_\_\_\_  
Surname First Name Middle Name(s)

Usual First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Month Day Year

House/Apt#: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Student's Cell Phone #: \_\_\_\_\_

Land Location (For Rural Students): Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

**I wish to be notified of student's absences via:** ☐ E-Mail ☐ Cell Phone ☐ Home Phone

### PARENT—GUARDIAN—CUSTODIAN IN CANADA INFORMATION

Parent ☐ Guardian ☐ Custodian ☐

Name: \_\_\_\_\_  
Surname First Name

Does this student live with you? ☐ YES ☐ NO

Employer: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

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

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

Parent ☐ Guardian ☐ Custodian ☐

Name: \_\_\_\_\_  
Surname First Name

Does this student live with you? ☐ YES ☐ NO

Employer: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

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

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

### LANGUAGE SPOKEN

First Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

### FIRST NATIONS, INUIT AND MÉTIS (voluntary self-declaration)

☐ First Nations Status ☐ First Nations Non-Status ☐ Inuit ☐ Métis

Do you live on a reserve? ☐ Yes ☐ No Status No.: \_\_\_\_\_

Reserve Name: \_\_\_\_\_ House #: \_\_\_\_\_ Street Name: \_\_\_\_\_

### CITIZENSHIP INFORMATION (If other than Canadian)

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

☐ Temporary Resident (Non-Saskatchewan Resident)  
\*Custodian Documentation

☐ Temporary Resident (Saskatchewan Resident)  
\*Guardianship Documentation

If you are an international student please provide documents of custodianship or guardianship to **Jerrold Pidborochynski:**  
Saskatchewan Rivers Public School Division Education Centre  
545 11 Street East, Prince Albert, SK S6V 1B1  
(306) 764-1571

☐ Temporary Resident (student accompanying a parent with a work or school permit) ☐ Permanent Resident (Immigrant or refugee that has yet to become a Canadian Citizen or obtain a passport) ☐ Permanent Resident Refugee ☐ Permanent Resident Refugee Claimant

## EMERGENCY INFORMATION (Parents will always be contacted first in the event of an emergency.)

Sask. Hospitalization Number: \_\_\_\_\_.

Emergency Contact 1 Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents are unavailable)

Work Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
(if parents and Emergency Contact 1 are unavailable)

Work Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Does this student have a **severe** or **life threatening** medical condition? ☐ YES ☐ NO

If you answered **YES**, please provide details of the medical condition on a separate sheet.

## CUSTODY INFORMATION

### Court Order

In rare instances a child may be designated as "Protected" if a court has issued a restraining order.

Should school administration be aware of any such Court Order for the protection of your child? ☐ YES ☐ NO

If you answered YES, please make arrangements to discuss this situation with the school administration.

### Foster Care

Is this student in foster care? ☐ YES ☐ NO

If you answered YES, please provide the following information:

Foster Care Agency: ☐ Ministry of Social Services ☐ ICFS (Indian Child and Family Services)

Type of Foster Care: ☐ Regular ☐ Therapeutic ☐ Therapeutic Group

Social Worker's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## LAST SCHOOL ATTENDED (Please complete only if the student is new to this school.)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address of School: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(City or Town)

## PERMISSION

1. I give permission for my son/daughter to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone call when a trip will occur. ☐ Yes ☐ No
2. **Local Authority Freedom of Information Protection (LAFOIP)** *Please read the LAFOIP brochure.* I give permission for my child's personal information (name, grade, school), photo, video recordings, and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting, publication, or internet website. ☐ Yes ☐ No  
(An example: The publication of your child's picture in the local newspaper.)

The LAFOIP brochure is available at the school or online at: [www.srsd119.ca](http://www.srsd119.ca) (Click on Parent Information)

## SIGNATURE REQUIRED

*I hereby declare that I have read and understood the information contained on this Student Registration Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.*



\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian