



# Student Registration Grades 9-12

Date of Application: _____	Ever Attended a School in SK? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>FOR OFFICE USE ONLY</b> SDS No. _____ Room _____
School Receiving Application: _____		
<b>Student Information</b>		

Student's Legal Name (documentation verifying student's legal name and birthdate is required for registration):  
 Last: \_\_\_\_\_ | First: \_\_\_\_\_ | Middle: \_\_\_\_\_  
 Preferred Name Used (if different from legal name): Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Birthdate: mm | dd | yyyy  Male  Female  Unspecified Canadian Citizen?  Yes  No  
*(If no, contact Newcomer Welcome Centre for registration.)*

**FOR OFFICE USE ONLY**

Check documentation used to verify student's name and birthdate.  
 Canadian Birth Certificate  Canadian Citizenship Certificate  Canadian Passport  Certificate of Indian Status  
 Permanent Resident Card/Document  Immigration Papers *(If no document is shown, please contact the principal for registration.)*  
 Signature of person verifying document: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Student Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

## Heritage Information

The following information is collected for the Ministry of Education and disclosure is protected under *The Local Freedom of Information and Protection of Privacy Act* and all employees of Regina Public Schools must adhere to *Administrative Policy 405*.

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
 First Language spoken at home: \_\_\_\_\_ Second Language spoken at home: \_\_\_\_\_  
 In the last school year, has the student had English-language support?  Yes  No  
 Is one or more parent Canadian/Permanent Resident?  Yes  No *(If no, please contact Newcomer Welcome Centre for registration.)*

Home Address: House # | Street | Apartment # | City | Postal Code  
 If living on an acreage or farm, please provide land location:  
 Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Meridian: \_\_\_\_\_  
 What program are you applying for?  English  French  
 In which school division do parents/guardians reside?  Regina Public or  Other (specify) \_\_\_\_\_  
 School-age Siblings: Please list name, grade and school of each sibling.

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

## Self-Declaration Information

Information on Indigenous ancestry is collected in the SDS by the Ministry of Education and Regina Public School Division to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry. For more information, please visit <https://www.reginapublicschools.ca/indigenous/self-declaration>.

Indigenous people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis, or Inuit. Based on this definition, do you consider the student that you are registering to be an Indigenous person?  Yes  No

If **Yes**, please check the box that best identifies the student.  
 First Nations/Registered/Treaty/Status  First Nations/Non-Registered/Non-Status  Métis  Inuit

**Medical Information:** Please provide any necessary medical information below or use a separate sheet and attach it to this form if needed.

School registration information may also be provided to the Saskatchewan Health Authority (SHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student. PLEASE NOTE: Prior to any service being provided to the student by the SHA, express consent will be obtained from the parent/guardian or student (18 years and older).

**Custody and/or Contact Arrangements:**

**Parent/Guardian or Child Care Provider Contact Information** (Please fill out in order of contact priority)

<b>Contact #1:</b>	Last Name	First Name	Relationship:
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Lives with student *OR* give address below:

Apartment #	House #	Street	City	Postal Code
E-mail:			Place of Work:	
Home Phone:		Cell Phone:	Work Phone:	

<b>Contact #2:</b>	Last Name	First Name	Relationship:
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Lives with student *OR* give address below:

Apartment #	House #	Street	City	Postal Code
E-mail:			Place of Work:	
Home Phone:		Cell Phone:	Work Phone:	

<b>Contact #3:</b>	Last Name	First Name	Relationship:
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Lives with student *OR* give address below:

Apartment #	House #	Street	City	Postal Code
E-mail:			Place of Work:	
Home Phone:		Cell Phone:	Work Phone:	

<b>Contact #4:</b>	Last Name	First Name	Relationship:
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Lives with student *OR* give address below:

Apartment #	House #	Street	City	Postal Code
E-mail:			Place of Work:	
Home Phone:		Cell Phone:	Work Phone:	

**Additional Contact Information**

Social Worker Name: (if applicable)	Phone:
Other:	Phone:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date