



**Office use Only**

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

Home Room Teacher: \_\_\_\_\_

School Bus Driver: \_\_\_\_\_

**AP 300 - Student Registration Form**  
**School**

Before a student can be admitted by a school, a student registration form must be completed in its entirety. Information acquired through this form is kept secure and access is restricted.

**STUDENT PERSONAL INFORMATION**

**Language Program (please  $\checkmark$  if French Immersion)** \_\_\_\_\_

**Children must be 5 for kindergarten and 6 for grade one on or before December 31<sup>st</sup> of the current year.** Proof of age is required; a photocopy of Birth Certificate is the best. **Special needs children at least 3 years of age on or before December 31<sup>st</sup> of the current academic year** may qualify to enter an early entrance program subject to Northwest School Division Policy. Parents must assume responsibility for the transportation of the child to and from school in the early entrance program.

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

Usual First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male or Female Grade: \_\_\_\_\_  
Month Day Year (circle)

Phone (h): \_\_\_\_\_ Student's Cell: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Location or Street Address: \_\_\_\_\_ Band Reserve (if living on FN Reserve): \_\_\_\_\_ (R)

**PARENT OR GUARDIAN INFORMATION** (at the same address as student)

Relationship(circle): **Father, Mother, Guardian, Step-father, Step-mother**

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

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

Employer's Telephone: \_\_\_\_\_

**Contact Information** (other than home)

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

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

Relationship(circle): **Father, Mother, Guardian, Step-father, Step-mother**

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

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

Employer's Telephone: \_\_\_\_\_

**Contact Information** (other than home)

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

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

**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. You will need to supply legal documentation.

**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: \_\_\_\_\_

**School be  
sure to Flag**

**LAST SCHOOL ATTENDED**

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

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

**CITIZENSHIP INFORMATION (family) please indicate (✓):**Canadian:  Immigrant:  Refugee: Work /Student Visa:  Country of Birth: Date moved to Canada: **LANGUAGE INFORMATION - Language spoken in the home if other than English:** **IF EAL student please complete EAL form. Prof Level:** **SIBLING INFORMATION (please attach an additional sheet to list more than three siblings)**Name:   DOB::  /  /  School:   
Surname First Name Month Day YearName:   DOB::  /  /  School:   
Surname First Name Month Day YearName:   DOB::  /  /  School:   
Surname First Name Month Day Year**TRANSPORTATION: Bus Route:**  (if riding a bus)**IN TOWN BILLET INFORMATION (A billet is an alternate home your child can go to if the school is closed due to an emergency or if school buses are unable to transport your child home.)**Name:  Telephone:  Cell Phone Number: **EMERGENCY INFORMATION (Parents will always be contacted first in the event of an emergency).**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: Doctor's Name:  Doctor's Telephone: Saskatchewan Personal Health No.: 

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.**ADDITIONAL INFORMATION:**

Are there any serious medical conditions about which you wish the school to be aware of? Please indicate.

 Diabetes  Hemophilia  Asthma On Asthma Medication  Yes  No Epilepsy  Heart Condition  Allergies  Mild  Medium  Severe Other: Has your child been receiving special services such as:  Inclusion & Intervention Plan (from previous school) Physiotherapist  Occupational Therapist  Kinsmen Child Centre  Speech/Language Pathologist**FLAGS:**

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**STUDENT ANCESTRY – Self Declaration****What is self-declaration?**

In the Northwest School Division, students of Aboriginal Ancestry can choose to declare themselves a person of First Nations, Métis or Inuit descent. By declaring your ancestry you are confirming that your family has First Nations, Métis or Inuit bloodlines. By self-declaring you help the NWSD identify, review, and analyze data that will lead to improved programs and services for Aboriginal learners.

**Why self-declare?**

- You help us better understand our student population.
- You help us create a more inclusive and supportive environment for our Aboriginal learners and Aboriginal communities.
- You help us make our Aboriginal learners aware of funding available for special programs, scholarships and other opportunities.
- You help us gather information about the enrolment, retention, and completion rates of our Aboriginal learners.
- You help us monitor the success of programs and services that support our Aboriginal learners.
- You help us qualify for funding to help our Aboriginal learners.

This data will NOT be used to put students in special programs, or to publish names and academic results publicly.

All information collected is confidential.

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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 yourself to be an Aboriginal person?

Yes ( ) or No ( )

If Yes, please indicate which Aboriginal group you belong to:

Registered/Treaty/Status Indian ( )

Non-status Indian ( )

Métis ( )

Inuit/Inuk ( )

If living on Reserve please complete the following information: Treaty # \_\_\_\_\_

Band Financial Responsibility: \_\_\_\_\_ Reserve of Reside: \_\_\_\_\_

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**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

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## FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

The Saskatchewan Government Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) requires the school to seek permission from parents and guardians for the disclosure of students' personal information.

During the school year students may, with your permission, have their first name, photograph, school work, video, audio, presentations, and other works displayed in the school or published in print or digital materials. This means that your son/daughter's first name and/or image would be available to the general public.

Permission to release such information must be obtained from parents of students under 18 years of age.

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### Permission for Northwest School Division

I grant permission for the Northwest School Division to use my child's image or work (as explained above) for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and web content without remuneration, salary or stipend.

I agree

I do not agree

### Permission for Media

I give permission for Northwest School Division to allow **authorized** members of the media to photograph, interview, and/or video-tape my child in connection with school events or activities.

I agree

I do not agree

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## COMPUTER NETWORK ACCEPTABLE USE POLICY

**The school provides a networked computer system, including access to the Internet, to promote educational excellence, to increase alternate sources of information, to promote resource sharing, to further innovation in instruction and communication, and to prepare students for the future. *The Acceptable Use Policy* governs student use of this computer system. A copy of the policy is available on the website.**

As the parent or guardian of this student, I have read the *Acceptable Use Agreement*. I understand that this Internet/Network access is designed for educational purposes. I support the division's standards for my child to follow when selecting, sharing, or exploring information on the Internet/Network. I recognize that some controversial materials exist on the Internet. I will not hold the school division responsible for materials acquired on the Internet. I hereby give permission for my child to use the Internet at school.

\_\_\_\_\_  
Parent or Guardian's Name (please print)

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

\_\_\_\_\_  
Date

# EAL Information Sheet

English as an Additional Language



Student's Name: \_\_\_\_\_ Ministry ID # \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Current Proficiency Level  
(check box)

- A1.1
- A1.2
- A2.1
- A2.2
- B1.1
- B1.2
- ↑B2

Grade: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Please circle: parent / guardian

If guardian, please specify the relationship ex: aunt/uncle, grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

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

Country of origin of student: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Language Spoken at home: \_\_\_\_\_

Is the student a refugee? Yes No

Has the student attended school in Canada? \_\_\_\_\_ If yes, where, and for how long? \_\_\_\_\_

Prior schooling in home country: number of years/ type of school \_\_\_\_\_

Prior English language study: In-school? Private tutoring? How much and for how long?  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been tested for proficiency in English (ex: TOEFL, TOEIC etc.) \_\_\_\_\_

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## PLEASE GIVE THE HISTORY OF THE **MOTHER'S** LANGUAGE SKILLS:

Can speak: (please indicate languages) \_\_\_\_\_

Can read & write (please indicate languages) \_\_\_\_\_

English was learned \_\_\_\_\_ (Where/How many years studied)

## PLEASE GIVE THE HISTORY OF THE **FATHER'S** LANGUAGE SKILLS:

Can speak: (please indicate languages) \_\_\_\_\_

Can read & write (please indicate languages) \_\_\_\_\_

English was learned \_\_\_\_\_ (Where/How many years studied)