



<b>Student Information</b>			
Student's Legal Last Name			
Student's Legal First Name			
Student's Legal Middle Name		Date of Birth (mm/dd/yyyy) / /	<input type="radio"/> Male <input type="radio"/> Female
Student's Residence			<input type="radio"/> On Reserve
<small>House # Street Name</small>		<small>Town/Village</small>	<small>Prov. Postal Code</small>
Mailing Address (If different from Resident address)			
<small>Box Number</small>		<small>Town/Village</small>	<small>Prov. Postal Code</small>
<input type="radio"/> On Reserve			
Home Phone ( ) -	Student Cell ( ) -	Grade	
<b>Program Enrollment</b> <input type="radio"/> Regular (English) <input type="radio"/> Immersion ( __French __ Cree) <input type="radio"/> Adult Secondary <input type="radio"/> Alternative Education <input type="radio"/> Functional Integrated Program <input type="radio"/> Adult Alternative		Sask. Learning Number	
Previous School Attended		Health Service Number (HSN)	
<small>Previous Schools Name</small>		<small>City/Town/Village</small> <small>Prov.</small>	
Please list any siblings attending this school (optional)		*Medical Information: Please provide any necessary medical information on supplemental form <i>Student Registration Medical Information</i> .	

<b>Heritage Information*</b>
Country of Birth
Country of Citizenship
First Language Spoken at Home <input type="radio"/> Cree <input type="radio"/> Dene <input type="radio"/> English   Other:
Second Language Spoken at Home <input type="radio"/> Cree <input type="radio"/> Dene <input type="radio"/> English   Other:

<b>Self-Declaration*</b>
If you wish to self-declare that you are an Aboriginal person, please specify: <input type="radio"/> Treaty/Registered <input type="radio"/> Metis <input type="radio"/> Non-Status <input type="radio"/> Inuit
Treaty Number
Band Affiliation

\*If you would like to know why this information is being collected please request a copy of the *Student Registration Information* sheet.

**Office Use Only**

Information Verification:    Birth Certificate    Passport    Status Card    Other:

Home Room:

Notes:

## Contact Information

First Parent / Legal Guardian	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian			
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No	
	Home Phone (    ) -	Cell Phone (    ) -	Day Phone (    ) -	
	Email		Employer	
Second Parent / Legal Guardian	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian			
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No	
	Home Phone (    ) -	Cell Phone (    ) -	Day Phone (    ) -	
	Email		Employer	
Optional Other Relevant Adult	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian			
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No	
	Home Phone (    ) -	Cell Phone (    ) -	Day Phone (    ) -	
	Email		Employer	

## Emergency Contact Information

In the event of an emergency and if the primary contacts on this form cannot be reached, please specify at minimum one person which can be contacted should the need arise:

	Name (Last, First)	Phone	Phone Type	Relationship
Emergency Contact #1			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Emergency Contact #2			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Emergency Contact #3			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	

## Declaration

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "Contact Information" section have the right to view student information and make educational decisions for this child, unless the student has registered as an Independent. **I will notify the school (in writing) of any changes to the information on this form.** I grant permission for this information to be shared with Health Services personnel, Dental Health personnel, and local bus lines personnel. Permission is granted to access my child's academic record in the Student Data System for the purposes of course determination. Please release any Special Education information for my child, if requested.

Signature of Custodial Parent / Legal Guardian / Independent Student

Date: \_\_\_\_\_

### Students 18 years of age and older:

Any student 18 years of age or older may self register within Northern Lights School Division #113. **If you wish to declare independent status and limit parental access to academic information, please do so below and initial in the space provided.**

Are you declaring independent status?  YES  NO Initials: \_\_\_\_\_