

# Student Registration

## Admission of Resident Students



<b>Student Information</b>			
Student's Legal First Name		Student's Legal Middle Name	
Student's Legal Last Name		Date of Birth <small>(mm/dd/yyyy)</small>	<input type="radio"/> Male <input type="radio"/> Female
Student's Residence <small>House # Street Name</small>			<input type="radio"/> On Reserve
<small>Town/Village</small>			
<small>Prov.</small>			
<small>Postal Code</small>			
Mailing Address (If different from Resident address) <small>Box #</small>			<input type="radio"/> On Reserve
<small>Town/Village</small>			
<small>Prov.</small>			
<small>Postal Code</small>			
Home Phone	Student Cell		<b>GRADE</b>  _____  <b>Health Service Number (HSN)</b>  _____  <small>*Medical Information: Please provide any necessary medical information on supplemental form.</small>
Last School Attended:  <small>School Name</small> _____ <small>City/Town</small> _____ <small>Province</small> _____			
See <b>AP302 Special Status Students</b> for out-of-jurisdiction students and foreign students			

<b>Heritage Information* (Voluntary)</b>	<b>Aboriginal Eligibility* (Voluntary)</b>
Country of Birth	If you wish to self-declare that you are an Aboriginal person, please specify: <input type="radio"/> Treaty/Registered <input type="radio"/> Métis <input type="radio"/> Non-Status <input type="radio"/> Inuit
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: _____	Treaty Number  Band

\*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

Sask. Learning Number	Grade	Homeroom
Program Enrollment <input type="radio"/> Regular (English) <input type="radio"/> Immersion (French)		Date _____ <small>(mm/dd/yyyy)</small>
Information Verification <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Status Card <input type="radio"/> Other: _____		
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 of any changes to the information on this form.**

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: \_\_\_\_\_

# Consent to Share Student Information

Media Relations – Pre K to Grade 9

Northern Lights School Division is seeking your consent to share information about your child as described below. Before we share any information that is not covered in this consent, we will ask your permission.

## The information that we would like your consent to share is:

- student's name, grade level and age
- individual or group photos and video
- artwork, writing samples or other student work

## We would like to use this information in the following ways:

1. Education purposes in the school and community:
  - school calendar, newsletter or other school publications
  - honour roll, yearbook
  - displays of student work in the school division
  - sharing copies of photos and videos with classmates
2. Public media including the internet:
  - school division website
  - congratulatory messages for graduation, academic or athletic achievement
  - media interviews
  - photos and video shared with the media
  - displays of student work outside the school division

## If we share any student information we promise to:

- check that we have your consent on file
- consider the privacy interests of your child
- balance the privacy interests of your child with the educational value for students sharing the pride of their achievements

## Please note that:

1. We are required by law to share personal information of students with the Ministry of Education; and,
2. in some cases, we are allowed by law to share personal information of students with other agencies such as Health when it is in the best interest of the child.

# Consent to Share Student Information

Media Relations – Pre K to Grade 9

1. I understand that Northern Lights School Division may share the information of my child for the purposes listed on page 1. Uses may include both education purposes and public media including the internet.
2. I understand that consent only needs to be signed once and will cover my child for as long as my child is a student registered in the Northern Lights School Division.
3. I understand that if I wish to withdraw my consent, I can immediately contact the principal in writing.
4. I understand that I can submit a new consent form to the school at any time to change my consent.

***Please select one, sign and return to the school:***

**Yes, as the parent or legal guardian of the student named below, I give my consent to the use of my child’s information as described on page 1**

**(or)**

**No, as the parent or legal guardian of the student named below, I do not give my consent to the use of my child’s information as described on page 1**

\_\_\_\_\_  
Parent/Legal Guardian – print name

X \_\_\_\_\_  
Parent/Legal Guardian - signature

\_\_\_\_\_  
Student – print full legal name

X \_\_\_\_\_  
Student signature is optional

Student’s age today: \_\_\_\_\_

Date of Consent: \_\_\_\_\_  
Day / Month / Year

# Medical Information Supplemental Form

## Student Registration



**This form should be completed and reviewed annually if:**

- The student has any life-threatening medical or physical conditions which may result in an emergency situation
- The student or family would like to inform the school of non-life threatening medical or physical conditions which may affect behaviour, attendance, and/or success within the school environment

Student Name:

Date:

Home Room:

Grade:

### Medical Information

Does the student have any life threatening medical conditions which may cause the daily possibility of an emergency? This includes, but is not limited to anaphylactic allergies (we require a doctor's note detailing the allergy), diabetes, and some seizures.

YES    NO

If yes, please explain:

Does the student have any non-life threatening medical conditions which the school should be aware of? This includes, panic attacks, and non-life threatening allergies (we require a doctor's note detailing the allergy).

YES    NO

If yes, please explain:

### Medical Alert

Our student information system has the ability to create an informational alert which allows the above information to be shared with staff throughout the building. Would you like an alert to be created to ensure that this information is readily available to teachers\*?

Do you permit the school to create a Medical Alert:    Yes    No

Would you like this alert to expire after a set amount of time?    Yes

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

(mm/dd/yyyy)

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