



Student Registration Allan Blakeney Adult Camus

Date of Application:	Ever Attended a School in SK? ☐ Yes ☐ No	FOR OFFICE USE ONLY SDS No. _____ Room _____
School Receiving Application:		
Student Information		

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:

Emergency Contact Information (Please fill out in order of contact priority)

Contact #1:	Last Name	First Name	Relationship:	
☐ Lives with student <i>OR</i> give address below:				
Apartment #	House #	Street	City	Postal Code
E-mail:			Place of Work:	
Home Phone:		Cell Phone:	Work Phone:	
I authorize release of my information to this contact: ☐ Yes ☐ No				

Contact #2:	Last Name	First Name	Relationship:	
☐ Lives with student <i>OR</i> give address below:				
Apartment #	House #	Street	City	Postal Code
E-mail:			Place of Work:	
Home Phone:		Cell Phone:	Work Phone:	
I authorize release of my information to this contact: ☐ Yes ☐ No				

Contact #3:	Last Name	First Name	Relationship:	
☐ Lives with student <i>OR</i> give address below:				
Apartment #	House #	Street	City	Postal Code
E-mail:			Place of Work:	
Home Phone:		Cell Phone:	Work Phone:	
I authorize release of my information to this contact: ☐ Yes ☐ No				

Additional Contact Information

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

Signature of Parent/Guardian

Date