

Student Registration

“Ensuring Personal Excellence For All Students”

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially. Please print clearly. Before a student can be registered by a school, a student registration form must be completed in its entirety and signed by a parent or guardian, or by the student if living independently.

The registration form must be accompanied by appropriate documentation:

- o **Canadian Citizen: Proof of Legal Name and Age as registered by Vital Statistics of Province of Birth (I.e. Birth Certificate, Canadian Citizen Document)**
- o **Non-Resident: Visa or documentation by which the student is lawfully admitted to Canada for permanent or temporary residency, and the expiry date. (I.e. Passport, Work/Study Permits, Student Visa)**

The personal information collected on this form is part of the district registration process and use authorized under the provisions of the School Act and its regulations. All personal information collected during the registration process and during the course of the school year will be used to provide an education program and ensure a safe secure school environment.

If you have any questions or concerns regarding the collection and intended uses of this information, please contact the school principal.

School: _____ Grade: _____ Registration Date: _____
Day Month Year

☐ Registration for current year ☐ Pre-registration for next year

Student Information: Write the student's **LEGAL Surname (last name)** and **LEGAL Given Names** below. These are the names as registered with **Vital Statistics** of the Province of Birth as they appear on the student's birth certificate /adoption papers.

Legal Surname:

Legal First Name: | | | | | | | | | | | | | | | | | | | | | |

Legal Middle Name: | | | | | | | | | | | | | | | | | | | | | |

Gender: Male ☐ Female ☐

Birthdate: (Day/Month/Year) | | | | | |

Day Month Year

Birth Certificate: ☐ Attached ☐ Not Available ☐ On file already

If the student uses a different last name or first name other than what he/she has been legally registered, please indicate "**Preferred Names**".

Preferred Surname: | | | | | | | | | | | | | | | | | | | | | |

Preferred First Name: | | | | | | | | | | | | | | | | | | | | | |

Residence Address: _____ Mailing Address: _____

Rural Students: _____ Quarter, Section _____ Township _____ Range _____ West of the _____ Meridian

City/Town: _____ Province: Postal Code: Province of Residence:

Home Phone: [] [] [] - [] [] [] - [] [] [] Student Cell Phone: (optional) [] [] [] - [] [] [] - [] [] []

School History: Has your child ever attended school in LPSP? If so, please indicate the school:

Last School Attended: _____

City/Town: _____ Province: _____ Country (if other than Canada): _____

Has your child ever attended school in Saskatchewan? *If so, please indicate the school and City/Town*

If available, please provide SK Learning ID#: | | | | | | | | | |

Has your child ever attended school in Alberta? If so, please indicate the school and City/Town

If available, please provide Alberta Student Number: | | | | | | | | |

Medical Information:

SK Provincial Health Care # | | | | | | | | Other Provincial Health Care # | | | | | | | | Prov. | |

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

☐ Allergies: Please specify below ☐ Diabetes ☐ Haemophilia ☐ Epilepsy ☐ Heart Condition ☐ Asthma: On Medication: ☐ Yes ☐ No

Additional Information (hearing, vision, physical needs):

Parent or Guardian Information: Complete all Parent/Guardian Contact information whether or not Parent/Guardians are living together.

In rare instances a student may be designated as "Protected" if a court issued restraining order under the Youth, Child and Family Enhancement Act, the Domestic Relations Act, or the Young Offenders Act.

Please indicate if the school should be aware of any such court order for the protection of the student. ☐ Yes ☐ No

Note: If yes, please make an appointment to discuss this situation with the school administration. You will need to supply legal documentation.

Student Lives with:

☐ Both Parents ☐ Father Only ☐ Mother Only ☐ Father/Stepmother ☐ Mother/Stepfather ☐ Guardian ☐ Other: Please specify _____

Contact Information 1. Relationship to Student: ☐ Father ☐ Mother ☐ Other: Please specify _____

Surname: _____ First Name: _____ Mr. Mrs. ☐ ☐ ☐

Ms. Etc.

Address (if different from student) _____

City/Town: _____ Province: ☐ ☐ Postal Code: ☐ ☐ ☐ ☐ ☐ ☐

Home Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Business Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Ext. ☐ ☐ ☐ ☐

Other Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Cell Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐

Email: ☐

Contact Information 2. Relationship to Student: ☐ Father ☐ Mother ☐ Other: Please specify _____

Surname: _____ First Name: _____ Mr. Mrs. ☐ ☐ ☐

Ms. Etc.

Address (if different from student) _____

City/Town: _____ Province: ☐ ☐ Postal Code: ☐ ☐ ☐ ☐ ☐ ☐

Home Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Business Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Ext. ☐ ☐ ☐ ☐

Other Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Cell Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐

Email: ☐

Contact Information 3. Relationship to Student: ☐ Father ☐ Mother ☐ Other: Please specify _____

Surname: _____ First Name: _____ Mr. Mrs. ☐ ☐ ☐

Ms. Etc.

Address (if different from student) _____

City/Town: _____ Province: ☐ ☐ Postal Code: ☐ ☐ ☐ ☐ ☐ ☐

Home Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Business Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Ext. ☐ ☐ ☐ ☐

Other Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Cell Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐

Email: ☐

Emergency Contact Information (other than parent) Relationship to Student: ☐ Other: Please specify _____

Surname: _____ First Name: _____ Mr. Mrs. ☐ ☐ ☐

Ms. Etc.

City/Town: _____ Province: ☐ ☐ Postal Code: ☐ ☐ ☐ ☐ ☐ ☐

Home Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Cell Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐

Rural Students: It is **VERY IMPORTANT** that we have an *In Town Billet* in case of inclement weather.

Surname: _____ First Name: _____ Mr. Mrs. ☐ ☐ ☐

Ms. Etc.

City/Town: _____ Province: ☐ ☐ Postal Code: ☐ ☐ ☐ ☐ ☐ ☐

Home Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐ Cell Phone: ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ ☐

Rural Bus Number _____ Bus Driver _____ Transfer (if applicable) _____

Aboriginal Ancestry (Optional): If you wish to declare that you are an Aboriginal person, please specify:

☐ Status Indian/First Nations: Band Affiliation _____ Treaty Status No. [][][][][][][][][][][][][][][][]

☐ Non-Status Indian/First Nations ☐ Metis ☐ Inuit

Alberta Learning is collecting this personal information pursuant to section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness over time and develop policies, programs and services to improve Aboriginal learner success. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 102 Street, Edmonton, AB. T5J 4L5 (780) 427-8501.

Birth Language: ☐ English ☐ Other (Specify): _____ Current Language (spoken in the home): _____

Country of Birth: ☐ Canada ☐ Other (Specify): _____

Country of Citizenship: ☐ Canada ☐ Other (Specify): _____

Documentation Expiry Date (if applicable)
Day Month Year

☐ A Child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not apply to tourists/visitors)

☐ Lawfully admitted to Canada for permanent resident☐ A Child of a Canadian Citizen☐ Study Permit (Parent/Guardian residing in another country)☐ Parent Work Permit☐ Parent/Student Permanent Residency☐ Student Study Permit☐ Citizenship Card☐ Temporary Resident☐ International Student Visa

Non Resident Students: The school is required to obtain a copy of the student documentation as well as a copy of the student passport reflecting Demographics, Canadian Authorization Stamp and Expiry Date.

A copy of the passport has been obtained for the student cumulative record:

☐ Yes ☐ No

Authorization Expiry Date

Day Month Year

Tuition Fees: Visiting or Exchange Students (Code 412, 413, 415, 416) are required to pay tuition fees.

Tuition fee explained to parent/guardian as a condition of enrollment?

☐ Yes ☐ No

Superintendent of Administration notified (only if tuition fee to be invoiced)?

☐ Yes ☐ No

Date: [][]/[][]/[][][][]
Day Month Year

Consent for Student: Computer Network Acceptable Use and Publishing Student Work and Information

Computer Network Student Registration: Division Computer Network Acceptable Use for Internet and Electronic Mail

As a parent or legal guardian, I have read the information about the appropriate use of technology (email and online access). The signatures of the parent/ guardian are mandatory before access is granted to the Lloydminster Public School Division Network.

Publishing Student Work and Information: When images and names of students are shared with the public, either through school division publications, media coverage, video footage or on websites, the Saskatchewan Local Authority of Freedom of Information and Protection of Privacy Act (LAFOIP) must be followed. We require your informed consent to share personal information about your child. Please see our LAFOIP Information page for more information.

By checking the boxes below, I/we understand this consent shall remain in effect as long as the student remains registered with the Lloydminster Public School Division and that I may be required to complete an additional form should the status of the student enrolment change. I/we also understand that this consent may be withdrawn by myself/us at any given time, upon written notice. I/we have given this consent voluntarily.

Descriptions and Consent

☐ **Acceptable Use AP 140:** My child and I have read and understand the LPSD Acceptable Use Policy. By checking this box, I consent that my child may use the email and the Internet while at school according to the rules outlined in the Administrative Procedure 140. Also by checking this box, I am confirming that my child has agreed to comply with the stated rules and to use the network in an educationally constructive manner.

☐ **LAFOIP for Education Purposes in School Community:** I give permission for my child's likeness and/or information being used in the school newsletter and school yearbook.

☐ **LAFOIP for School and Division Based Education Purposes:** I give permission for the school division to create and publish photographs, video recordings and audio recordings of my child, which may be used on the classroom, school or division websites and social media sites that have been registered with LPSD such as Facebook, Twitter and Blogs.

☐ **LAFOIP for Media Coverage:** I give permission for my child to take part in media coverage. I understand this may include photographs, interviews and video recordings for television, radio, newspapers, etc. Once informed consent is given, your child will only be interviewed, etc. by representatives from media outlets only if they are comfortable doing so.

Name of Siblings (At School)

_____ Gr. _____ School: _____ Gr. _____ School: _____
_____ Gr. _____ School: _____ Gr. _____ School: _____

Names of Siblings (At Home)

_____ Age. _____ Year of Birth _____ Age. _____ Year of Birth _____
_____ Age. _____ Year of Birth _____ Age. _____ Year of Birth _____

OTHER INFORMATION YOU THINK MIGHT BE HELPFUL TO THE TEACHER: _____

Declaration by Parent, Guardian or Independent Student:

I hereby certify the above information to be true, correct and complete.

Date:

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 Day Month Year

Signature of Parent /Guardian /Independent Student

For school use only:

Grade: _____ Homeroom: _____ Guidance Initial: _____ SIRS ID#: _____ LPSD Quadrant: _____