

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)
- 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.

Registration for current year Pre-registration for next year
Student Information: Write the student's LEGAL Surname (<i>last name</i>) and LEGAL Given Names below. These are the names as registered with <i>Vital Statistics</i> 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)
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:
School History: Has your child ever attended school in LPSD? If so, please indicate the school:
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
Medical Information: SK Provincial Health Care # Other Provincial Health Care #
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 ____ Mr. Mrs. _____ First Name: __ Ms. Etc. Address (if different from student) Province: | Postal Code: | Home Phone: | | | |-| | | |-| | | Business Phone: Cell Phone: Other Phone: Contact Information 2. Relationship to Student: Father Mother Other: Please specify ___ First Name: ___ Address (if different from student) Province: | Postal Code: | | | | City/Town: | |- | | | | Ext. | | | | Business Phone: Home Phone: Cell Phone: Other Phone: Contact Information 3. Relationship to Student: Father Mother Other: Please specify _____ Mr. Mrs. Surname: ______ First Name: ____ Address (if different from student) Province: | Postal Code: | | | | City/Town: _ | |- | | | Ext. | | | Home Phone: | | | |-| | | |_-|-| Cell Phone: Other Phone: Emergency Contact Information (other than parent) Relationship to Student: Other: Please specify _____ Surname: _____ First Name: ____ Mr. Mrs. Ms. Etc. Province: | Postal Code: | City/Town: Home Phone: | | | |- | | | |- | | Cell Phone: Rural Students: It is <u>VERY IMPORTANT</u> that we have an In Town Billet in case of inclement weather. Mr. Mrs. Surname: First Name: Province: | Postal Code: | Home Phone: |___|_-|_-|_-|_-| Cell Phone: | | | |- | | | | | |

Transportation: Rural Bus Number Bus Driver	Transfer (if applicable)
City Residents: LPSD Bus Letter: AM PM Transfer (i	
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) mandate and responsibilities to measure system effectiveness over time and deventher information or if you have questions regarding the collection activity Information and Strategic Services Division, Alberta Learning, 10155 102 Street, E	, please contact the office of the Director, Aboriginal Policy, Policy Sector.
Citizenship and Documentation: Birth Language:	Current Language (spoken in the home):
Country of Birth: Canada Other (Specify):	<u> </u>
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)	Parent Work Permit
Lawfully admitted to Canada for permanent resident	Parent/Student Permanent Residency
A Child of a Canadian Citizen	Student Study Permit
Study Permit (Parent/Guardian residing in another country)	Citizenship Card
	Temporary Resident
	International Student Visa
Non Resident Students: The school is required to obtain a copy of treflecting Demographics, Canadian Authorization Stamp and Expiry D	
A copy of the passport has been obtained for the student cumulative record:	Authorization Expiry Date Yes No Day Month Year
Tuition Fees: Visiting or Exchange Students (Code 412, 413, 415, 416) Tuition fee explained to parent/guardian as a condition of enrollment?	are required to pay tuition fees.
Superintendent of Administration notified (only if tuition fee to be invoiced)?	Day Month Year
Consent for Student: Computer Network Acceptable Use and Pul Computer Network Student Registration: Division Computer Network Acceptab	
As a parent or legal guardian, I have read the information about the appropriate guardian are mandatory before access is granted to the Lloydminster Public Sch	use of technology (email and online access). The signatures of the parent/
Publishing Student Work and Information: When images and names of students coverage, video footage or on websites, the Saskatchewan Local Authority of Fr We require your informed consent to share personal information about your chi	eedom of Information and Protection of Privacy Act (LAFOIP) must be followed.
By checking the boxes below, I/we understand this consent shall remain in effect Division and that I may be required to complete an additional form should the state be withdrawn by myself/us at any given time, upon written notice. I/we have given time, upon written notice.	atus of the student enrolment change. I/we also understand that this consent may
Descriptions and Consent	
Acceptable Use AP 140: My child and I have read and understand the LP: the email and the Internet while at school according to the rules outline that my child has agreed to comply with the stated rules and to use the	5D Acceptable Use Policy. By checking this box, I consent that my child may use d in the Administrative Procedure 140. Also by checking this box, I am confirming network in an educationally constructive manner.
LAFOIP for Education Purposes in School Community: I give permission school yearbook.	for my child's likeness and/or information being used in the school newsletter and
LAFOIP for School and Division Based Education Purposes: I give perm	ission for the school division to create and publish photographs, video recordings school or division websites and social media sites that have been registered with
LAFOIP for Media Coverage: I give permission for my child to take part in	n media coverage. I understand this may include photographs, interviews and onsent is given, your child will only be interviewed, etc. by representatives from

Name of Siblings (At School)	
GrSchool:	Gr School:
Gr School:	Gr School:
Names of Siblings (At Home)	
AgeYear of Birth	Age Year of Birth
AgeYear of Birth	AgeYear of Birth
OTHER INFORMATION YOU THINK MIGHT BE HELPFUL 1	TO THE TEACHER:
Declaration by Parent, Guardian or Indepersion of the property of the above information to be true, or Date:	endent Student: correct and complete.
Declaration by Parent, Guardian or Indepe	endent Student: