



Phone: 1-306-682-2558  
 Toll-free: 1-866-966-2558  
 Fax: 1-306-682-5154  
 10366 8<sup>th</sup> Avenue  
 PO Box 40  
 Humboldt, Saskatchewan  
 S0K 2A0

## AF 300 - Student Registration Form

(Approved May-2021)

| Section 1 – Student Registration  | Extended Demographics |
|---|-----------------------|
| <b>Important</b>  |                       |
| <b>Visual verification of a legal document/Birth Certificate is required for proof of "legal name" and birthdate to register.</b>   |                       |
| <input type="checkbox"/> K – 12 Registration <input type="checkbox"/> Pre-K Registration/Application <input type="checkbox"/> Transferring from Another School  |                       |
| Registering for Which School? _____   |                       |
| Previous School (Select One) <input type="checkbox"/> Horizon School <input type="checkbox"/> Other Sask School Division <input type="checkbox"/> Out of Province/Country School                          |                       |
| Previous School Name _____ Previous School City _____   |                       |
| Birth Certificate Verified by School <input type="checkbox"/> -Y <input type="checkbox"/> -N               (Tax Designation (HCI Only) <input type="checkbox"/> Public <input type="checkbox"/> Separate) |                       |

| Section 2 – Student General Information  | Demographics / Related Students-ST |
|--|------------------------------------|
| Student Legal First Name _____ Student Legal Last Name _____   |                                    |
| Student Legal Middle Name(s) _____ Student Preferred First Name _____  |                                    |
| Student Preferred Last Name _____ Student Birthdate _____ <small>MM / DD / YYYY</small>  |                                    |
| Student Gender <input type="checkbox"/> -M <input type="checkbox"/> -F <input type="checkbox"/> -U (Unspecified)              Sask Resident <input type="checkbox"/> -Y <input type="checkbox"/> -N              Health Services Number Verified by School <input type="checkbox"/> -Y <input type="checkbox"/> -N |                                    |
| Student Grade              Pre-K              K              1              2              3              4              5              6              7              8              9              10              11              12   |                                    |
| Sibling 1 <small>First/Last Name</small> _____ Age ____ Grade ____              Sibling 2 <small>First/Last Name</small> _____ Age ____ Grade ____   |                                    |
| Sibling 3 <small>First/Last Name</small> _____ Age ____ Grade ____              Sibling 4 <small>First/Last Name</small> _____ Age ____ Grade ____   |                                    |
| Sibling 5 <small>First/Last Name</small> _____ Age ____ Grade ____              Sibling 6 <small>First/Last Name</small> _____ Age ____ Grade ____   |                                    |

| Section 3 – Student Contact Information   | Addresses / Busing |
|---|--------------------|
| Student Primary Phone _____ Student Cell Phone (Optional) _____   |                    |
| Student Physical Address - Street _____ City _____  |                    |
| Province _____ Postal Code _____  |                    |
| Bus Student <input type="checkbox"/> -Y <input type="checkbox"/> -N              Rural Location - Quarter Section _____ Section _____ |                    |
| River Lot _____ Township _____ Range _____ Meridian _____   |                    |
| Student Mailing Address - RR# / PO Box Number _____   |                    |
| City _____ Province _____ Postal Code _____   |                    |

| Section 4 – Student Citizenship Information   | Citizenship |
|---|-------------|
| Canadian Citizen <input type="checkbox"/> -Y <input type="checkbox"/> -N              If no, state Citizenship _____ Country of Birth _____   |             |
| First Language Spoken (Home Language) _____ Language Spoken (Language 2) _____  |             |
| OFFICE USE ONLY - How was the student's name, birthdate and citizenship verified?   |             |
| <input type="checkbox"/> - Birth Certificate <input type="checkbox"/> - Passport <input type="checkbox"/> - Status Card <input type="checkbox"/> - Immigration Papers/Permanent Resident Card |             |
| Non-Canadian Citizens - Proof of legal status must be provided in order to register (Copy to be provided to the School Office)  |             |
| <input type="checkbox"/> - Study Permit <input type="checkbox"/> - Refugee Category <input type="checkbox"/> - Parent Work Permit - Expiry Date _____   |             |
| <input type="checkbox"/> - Permanent Resident Document <input type="checkbox"/> - Parent Study Permit - Expiry Date _____   |             |
| Signature of School official verifying document _____   |             |

| Section 5 – Student Indigenous Information (Optional)  | Indigenous Information |
|--|------------------------|
| Indigenous Declaration - The student considers themselves to be an Indigenous person. <input type="checkbox"/> -Y <input type="checkbox"/> -N  |                        |
| Indigenous Selection <input type="checkbox"/> -Treaty/Status/First Nation <input type="checkbox"/> -Non-status First Nation <input type="checkbox"/> -Metis <input type="checkbox"/> -Inuit/Inuk |                        |
| Student Lives on First Nation <input type="checkbox"/> -Y <input type="checkbox"/> -N              First Nation of Residence _____   |                        |
| Treaty Status Number _____ Band Affiliation _____  |                        |

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 24 of The Local Authority Freedom of Information and Protection of Privacy Act and will be protected as outlined in Part IV of that Act. The information collected will be solely used for the purpose of school registration, class placement and ongoing student support purposes. Please direct any questions about this collection to foipcoordinator@horizonsd.ca.

**Section 6 – Parent/Caregiver Contact Information**

Contacts-ST

Parent/Caregiver #1 - Name First/Last Name

First Language Spoken (Home Language) \_\_\_\_\_ Language Spoken (Language 2) \_\_\_\_\_

Relationship to Student -Mother -Father -Grandparent -Guardian -Other (Please list) \_\_\_\_\_

Lives with Student -Y -N Emergency Contact -Y -N Primary Email \_\_\_\_\_

Land Line # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address Same as Student -Y -N If No, please provide address information below.

Mailing Address - RR# / PO Box Number \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

-----

Parent/Caregiver #2 - Name First/Last Name

First Language Spoken (Home Language) \_\_\_\_\_ Language Spoken (Language 2) \_\_\_\_\_

Relationship to Student -Mother -Father -Grandparent -Guardian -Other (Please list) \_\_\_\_\_

Lives with Student -Y -N Emergency Contact -Y -N Primary Email \_\_\_\_\_

Land Line # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address Same as Student -Y -N If No, please provide address information below.

Mailing Address - RR# / PO Box Number \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Section 7 – Emergency / Billet Contact (In the event a Parent/Caregiver is not available)**

Contact-ST

Alternate Emergency Contact – Name First/Last Name

Relationship to Student -Mother -Father -Grandparent -Guardian -Other (Please list) \_\_\_\_\_

Land Line # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Alternate Emergency Contact – Name First/Last Name

Relationship to Student -Mother -Father -Grandparent -Guardian -Other (Please list) \_\_\_\_\_

Land Line # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

**Student Billet Information (Required For Bus students)**

Billet Contact – Name First/Last Name

Land Line # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

**Section 8 – Student Alerts**

Alerts



**Medical Alerts**

Does your child have a severe or potentially life-threatening medical conditions that the school should be aware of? (Allergies, Asthma, Epilepsy, Epi-Pen, etc.) -Y -N If YES, please list the conditions: \_\_\_\_\_

Does your child have other medical conditions that might affect learning? -Y -N If YES, please provide details or comments below.

\_\_\_\_\_



**Legal Alerts**

Is there a custody order in place? -Y -N If YES, please provide details: \_\_\_\_\_

Is the student in foster care? -Y -N If YES, please provide details: \_\_\_\_\_

Ministry of Social Services? -Y -N If YES, please provide details: \_\_\_\_\_

CFS (Child & Family Services)? -Y -N If YES, please provide details: \_\_\_\_\_

Other Alerts – Please share other information as required: \_\_\_\_\_

\_\_\_\_\_

To access Horizon School Division Administrative Procedures & Forms please visit our website @ [Horizonsd.ca/Services/APsandForms](http://Horizonsd.ca/Services/APsandForms)

**Parent/Caregiver Permission for Use of Student Work and Personal Information**

The school/school division will occasionally wish to share student information for educational purposes or to recognize student achievement in the school community (*Media Internal*), and/or in public media including Social Media and Web-Based Services (*Media External*), in accordance with [AP -181 Parent/Guardian Permission for Use of Student Work and Personal Information](#).

I / we understand and accept the terms of AP 181 - Permission of Use of Student Work and Personal Information

- Media Internal – Sharing within the school community for education purposes.
- Media External – Sharing with the public in accordance with [AP 147-Social Media and Web-Based Services](#).

**Acceptable Use of Technology**

Our goal is to use technology to enhance teaching and learning opportunities in all grades. Excellence in both teaching and learning is promoted in the schools by facilitating resource sharing, innovation, and communication, and it is important that students and staff understand and accept the guidelines contained within [AP 140 - Acceptable Use of Technology Procedure](#).

- I / we understand and accept the terms of AP 140 - Acceptable Use of Technology Procedure

I hereby declare that I have read and understood the information contained on this form and that the information provided is accurate to the best of my knowledge.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Caregiver

\_\_\_\_\_

Date

**Additional Information**

Please use the space below to provide any additional information that may be important for your school.

**Horizon School Division # 205 - Resources**

Our Board of Education – [horizonsd.ca/Board/Trustees](http://horizonsd.ca/Board/Trustees)

Our Website – [horizonsd.ca](http://horizonsd.ca)

Our Schools – [horizonsd.ca/Schools](http://horizonsd.ca/Schools)

School Community Councils – [horizonsd.ca/Schools/SCC](http://horizonsd.ca/Schools/SCC)

**Contact Us**

Phone: 1-306-682-2558

Toll-free: 1-866-966-2558

Fax: 1-306-682-5154

10366 8<sup>th</sup> Avenue

PO Box 40

Humboldt, Saskatchewan

S0K 2A0