

AF 300 - Student Registration Form

(Approved May-2021)

Section 1 – Student Registration		Extended Demographics
Important		
Visual verification of a legal document/Birth Certificate is required for proof of "legal name" and birthdate to register.		
<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 checked="" 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- _____		
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 _____

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

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

Our Website – horizonsd.ca

Our Schools – horizonsd.ca/Schools

School Community Councils – horizonsd.ca/Schools/SCC

Contact Us

Phone: 1-306-682-2558

Toll-free: 1-866-966-2558

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