



Student Registration Grades 1-8

Date of Application:	FOR OFFICE USE ONLY
School Receiving Application: Ethel Milliken School	
Student Information	
SDS No. _____	
Room _____	
<input type="checkbox"/> SDS <input type="checkbox"/> PowerSchool <input type="checkbox"/> EAL	

Student's Legal Name: _____
Last | First | Middle

Name Used (if different from legal name): _____

Birth Date: mm | dd | yyyy
 Male
 Female
 Not specified
 Canadian Citizen?
 Yes
 No

Home Phone: _____ Grade: _____

Home Address: _____
 Apartment # | House # | Street | 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

School-age Siblings: Please list name, grade and school of each sibling.

Last School Attended: _____

Medical Information: Please provide any necessary medical information on a separate sheet and attach it to this form.

Custody and/or Contact Arrangements:

Health Services Number (HSN) _____. This number is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students' educational needs are being met. The Ministry of Education will not use the HSN for any other purpose.

School registration information, including HSN, may also be provided to the Regional Health Authority (RHA) 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 RHA, express consent will be obtained from the parent/guardian or student (if older than 18 years).

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 which school division do parents/guardians reside?
 Regina Public or
 Other (specify) _____

Canadian Birth Certificate or
 Canadian Citizenship Document #: _____

Self-Declaration Information

Information on Aboriginal 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 <http://www.rbe.sk.ca/parents/aboriginal-self-declaration>.

Aboriginal 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 Aboriginal 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

Band Affiliation (optional): _____ Treaty Status Number (optional): _____

Parent/Guardian or Child Care Provider Contact Information (Please fill out in order of contact priority)

Contact #1: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #2: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #3: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #4: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Additional Contact Information

Social Worker Name: (if applicable) Phone:

Other: Phone: