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10366 8th Avenue
PO Box 40
Humboldt, Saskatchewan
S0K 2A0

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.

☐ K – 12 Registration ☐ Pre-K Registration/Application ☐ Transferring from Another School

Registering for which School? _____

Previous School (Select One) ☐ Horizon School ☐ Other Sask School Division ☐ Out of Province/Country School

Previous School Name _____ Previous School City _____

Birth Certificate Verified by School ☐-Y ☐-N (Tax Designation (HCL Only) ☐ Public ☐ 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 _____ MM / DD / YYYY

Student Gender ☐-M ☐-F ☐-U (Unspecified) Sask Resident ☐-Y ☐-N Health Services Number Verified by School ☐-Y ☐-N

Student Grade Pre-

Sibling 1 First/Last Name _____ Age _____ Grade _____ Sibling 2 First/Last Name _____ Age _____ Grade _____

Sibling 3 First/Last Name _____ Age _____ Grade _____ Sibling 4 First/Last Name _____ Age _____ Grade _____

Sibling 5 First/Last Name _____ Age _____ Grade _____ Sibling 6 First/Last Name _____ 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 ☐-Y ☐-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 ☐-Y ☐-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?

☐ - Birth Certificate ☐ - Passport ☐ - Status Card ☐ - 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)

☐ - Study Permit ☐ - Refugee Category ☐ - Parent Work Permit - Expiry Date _____

☐ - Permanent Resident Document ☐ - 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. ☐-Y ☐-N

Indigenous Selection ☐-Treaty/Status/First Nation ☐-Non-status First Nation ☐-Metis ☐-Inuit/Inuk

Student Lives on First Nation ☐-Y ☐-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 at
Horizonsd.ca/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/

Our Website – horizonsd.ca

Our Schools – horizonsd.ca/Schools/

School Community Councils – horizonsd.ca/SCC/

Contact Us

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