



'A community of Learning and Achieving'

STUDENT REGISTRATION FORM

Student's Legal Name: _____
First Name Last Name Middle Name(s)

Usual First Name: _____ Gender: _____ Grade: _____

Date of Birth: _____ Birth Certificate Number: _____ Please provide a copy of Birth Certificate
Month/Day/Year

Student Cell Number: _____ Please check if unlisted number N/A

Student Email Address: _____ N/A

Purpose of this form

- Information verification (Please check if all information is correct)
- New to Horizon, Pre-K or Kindergarten student (First time registration)
- A change of information is required (Make changes below)
- Transferring from within Horizon school division ———> Previous School Name _____
- Transferring from another school division ———> Previous School Name _____

Previous School Location: _____ Contact Name: _____ Phone #: _____

Office Use Only School: _____
SDS #: _____ Registration Date: _____

Student Citizenship

Citizen of what Country: _____ Country at Birth: _____

First Language Spoken: _____ Second Language Spoken: _____

Originating Country (Country last lived in): _____ If Canada, which province: _____

Student Ancestry

Aboriginal people are those who identify themselves to be First Nations (Registered/Treaty/Status Indian, Non-Status Indian), Metis or Inuit/Inuk. Based on this definition, do you consider yourself to be an Aboriginal person?

- No Yes If yes, please indicate which Aboriginal group to which you belong:
- Registered/Treaty/Status Indian Non-status Indian Metis Inuit/Inuk

Registered/Treaty/Status (student only) Band Name and Treaty Number: _____

If this student is living on reserve, please provide the name of the reserve: _____

Student Residence

Student is living with: Mother/Father Mother Father Father/Stepmother Mother/Stepfather Guardian

Other - If Other please explain: _____

Student Emergency and Medical Information (Please note SK Health Card # is shared with the Ministry of Education)

SK Health Card #: _____ Doctor: _____ Phone #: _____

Emergency Contact # 1 other than parent or guardian Home Phone # Work Phone/Cell Phone #

Emergency Contact # 1 other than parent or guardian Home Phone # Work or Cell Phone #

No Known Allergies OR List Allergies: _____

Does your child have a severe or life threatening medical condition that the school should be aware of?
(Allergies, Asthma, Epilepsy, etc) No Yes Epi-Pen: No Yes

AND/OR Does your child have any other medical condition that might affect learning? No Yes

If yes, please provide details or comments below regarding your child that would be helpful to the school:

Family Information / Communications

The Digital Schools Program is an initiative designed to enhance school communications with parents and guardians. In order to receive information from your school via EMAIL or TEXT MESSAGE please provide your contact information below. Please be sure to include the name of your cellular service provider, (e.g. Sasktel, Telus, Rogers etc.).

Name: _____ <small>First Name Last Name</small>	Relationship: _____ <small>Father, Mother, Guardian, etc.</small>	Home Phone: _____
Employer: _____	Occupation: _____	Employer Phone: _____
Email: _____	Cell #: _____	Cellular Service Provider: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I would like to receive school communications via <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Both Email and Text		
Mailing Address: _____	City: _____	Postal Code: _____
Physical Address: _____ <small>Street Address / Legal Land Location Quarter / Section / Township / Range / Meridian</small>		

Name: _____ <small>First Name Last Name</small>	Relationship: _____ <small>Father, Mother, Guardian, etc.</small>	Home Phone: _____
Employer: _____	Occupation: _____	Employer Phone: _____
Email: _____	Cell #: _____	Cellular Service Provider: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No I would like to receive school communications via <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Both Email and Text		
Same as above <input type="checkbox"/> (Please complete the section below if different from above.)		
Mailing Address: _____	City: _____	Postal Code: _____
Physical Address: _____ <small>Street Address / Legal Land Location Quarter / Section / Township / Range / Meridian</small>		

Transportation / Sibling Information

Please list all children living at the residence listed above including any pre-school age children.

Child 1	_____ <input type="checkbox"/> M <input type="checkbox"/> F <small>First Name Last Name</small>	Date of Birth: ____/____/____ <small>Month/Day/Year</small>	Age: ____	Grade: ____
	Is bus transportation required for this child: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, to which school: _____		
Child 2	_____ <input type="checkbox"/> M <input type="checkbox"/> F <small>First Name Last Name</small>	Date of Birth: ____/____/____ <small>Month/Day/Year</small>	Age: ____	Grade: ____
	Is bus transportation required for this child: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, to which school: _____		
Child 3	_____ <input type="checkbox"/> M <input type="checkbox"/> F <small>First Name Last Name</small>	Date of Birth: ____/____/____ <small>Month/Day/Year</small>	Age: ____	Grade: ____
	Is bus transportation required for this child: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, to which school: _____		
Child 4	_____ <input type="checkbox"/> M <input type="checkbox"/> F <small>First Name Last Name</small>	Date of Birth: ____/____/____ <small>Month/Day/Year</small>	Age: ____	Grade: ____
	Is bus transportation required for this child: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, to which school: _____		
Child 5	_____ <input type="checkbox"/> M <input type="checkbox"/> F <small>First Name Last Name</small>	Date of Birth: ____/____/____ <small>Month/Day/Year</small>	Age: ____	Grade: ____
	Is bus transportation required for this child: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, to which school: _____		
Child 5	_____ <input type="checkbox"/> M <input type="checkbox"/> F <small>First Name Last Name</small>	Date of Birth: ____/____/____ <small>Month/Day/Year</small>	Age: ____	Grade: ____
	Is bus transportation required for this child: <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, to which school: _____		

If it is desired for any student(s) to be transported out of the attendance area, please refer to Procedure 02-220

Transportation use only:
Land location is in: _____ attendance area. Confirmed in Bus Planner by: _____
Bus Driver: _____ Route #: _____ Authorized by: _____ Date: _____

Student Billet Information

For bus students: (In case the buses do not run due to bad weather conditions, bus failure or an emergency, we require a billet home in town for your child.)

_____	_____	_____
Billet Name	Home Phone #	Work or Cell Phone #

Parental Custody

Is there a custody order in place? No Yes If yes, please provide a copy to the school.

In rare instances, a child may be designated as "Protected" by Court Order. If such an order is in place please make arrangements to discuss this situation with the school administration.

Is this student in foster care? No Yes If Yes, please provide the following information:

Foster Care Agency	Type of Foster Care	Social Worker
<input type="checkbox"/> Ministry of Social Services	<input type="checkbox"/> Regular	Name: _____
<input type="checkbox"/> ICFS (Indian Child and Family Services)	<input type="checkbox"/> Therapeutic	Telephone #: _____
	<input type="checkbox"/> Therapeutic Group	

Agreements

Parent/Guardian Permission for Use of Student Work and Personal Information

There are times when the school or school division may wish to share information for educational purposes or to recognize student achievement in the school community, in public media including the school and division website.

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

Locker User Agreement *(Only applicable for schools that supply student lockers)*

The locker use agreement is in place to ensure the safety of student(s).

- I / we understand and accept the terms of AP 359 - Locker Use Agreement.
 I / we decline to accept the terms.

Acceptable Use of Computers

Our goal is to use computers and other technologies as a tool for teaching and learning in all grades, and subject areas are enhanced by providing this service. Excellence in both teaching and learning is promoted in the schools by facilitating resource sharing, innovation, and communication.

It is important that the division have an acceptable use procedure to provide guidelines for the use of this important School Division Acceptable Use of Computers procedure.

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

Signature (Required)

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.

Date

Signature of Parent/Guardian

Learn how to become a School
Community Council member.



SCC
Resources

Visit your school website for
more information.

Contact Us



Toll free - 1-866-966-2558
Phone - 306-682-2558
Fax - 306-682-5154



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