



Chinook Newcomer Student Registration Form

Grade Registering:	School:
Student Name: (Surname, First Name, Middle Name)	
Date of Birth: (MM/DD/YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship:	Native Language/Languages Spoken:

Mailing Address		
Mother's Name:	Father's Name:	
Street Address/Box Number:	City or Town:	
Prov/State:	Country:	Postal Code:
Country Code/City Code/Home Telephone Number:		
Email address (Chinook School Division may contact parents by email):		

Academic Information	
Sending School:	
Mailing Address of School:	
Telephone Number of School:	
Website Address of School (if available):	
When do you wish to begin attendance? <input type="checkbox"/> September <input type="checkbox"/> February	

What is the expected length of time expected to attend the receiving school?

4 months 8 months 10 months Other: _____

What grade is student currently enrolled in?

Medical Information

Doctor's Name (if available):

Phone Number:

Medical conditions/restrictions: _____

Medications Taken on Daily Basis: _____

I am satisfied that my child is in good health to take part in strenuous activities. My child has my permission to participate in those approved physical activities/sports/educational field trips/extracurricular activities conducted by the school of enrolment. I also agree with the need to have my child examined by a physician following an illness or injury to re-establish the bill of good health, and that this or any other medical examination is my sole responsibility.

Emergency Contact (please provide an English speaking contact)

To ensure we have adequate telephone contact information in case of a general or individual emergency and we are unable to contact a parent/guardian/billet, please designate an emergency contact person.

Name:

Relationship to Student:

Home Phone:

Work Phone:

Cell Phone:

Parent/Guardian Signature	
I understand that this registration form must proceed through a Chinook School Division approval process. Please allow 6 -8 weeks for the approval process. Tuition fees must be paid in full and attached to this registration form. If registration is not approved, tuition fees will be 100% refunded.	
Date:	Signature:
<p><i>The Education Act, 1995</i> defines a guardian in section 2:</p> <p>“guardian” means:</p> <ul style="list-style-type: none"> a) with respect to a child of compulsory school age who attends a school other than a Fransaskois school, a person who is not the natural Parent of the child and who has been made responsible for the care of the child, and includes: <ul style="list-style-type: none"> i. a person who has lawfully and formally received the child to reside in his or her home and to be in his or her care or custody for the time being or until the child reaches the age of majority; and ii. a person appointed or recognized in law as a guardian of the child; or b) with respect to a child of compulsory school age who attends a Fransaskois school, a person who is not the natural Parent of the child and who is appointed or recognized in law as a guardian of the child; <p>A court order will act as a formal appointment of a Legal Guardian. For purposes of determining liability for payment of tuition it is recommended that the school division require formal proof of the appointment of a Legal Guardian. This can best be done by requiring a copy of a court order registered in Saskatchewan. A notarial copy of an order from a court in province or territory of Canada can also be accepted as sufficient proof.</p>	
Signature of parent/guardian (1):	Date:
Signature of parent/guardian (2):	Date:

Proof of Guardianship	
Applicants will be required to provide a Custodianship Declaration and two notarized documents identifying custodianship.	
Notary Acknowledgment	
Sworn before me at: _____ ,(city), in the province of _____ (province/territory), _____ country (if applicable).	
This _____ (day) of _____ (month), _____ (year).	
Signature of Notary:	Official Seal of Notary

School Division Use Only:		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Comments:		

Signature of Director of Education or Designate:		

Chinook School Division collects personal information for the purpose of providing education services and is subject to the *Local Authority Freedom of Information and Protection of Privacy Act*

Please return completed form (4 pages) to:

**Director of Education
Chinook School Division
Box 1809
Swift Current, SK S9H 4J8**