

Chinook School Division Registration Form

Herbert School

Student Information

Surname: _____ Given Name(s): _____
Usual Name: _____ Birthdate: _____ Gender: _____
1st Language: _____ 2nd Language: _____ Language Spoken at Home _____
Citizenship: _____ Birth Country: _____

Student Address Information

Box Number: _____ Street Address: _____ City: _____ Province: _____
Postal Code: _____ Land Location: _____ Home Phone Number: _____

Parent and/or Guardian Information

Name of Father: _____ Phone Numbers H: _____ C: _____
Address: _____
Workplace & Phone of Father: _____ Email: _____

Name of Mother: _____ Phone Numbers H: _____ C: _____
Address: _____
Workplace & Phone of Mother: _____ Email: _____

Name of Guardian: _____ Phone Numbers H: _____ C: _____
Address: _____
Workplace & Phone of Guardian: _____ Email: _____

Custody Information

Student Lives With: _____ Primary Parent Contact (if any): _____
Special custody arrangements the school should know of: _____

Medical/Emergency/Allergy Information

SK Health Card Number: _____ Family Physician: _____ Phone: _____
Describe any medical or allergy conditions that the school should know about (use back of form if needed)

Emergency Contact: _____ Emergency Phone: H: _____ C: _____
Billet: _____ Billet Phone : H: _____ C: _____
Sitter: _____ Sitter Phone: H: _____ C: _____
Bussing Needed: YES/NO

Aboriginal Ancestry (Self Declaration)

Declaration of First Nations: _____ Treaty Number: _____ Live on Reserve? YES/NO

Other Information

Siblings: Please list if the student has any siblings currently attending the school or will in the future (give birthdates): _____

I acknowledge that the information may be shared with the Saskatchewan Ministries of Education and Health

Parent Signature: _____ Date: _____