

**Chinook School Division New Student Registration Form
Herbert School**

Student Information

Surname: _____ First and Middle Names: _____

Usual Name: _____ Birthdate (MMM/DD/YEAR) _____ Gender: _____ Grade: _____

1st Language: _____ 2nd Language: _____ Language Spoken at Home: _____

Citizenship: _____ Birth Country: _____ Language Program - circle one:
English or French

Name and City of Previous School: _____

Student Address Information

Box Number: _____ Street Address: _____ City: _____

Province: _____ Postal Code: _____ Land Location: _____ Phone Number: _____

Parent and/or Guardian Information

Name of Father: _____ Phone Numbers Home: _____ Cell: _____

Address: _____

Workplace & Phone of Father: _____ Email: _____

Name of Mother: _____ Phone Numbers Home: _____ Cell: _____

Address: _____

Workplace & Phone of Mother: _____ Email: _____

Name of Guardian: _____ Phone Numbers Home: _____ Cell: _____

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:

Physician Phone:

Describe any medical or allergy conditions that the school should know about:

Emergency Contact:

Emergency Phone:

Billet:

Billet Phone:

Sitter:

Sitter Phone:

Bussing Needed - circle one:
Yes/NO

Aboriginal Ancestry (Self Declaration)

Declaration of First Nations:

Treaty Number:

Live on Reserve - circle one:
Yes/No

Other Information

Siblings - Please list if the student has any siblings currently attending the school:

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

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____