

# Chinook School Division Registration Form

## Hazlet School

### Student Information

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
Usual Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
1st Language: \_\_\_\_\_ 2nd Language: \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Language Program: English/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 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:**

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Billet: \_\_\_\_\_

Sitter: \_\_\_\_\_

Sitter Phone: \_\_\_\_\_

Bussing Needed: YES/NO

Bus Driver: \_\_\_\_\_

Bus Number (IN/OUT): \_\_\_\_\_

### 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:

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

I have read through the information on this form and have corrected any errors

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_