



Coronation Park Community School

3105 4th Avenue N, Regina, Saskatchewan S4R 0V2

Phone: (306) 791-8570 Fax: 751-2871

FOR OFFICE USE ONLY

SDS No: _____

Room: _____

Registration Form

Student's Legal Name: _____

Last

First

Middle

Birth Date: ____/____/____ Home Phone: _____ Unlisted Grade: _____
mm dd yyyy

Home Address: _____
Apartment# House# Street City Postal Code

If living on an acreage or farm, please provide land location.

Section _____ Township _____ Range _____ Meridian _____

What program are you applying for? English French

Gender: Male Female Name(s) of Sibling(s): _____

Resides with (check one that applies):

Mother & Father Mother & Stepfather Mother(s) Mother Only Guardian Father & Stepmother Father(s) Father Only

Last School Attended: _____

Medical Information the school should be aware of:

Additional Information (Custody, Medical etc.):

Health Services Number (HSN) _____. This number is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students' educational needs are being met. The Ministry of Education will not use the HSN for any other purpose.

School registration information, including HSN, may also be provided to the Regional Health Authority (RHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student.

PLEASE NOTE: Prior to any service being provided to the student by the RHA, express consent will be obtained from the parent/guardian or student (if older than 18 years).

DECLARATION AND CONSENT

As the legal parent/guardian of the student named above, I hereby declare that the information provided is correct to the best of my knowledge, and authorize the use of the information collected for educational purposes and the release to the RHA as specified above.

Parent/Guardian Signature

Date

Parent/Guardian Contact Information

Please fill out in order of contact priority

Contact #1: _____ Relationship: _____
Last Name First Name

Lives with student OR give address below

Apartment# House# Street City Postal Code

Email: _____ Daytime Phone: _____ ext. _____

Home Phone: _____ Unlisted Cell Phone: _____

Contact #2: _____ Relationship: _____
Last Name First Name

Lives with student OR give address below

Apartment# House# Street City Postal Code

Email: _____ Daytime Phone: _____ ext. _____

Home Phone: _____ Unlisted Cell Phone: _____

Contact #3: _____ Relationship: _____
Last Name First Name

Lives with student OR give address below

Apartment# House# Street City Postal Code
Email: _____ Daytime Phone: _____ ext. _____

Home Phone: _____ Unlisted Cell Phone: _____

Contact #4: _____ Relationship: _____
Last Name First Name

Lives with student OR give address below

Apartment# House# Street City Postal Code
Email: _____ Daytime Phone: _____ ext. _____

Home Phone: _____ Unlisted Cell Phone: _____

Contact #5: _____ Relationship: _____
Last Name First Name

Lives with student OR give address below

Apartment# House# Street City Postal Code
Email: _____ Daytime Phone: _____ ext. _____

Home Phone: _____ Unlisted Cell Phone: _____

Social Worker Name (if applicable): _____ Phone: _____

The following information is collected for the Ministry of Education and disclosure is protected under *The Local Freedom of Information and Protection of Privacy Act*.

Country of Birth: _____ Country of Citizenship: _____

First Language spoken at home: _____ Second Language spoken at home: _____

In which school division do parents/guardians reside? Regina Public Schools or Other (specify) _____

Information on Aboriginal ancestry is collected in the SDS by the Ministry of Education to inform program decisions at the local and provincial levels. Schools are required to provide students with the opportunity to self declare their Aboriginal ancestry.

Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Non-Status Indian, Métis, or Inuit. Based on this definition, do you consider the student that you are registering to be an Aboriginal person? Yes No

If **Yes**, please specify the Aboriginal group you belong to

Registered/Treaty/Status Indian Non-status Indian Métis Inuit

Band Affiliation _____ Treaty Status Number _____