



SASKATOON
CHRISTIAN SCHOOL

REGISTRATION FORM – ADDITIONAL STUDENT

Family Name(s): _____

To register a NEW student (K-12), you must first contact the School Office to apply for admission.

Please print clearly and complete ALL information.

STUDENT INFORMATION			
Surname:	Given Name(s):		
Called or Usual Name (if different than given name):			
Student Cell Phone:	Student Email:		
<p>The School Office must be notified about custody issues. If child(ren) are not living with both biological parents, please provide a copy of the legal document pertaining to custody.</p> <ul style="list-style-type: none"> The student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Both Parents-Separate Homes <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian Documents regarding guardianship, custody, or access rights exist: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type: <input type="checkbox"/> Access and/or Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship <input type="checkbox"/> Protection <input type="checkbox"/> Other _____ 			
Registering for grade:	If Kindergarten: <input type="checkbox"/> part-time <input type="checkbox"/> full-time	School Year (YYYY-YYYY):	<input type="checkbox"/> on-campus <input type="checkbox"/> on-line
If your child will be driving a vehicle to school, please provide us with the vehicle information:			
Student Vehicle: (Make/Model/Colour)		Licence Plate Number:	
MEDICAL INFORMATION			
<ul style="list-style-type: none"> If your child has any life-threatening medical conditions that require regular or emergency medication and requires medication to be stored or administered by the staff, please submit a Provision of Medication Form, which is available at the school office or our website at Parent Zone>Infohub>School-General>Medication Forms. If your child has had any recent surgeries, new allergies, health conditions or concerns, or previous injuries not listed on the Demographic Data Form that may affect your child's ability to participate in our physical education programs, please inform the School Office. 			

***Turn page over to complete registration information for another student.**

STUDENT INFORMATION

Surname:

Given Name(s):

Called or Usual Name (if different than given name):

Student Cell Phone:

Student Email:

The School Office must be notified about custody issues. If child(ren) are not living with both biological parents, please provide a copy of the legal document pertaining to custody.

- The student resides with: Both Parents Both Parents-Separate Homes Mother Only Father Only Guardian
- Documents regarding guardianship, custody, or access rights exist: Yes No
- If yes, specify type: Access and/or Custody Parenting Guardianship Protection Other _____

Registering for grade:

If Kindergarten:

part-time full-time

School Year (YYYY-YYYY):

on-campus

on-line

If your child will be driving a vehicle to school, please provide us with the vehicle information:

Student Vehicle:

(Make/Model/Colour)

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MEDICAL INFORMATION

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- If your child has had any **recent** surgeries, new allergies, health conditions or concerns, or previous injuries not listed on the **Demographic Data Form** that may affect your child's ability to participate in our physical education programs, please inform the School Office.