

ROSSIGNOL ELEMENTARY SCHOOL
STUDENT REGISTRATION FORM 2025-2026
The information on this form will be shared with Saskatchewan Learning and Saskatchewan Health Authority to support delivery of services.

**Please complete in pen **

Student Personal Information

Student Legal Name: First _____ Middle_____ Last_____
(As written on Birth Certificate/Hospital Card)

Preferred First Name: _____ Preferred Pronoun: he __ she __ they __ Gender: M__ F__

Date of Birth: _____ (month day year)

Physical Address: (Street, Lot, Block) _____

Mailing Address: _____

Language(s) Spoken
First Language: _____ Second Language: _____

Aboriginal Ancestry (voluntary self-declaration)

First Nations Status ____ First Nations Non-Status____ Inuit ___ Métis ____

Parent or Guardian Information

Relationship: Father, Mother, Guardian, Step-Mother, Step-Father, Foster Parent (please circle)

Name: _____
First Last

Does this student live with you?

Yes____ No____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Email for home/school communication:

_____

Relationship: Father, Mother, Guardian, Step-Mother, Step-Father, Foster Parent (please circle)

Name: _____
First Last

Does this student live with you?

Yes____ No____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Email for home/school communication:

_____

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Emergency Contact Information

Saskatchewan Health Card Number: _____

List 2 emergency contacts if parent/guardian is not available:

Name	Home Phone	Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any health problems? Yes ____ No _____

If yes, explain briefly: _____

Any allergies? Yes ____ No _____ If yes, what kind: _____

Last School Attended (Please complete if student is new to this school)

Name of School: _____ Grade: _____

Address of School: _____ Telephone: _____

Custody Information

In rare instances a child may be designated as "Protected" if a court has issued a restraining order. If this applies to your child please discuss the situation with school administration.

Permission

1. I give permission for the Student Services to conduct an assessment for the purposes of classroom programming. Yes_____ No ____

2. I give permission for the collection and uses of images, work and name of my child for communication purposes to be used for classroom displays, newsletters, local television or for our website. Yes_____ No ____

3. I give permission to have my child's Cumulative Records and Special Education files released from the forwarding School Division. Yes_____ No ____

SIGNATURE REQUIRED I hereby declare that I have read and understood the information contained on this Registration Form and the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.

_____ _____

DATE SIGNATURE OF PARENT OR GUARDIAN