Elementary Registration Form 2020-2021

Westgate Heights Academy

STUDENT INFORMATION

Student's Legal Name	Birthdate	Gender
Last Name	MM DD YYYY	☐ Male ☐ Female
First Name	Languages: First Language / Second Language	
Middle Name	Has student ever been registered with Westgate Heights Academy? ☐ Yes ☐ No	
Usual or Called Name *(if different from First Name)*	Previous School Attended	Previous School's Location
Register for Grade ☐ K	Grade ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	

First Nation, Inuit and Métis (voluntary self declaration)

☐ First Nations Status ☐ First Nations Non-Status ☐ Inuit ☐ Métis

Reserve Name:

Citizenship

Is the named student a Canadian Citizen? ☐ Yes ☐ No If No, Citizenship:

Country of Birth: Last Country Student Attended School:

Proof of legal status must be provided in order to register

☐ Permanent Resident ☐ Refugee Category ☐ Parent Work Permit Exp mmm/dd/yyy

☐ Study Permit (International Student Program) ☐ Parent Work Permit Exp mmm/dd/yyy

Signature of school official verifying document

OFFICE USE ONLY (How was the student's name and birthdate verified?)

☐ Birth Certificate ☐ Passport ☐ Status Card Other (Name Official Document)

☐ Immigration Papers/Permanent Resident Card

Signature of school official verifying document

STUDENT'S RESIDENCE

House Number | Apt# (if applicable)

Street

City

Province | Postal Code

STUDENT'S CONTACT INFORMATION

Area Code Phone ( )

Email

Area Code Cell ( )

Student resides with ☐ Two Parents ☐ Mother ☐ Father ☐ Joint Custody ☐ Relative ☐ Guardian

EMERGENCY/MEDICAL INFORMATION

Who should be contacted first in the case of school closure or an emergency? (e.g. Mother, Father, Guardian)

1.

2.

3. Other Emergency Contact Name: Phone ( )

4. Other Emergency Contact Name: Phone ( )

Doctor's Name | Phone ( ) | Saskatchewan Health Card Number

Life Threatening Medical Condition(s) that requires regular medication or requires emergency medication that the school be aware of.

Other Medical Condition(s) that the school should be aware of.

Child Care

Name | Phone ( )

First parent/guardian ☐ Father ☐ Mother ☐ Step Father ☐ Step Mother ☐ Legal Guardian ☐ Other

Last Name		Address if different from Student	
First Name		House/Apt#	
Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.		Street	
☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Other		City	
Phone	( )	Province	Postal Code
Email		Employer	
Cell	( )	Employer Phone	( )

Second parent/guardian ☐ Father ☐ Mother ☐ Step Father ☐ Step Mother ☐ Legal Guardian ☐ Other

Last Name		Address if different from Student	
First Name		House/Apt#	
Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.		Street	
☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Other		City	
Phone	( )	Province	Postal Code
Email		Employer	
Cell	( )	Employer Phone	( )

Third parent/guardian ☐ Father ☐ Mother ☐ Step Father ☐ Step Mother ☐ Legal Guardian ☐ Other

Last Name		Address if different from Student	
First Name		House/Apt#	
Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.		Street	
☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Other		City	
Phone	( )	Province	Postal Code
Email		Employer	
Cell	( )	Employer Phone	( )

Fourth parent/guardian ☐ Father ☐ Mother ☐ Step Father ☐ Step Mother ☐ Legal Guardian ☐ Other

Last Name		Address if different from Student	
First Name		House/Apt#	
Title ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.		Street	
☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Other		City	
Phone	( )	Province	Postal Code
Email		Employer	
Cell	( )	Employer Phone	( )

GUARDIANSHIP, CUSTODY, OR ACCESS RIGHTS Indicate if such document(s) exist: ☐ Yes ☐ No

Type of Legal Document: ☐ Access and/or Custody ☐ Parenting ☐ Guardianship ☐ Protection ☐ Other

Copy in Student Record: ☐ Yes ☐ No

OFFICE USE ONLY (NOTES):

Please list siblings living in the same home

Sibling Full Name	Birthdate(MM-DD-YYYY)	Current School	Grade

Employees of Westgate Alliance Church may use information collected on this form to help provide appropriate educational programming and support for the student. We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatoon Health Region for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the Freedom of Information and Proctection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.

NOTE: Your child is not officially registered until legal documentation is brought directly to the school and verified by school personnel.

Declaration

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that i have provided on this form is complete and accurate. *I will notify the school of any changes to the information on this form.*

Date	Signature of Parent/Custodial Parent/Legal Guardian