



**ROSSIGNOL ELEMENTARY SCHOOL  
STUDENT REGISTRATION FORM 2023-2024**

The information on this form will be shared with Saskatchewan Learning and Saskatchewan Health Authority to support delivery of services.

*\*Please complete in pen \**

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**Student Personal Information**

Student Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
(As written on Birth Certificate/Hospital Card)

Date of Birth: \_\_\_\_\_ (month day year)      Gender: M \_\_\_ F \_\_\_  
(As written on Birth Certificate/Hospital Card)

Preferred First Name: \_\_\_\_\_ Preferred Pronoun: he \_\_\_ she \_\_\_ they \_\_\_

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 \_\_\_

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**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
_____ 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: \_\_\_\_\_

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

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of School: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**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.

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**Permission**

1. I give permission for the Student Support Teacher 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 \_\_\_\_

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**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