



Regina
Public
Schools

Imperial Community School

200 Broad Street, Regina, Sask. S4R 1W9
Phone: (306) 791-8454 Fax: (306) 791-8293

Registration Form

Student's Legal Name: _____
Last First Middle

Name Used (if different than legal name): _____

Gender: Male Female Birth date: ____/____/____ Grade: ____
Month / Day / Year

Home Phone: _____ Unlisted

Address: _____
Apartment# House # Street City Postal Code

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

Section ____ Township ____ Range ____ Meridian ____

Resides with (check one that applies):

Mother & Father Mother & Stepfather Mother Only Guardian Father & Stepmother Father Only

Names of sibling(s) at this school: _____

Last School Attended: _____

Medical Information the school should be aware of:

** Please contact the school nurse directly with specific details about any life-threatening conditions.

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 Department of Learning uses the HSN to ensure students' educational needs are being met. Saskatchewan Learning will not use the Health Services Number for any other purpose.

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 and request the transfer of the student's school records.

(School name) (School address)

Parent/Guardian Signature Date

Parent/Guardian Contact Information

Parent/Guardian Contact 1 Mr. Mrs. Ms. _____
 Lives with student . . . OR give address below

_____ Last Name First Name
Apt # House # Street City Postal Code
Daytime Phone (Business) : _____ ext. _____ Home Phone _____ Unlisted
Cell Phone: _____ Email Address _____

Parent/Guardian Contact 2 Mr. Mrs. Ms. _____
 Lives with student . . . OR give address below


_____ Last Name First Name
Apt # House # Street City Postal Code
Daytime Phone (Business) : _____ ext. _____ Home Phone _____ Unlisted
Cell Phone: _____ Email Address _____

Caregiver: Mr. Mrs. Ms. _____
_____ Last Name First Name

_____ Apt # House # Street Daytime Phone

Emergency Contact _____
Name Daytime Phone Relationship
Social Worker Name _____ Phone : _____

Declaration of Support

Do you own the residence listed above? Yes No  If **YES**, complete the following.
If **NO**, go to the next section.

- Is this property jointly owned? Yes No
- I am a member of the religious faith that established the Regina Roman Catholic Separate School Division No. 81.
Owner #1 Yes No Owner #2 Yes No
- If you are **NOT** of the Roman Catholic faith, is the Education portion of your property taxes allocated to the Public School Board? Owner #1 Yes No Owner #2 Yes No

The following information is collected for Saskatchewan Learning 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 Saskatchewan Learning 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 yourself 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 _____