



North East School Division Registration Form

STUDENT INFORMATION			
Is your student a new Immigration/International student to Canada?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student new to the Saskatchewan education system?		<input type="checkbox"/> No <input type="checkbox"/> Yes - Birth certificate or Division acceptance letter will be presented to school (do not email)	
Does this student reside outside the NESD school boundaries or outside this school catchment area?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Today's Date		Previous School and City	
Anticipated Start Date			
Legal Last Name		Preferred Surname	
Legal First Name		Preferred First	
Legal Middle Name		Preferred Middle	
Birthdate (Month/Day/Year)		Grade	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unspecified		Student Cell
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			
Citizenship Country		Citizenship Country 2	
Country of Birth		Country of Origin	
Home Language		Home Language 2	
Aboriginal Ancestry <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit/Inuk <input type="checkbox"/> N/A			
Status - Band Affiliation			
Status - Live on Reserve?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Reserve and Band of Residence
Legal custody, guardianship, access, protections for this student?		<input type="checkbox"/> N/A <input type="checkbox"/> Yes - explain	
Medical, Family, Legal and/or Learning Alerts the school needs to know			
Provide information of all parents/guardians, whether living with student or not, and any other adults with living arrangements			
CONTACT INFORMATION #1			
Relationship		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain	
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email Attendance, Report Cards, Communications		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			



North East School Division Registration Form

CONTACT INFORMATION #2			
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain		
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email Attendance, Report Cards, Communications		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			
CONTACT INFORMATION #3			
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain		
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email Attendance, Report Cards, Communications		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			
CONTACT INFORMATION #4			
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain		
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email Attendance, Report Cards, Communications		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			



North East School Division Registration Form

CONTACT INFORMATION #5

Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain		
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email <small>Attendance, Report Cards, Communications</small>		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			

CONTACT INFORMATION - Rural Student In-Town Billet

Billet Name		Cell Phone	
Relationship		Alternate Phone	

CONTACT INFORMATION – Emergency Contact, near community of school

Name		Cell Phone	
Relationship		Alternate Phone	

SIBLING INFORMATION

Sibling Name	
Sibling Relationship	
Sibling Birthdate	
Sibling Age	
Sibling Grade	
Sibling School	

BUS TRANSPORTATION

Transportation is provided for students residing within the attendance area of a school and who live more than one (1) kilometer from that school. Based on this information, will this student require bussing?

No Yes

PRIVACY CONSENT

Annual Media Sharing Consent is required in the NESD.

Media refers to this student’s image in photos and videos, student’s audio, and includes identifiable student work.

I allow media sharing within the school (including Edsby River of News and Edsby Groups)

I allow media sharing beyond the school (school newsletters, school webpages, and school/division based social media)



North East School Division Registration Form

TERMS AND CONDITIONS

It is important to review the North East School Division's terms and conditions for the following items:

Media for Educational Purposes

The school division will use media for educational purposes to support learning and assessment (Edsby gradebook, student learning story, portfolio)

Technology Acceptable Use

The computers and networks, including Bring Your Own Device, at NESD are to be used for educational purposes. Students may use computers under the permission, direction, and supervision of NESD staff. Computer and/or Internet privileges may be temporarily or permanently withdrawn for any violation of NESD's policies and rules. [AP 525.2 Student Agreement - Employee and Student Use of Technology.pdf](#) outlines the agreement.

For new students in Pre-Kindergarten to grade 8, parents will receive an email from responses@nesd.ca and be required to accept the technology user agreement on behalf of their student. It is a one-time parent action for this age group.

Students in grades 9-12 will accept the Responsible Use Policy themselves through their NESD emails. These students will be required to accept the Responsible Use Policy annually.

Bus Transportation

The **DRIVER** is responsible for: Being a professional driver. Ensuring the bus is mechanically ready for the journey. Safely operating the bus by following legislation, regulations, and NESD policy. Allowing enough time to arrive at the destination safely. Familiarizing passengers with emergency equipment and procedures. Establishing additional rules that will enhance bus safety

The **PASSENGER** is responsible for:

Before and while boarding – Arriving at the bus stop 5 minutes early. Wearing weather appropriate clothing. Always standing away from the road and once the bus stops, using the handrail to board. Respecting others – no pushing, fighting or horseplay. Entering the bus and quickly sitting properly in your seat

During the bus ride – Knowing what to do in an emergency. Never placing hands, head, or other body parts out the window. Obeying the safety rules. When bringing large items on the bus, leaving them where the driver indicates. Always remaining seated while the bus is moving. Not cluttering the aisles with bags, feet, etc. Doing your part to not distract the driver.

Leaving the bus – Letting the bus stop completely before standing up. Informing the driver if you drop something inside, under or close to the bus. Verifying with the driver that it is safe to cross the street. Exiting the bus using the handrail and moving at least 2 meters away from the bus.

I have read and agree to the Terms

REGISTRATION AUTHORIZATION

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.

X

Print your Name

Parent/Guardian Signature or Student over 18 years of age

Date

Completed forms must be held for the review of the Superintendent of School Services. The personal information on this form is collected under the authority of LAFOIP and the Education Act and will only be used for the purpose of tracking media consent. *If situations arise that cause you, or your child, to be concerned about safety, with respect to the potential use(s) of his or her personal information as outlined above, please contact the school principal immediately to make changes to your permissions.*