



NORMAN CARTER SCHOOL

Box 879 WILKIE, SK S0K 4W0
Brian Hargreaves, Principal
Phone: 843-2675 Fax: 843-3313 Email: nc@lskysd.ca

REGISTRATION FORM

Name of Student: _____ Date of Birth: ____ / ____ / ____
First name Middle name Last name Month Day Year

Male Female Age: _____ SK Hospitalization #: _____

Box No.: _____ Town: _____ Postal Code: _____ Physical Address: _____

Student is living with: Both Parents Father Only Mother Only Guardian/Other

Mother/Guardian Name: _____ Phone: _____ (h)

Occupation/Place of Business: _____ Phone: _____ (w)

E-Mail Address: _____ Cell Phone: _____

Father/Guardian Name: _____ Phone: _____ (h)

Occupation/Place of Business: _____ Phone: _____ (w)

E-Mail Address: _____ Cell Phone: _____

Name of Previous School Attended: _____

Phone: _____ City/ Town: _____

Family Doctor: _____ Phone No: _____

Emergency Contact: _____ Phone No: _____
(In case parent/guardian's are unavailable)

Name of (Preschool & High School Siblings)	Age	Birthday
_____	_____	_____
_____	_____	_____

THE FOLLOWING HAS BEEN REQUESTED BY SASKATCHEWAN DEPARTMENT OF EDUCATION:

Citizenship: Canadian Other: _____ Country of Birth: Canada Other: _____

Province: Saskatchewan Other: _____

Please check if student rides a bus

Bus Student: Land Location _____ Town pick-up address: _____

Name of alternate Pick-up/drop off location: _____ Bus Driver (if known) _____

Please provide a name of someone that **resides within the Town of Wilkie**, that your child(ren) will be able to go to if severe weather arises during school hours and the buses are unable to return your child home. Children will be delivered to or picked up by their respective Bus Billets if this instance should occur.

Name of Bus Billet: _____ Home Phone No. _____

Physical Address: _____ Work No. _____ Cell No. _____

For OFFICE USE ONLY

Date of Enrolment: _____ Cumulative Records Requested: _____ Dept. of Ed. # _____ Pg.2

Date Requested: _____ Date Received: _____ Grade Enrolled: _____



STUDENT MEDICAL RECORD

In order to help us deal with any medical problems which may arise during the year, as well as help us ensure the safety and well being of your child, we would appreciate receiving any relevant information you can provide for us.

Such information is considered confidential, and will be available to school staff only. To assist us in this matter, we have suggested some pertinent areas. However, it is not intended to be a complete list, and please add any concerns that we may have missed affecting your child.

1. ALLERGIES – to food, plants, animals, medication, etc.

2. MEDICATION – presently taking

3. ASTHMA – or any other breathing disorders

4. PHYSICAL PROBLEMS – which might affect participation in sports and physical education programs, such as coordination, epilepsy, sight problems. PLEASE BE SPECIFIC.

5. PHOBIAS (Fear of heights, water, etc.)

6. Sometimes students have problems which they have learned to cope with when they arise. It would be useful if such procedures are known to us as well.

7. OTHER

Please notify in writing if there is any change in the above information, or if there is any temporary reason that your child should be restricted during school activities, such as house play, physical education, etc.

(Parent's/Guardian's Signature)