



Kerrobot Composite School
Registration Form
 Box 258, 115 Alberta Ave
 Kerrobot, SK S0L 1R0
Empowering our Students, Ensuring the Future



Kindergartens must be 5 years old before December 31st

Student Information (1)

Last Name:	First Name:	Middle Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: Month Day Year _____	

Sibling Information

Last Name	First Name	Grade	School (if different)

Enrollment Information

<input type="checkbox"/> New Student (no previous schooling) <input type="checkbox"/> Transfer from another SK school <input type="checkbox"/> Transfer from Home-based in SK <input type="checkbox"/> Transfer from other Province <input type="checkbox"/> Transfer from First Nation SK school <input type="checkbox"/> Transfer from other Country <input type="checkbox"/> Exchange Student	
Grade:	Grad Year (for grade 10+):

Student Personal Information

Physical Address House # City/Town Province Postal Code	Home Phone Number: () Student Cell Phone: ()
Mailing Address Box # City/Town Province Postal Code	Medical Notes:

Student Start Date (2)

Date:	Month	Day	Year
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Parent/Guardian Information (3)

Parent 1 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent			
Last Name	Mailing & Physical Address (if different from student)		
First Name	Primary Contact # ()		
Lives with Student Yes / No	Receive mail about student Yes / No	Bus. Phone ()	Employer
		Cell Phone ()	
		Email Address	



Parent 2 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent			
Last Name		Mailing & Physical Address (if different from student)	
First Name		Primary Contact # ()	
Lives with Student Yes / No	Receive mail about student Yes / No	Bus. Phone ()	Employer
		Cell Phone ()	
		Email Address	
Emergency Contact/Other (please specify-ie. Billet) _____			
Last Name		Mailing & Physical Address	
First Name		Primary Contact # ()	
Lives with Student Yes / No	Cell Phone ()	Bus. Phone ()	Employer

Previous School Attended Information (4)

School Name	Town/City	Email/Phone Number

Government (4) and Legal Land Location (5)

EAL Information	Birth Country	Previous Province (if applicable)
Entry Date to Canada (if applicable) - MM/DD/YY	County of Origin	Previous Country (if applicable)
Entry Date to Canadian School - MM/DD/YY	Citizenship	
First Canadian School Yes / No	Language at home (1)	
Resident Type (Student's Legal Status) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee	Language at home (2)	

Legal Land Location:	Quarter	Section	Township	Range	Meridian	River Lot

Self-Declaration (6)

Indigenous people are those who identify themselves to be First Nations (Registered/Treaty/Status Indian, Non-Status Indian), Métis, or Inuit/Inuk. Based on this definition, do you consider yourself to be an Indigenous person? Yes / No

Indigenous Group: <input type="checkbox"/> Registered/Treaty/Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Inuit/Inuk <input type="checkbox"/> Métis	
Reside on a Reserve: Yes / No	First Nations Reserve of Residence: (if applicable)
Band Name:	Band Affiliation Code:
	Status # (if applicable)

