



## SENATOR ALLAN BIRD MEMORIAL SCHOOL

Montreal Lake Cree Nation

Box 150 Montreal Lake, SK S0J 1Y0

Phone: 306-663-5602 Fax: 306-663-5652



# STUDENT REGISTRATION FORM

## STUDENT PERSONAL INFORMATION

Given Name (Last) , \_\_\_\_\_ (First) , \_\_\_\_\_ Middle , \_\_\_\_\_

House Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Month / Date / Year

Grade Entering: \_\_\_\_\_ Band Name: \_\_\_\_\_ Treaty #: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

**Parent/Guardian Name #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian Name #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PLEASE SIGN YOUR INITIAL IN THE FOLLOWING TO INDICATE YOUR PERMISSION FOR STUDENT PARTICIPATION:

\_\_\_\_ Extra - Curricular Activities (After School Programs)    \_\_\_\_ Health Center Visit (For Emergencies Only)    \_\_\_\_ Sports  
\_\_\_\_ Social Media (Pictures on Facebook-School Page)    \_\_\_\_ Locker Search/Backpack Search

## LAST SCHOOL ATTENDED

\_\_\_\_ **Senator Allan Bird Memorial School**  
\_\_\_\_ **Other**  
School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date Last Attended \_\_\_\_\_ Grade \_\_\_\_\_

## MEDICAL INFORMATION

Doctor: \_\_\_\_\_  
Health Card #: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Consent to apply for additional  
funding which may benefit my child  
(including Jordan's Principle group funding)

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
MONTH DAY YEAR

SIGNATURE OF PARENT/GUARDIAN