



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

LAST SCHOOL ATTENDED

Senator
Allan Bird
Memorial
School

School: _____
 Other Address: _____
Address: _____
Phone: _____
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

INITIAL