



Campbell Collegiate

102 Massey Road, Regina, SK
 S4S 4M9
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 Fax: (306) 584-5995
 Website: campbellcollegiate.rbe.sk.ca

Campbell Collegiate believes in the dignity of each individual. We strive to develop responsible citizens and lifelong learners by fostering intellectual, physical, social and emotional growth within a safe learning environment.

2018 – 2019 F.I.A.P. Registration Form

STUDENT DEMOGRAPHICS (2018-2019)

Student ID#

Information on Aboriginal ancestry is collected in the SDS by Saskatchewan Learning to inform program decisions at the local and provincial levels. Schools are required to provide students with the opportunity to self-declare their Aboriginal ancestry. Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Non-Status Indian, Métis, or Inuit.

Based on this definition, do you consider yourself to be an Aboriginal person? Yes No

If **Yes**, please specify the Aboriginal group you belong to: Registered/Treaty/Status Indian Non-status Indian Métis Inuit

Legal Last Name:	Street Address:
	City: Province: Postal Code:
Legal First Name:	Siblings at Campbell:
Legal Middle Name:	Health Card Number:
Birthdate: MM ____ / DD ____ / YR ____ Gender: M / F	Medical Information:
Next year grade level: ____ Student Cell Number: ____	Land Location: (if on acreage)
Last School Attended : ____ School Address: ____	

STUDENT CONTACT INFORMATION: (please include emergency/social workers/ youth worker if applicable)

1	Name: _____ Relationship: _____	Email: _____
	Phone: home _____ cell _____ work _____	Lives with <input type="checkbox"/> OR address: _____
2	Name: _____ Relationship: _____	Email: _____
	Phone: home _____ cell _____ work _____	Lives with <input type="checkbox"/> OR address: _____
3	Name: _____ Relationship: _____	Email: _____
	Phone: home _____ cell _____ work _____	Lives with <input type="checkbox"/> OR address: _____
4	Name: _____ Relationship: _____	Email: _____
	Phone: home _____ cell _____ work _____	Lives with <input type="checkbox"/> OR address: _____

The following information is collected for Saskatchewan Learning and disclosure is protected under the Local Freedom of Information and Protection of Privacy Act.

Country of Birth _____ Country of Citizenship _____ First Language spoken at home _____ Second _____

In which school division do parents/guardians reside? Regina Public Schools or Other (specify): _____

As the legal parent/guardian of the student named above, I hereby declare that the information provided is correct to the best of my knowledge, and authorize and request the transfer of the student's school records to: **Campbell Collegiate, 102 Massey Road, Regina, Saskatchewan, S4S 4M9**

 Parent/Guardian Signature

 Student Signature

 Date