

STUDENT REGISTRATION FORM

Before a student can be admitted by a school, a student registration form must be completed in its entirety. Information acquired through this form is kept secure and access is restricted.

Entrance Requirements

- Children must be 5 for Kindergarten and 6 for grade one on or before December 31st of the current year.
- Proof of age is required (photocopy of Birth Certificate).

SCHOOL LOGO

School Contact Information

Principal		

Office Use Only

Ministry of Ed. Student Number

Home Room Teacher

School Bus Driver

\bigcirc	Student Person	al Informatio	n			
\rightarrow	Legal Name:				ACTION ()	TI DE OV
	Date of Birth:	Surname	First Name Gender:	Gr	Middle Name(s) ade:	Usual First Name
	Mo	onth Day Year	Gender.	GI.	auc.	
	Home Phone:		Cell Phone:		Email:	
	Mailing Address:			City:	Pos	tal Code:
	Land Location or					
¢	French Immersion	n (Meadow Lal	ke only):	es	No	
Q	Parent/Guardia					
Ŷ	Relationship:	Father	Mother	Guardian	☐ Step-father	Step-mother
	Name:	Surname	First Name			
	Employer:		Work P	hone:		
	Cell Phone:		Email:			
ļ	Relationship:	Father	Mother	Guardian	Step-father	Step-mother
	Name:	_				
	E1	Surname	First Name	.		
	Employer:		Work P	none:		
_	Cell Phone:		Email:			
Q	Emergency Info	rmation (Paren	ts will always be con	tacted first in	n the event of an emer	gency)
þ	Emergency Conta	act 1 - Name:			Home Phone:	
		Work Ph	one:		Cell Phone:	
þ	Emergency Conta	act 2 - Name:			Home Phone:	
		Work Ph	one:		Cell Phone:	
þ	In Town Billet In:	formation: A bil	let is an alternate ho gency or if school bu	me your chil ses are unal	d can go to if the schoole to transport your c	ool is closed due to an hild home.
	Name:		Home Pl	none:	Cell	Phone:
þ	Family Doctor:				Doctor's Phone:	
	Saskatchewan Per	rsonal Health N	lo.:			
þ	Does this student	have a severe	or life threatening	g medical	condition?	Yes No
	If you answered Y	YES, please pro	ovide details of th	e medical	condition on a se	eparate sheet.
þ	Are there any seri	ious medical co	onditions you war	nt the scho	ool to be aware of	? Please indicate.
	☐ Diabetes [Hemophilia	Asthi	na	On Asthma Med	ication: Yes No
	Epilepsy [Heart Condi	tion Allergies	: Mil	d Medium	Severe
	Other:					
	Additional Supp	norts Dlagge in d:	cato			
Y	Has your child be			s: 🔲 Pł	nysiotherapy	☐ Occupational Therapy
	☐ Inclusion and	Intervention Pl	an 🔲 Kinsm	en Child	Centre Sp	beech-Language Services
_						
Y	Transportation Bus Route	(If riding a bus)			Driver Name	





Dear Parents and Guardians,

Our school division is working to build a better process of self-declaration for all students. You can choose to declare your children as First Nations, Métis or Inuit. We are asking for your support for this initiative. Please review, fill out and return the attached form to your child's school.

The data collected will be used by the Ministry of Education and our school division to help improve student achievement. It will be securely stored in strict confidence and only a limited number of Ministry and division staff members will have access to it.

Proof of documentation isn't required for declaration, but students under 19 do need parental consent. Please see the attached form and contact us with any questions. Declaration is a voluntary and confidential process and parents or guardians can revoke declaration at any point with a signed letter.

"Aboriginal peoples" is a collective name for original peoples of North America and their descendants. The Canadian

Thank you,

Duane Hauk Director of Education

constitution recognizes three distinct groups – First Nations, child:	Métis and Inuit. Please check the box that best identifies your	
Student Name:	First Nations / Registered / Treaty / Status – refers to an individual recognized by the federal government as being	
School:	registered under The Indian Act	
Grade:	First Nations / Non-Registered / Non-Status – refers to a First Nations person who is not registered under The	
Home Address:	Indian Act	
Parent / Guardian;	Métis – refers to a person of mixed First Nations and European ancestry who identifies as Métis, as distinct	
Signature:	from First Nations, Inuit or non-Aboriginal	
I have read this information.	Inuit – refers to a person who identifies as Inuit, as distinct	
Optional: Band name:	from First Nations, Métis or non-Aboriginal	
Status #:	Non-applicable	

			Grade:	Teacher:	
Address of School:		City or Town	Telepho	ne:	
Custody Informati	On (School be sa	ure to flag)			
		•	-		ssued a restraining order. rotection of your child?
		, please make oly legal docur		scuss this situation	with the school administration.
Foster Care: Is this	student in fost	er care?	Yes No If y	you answered YES	s, please provide the following information:
Foster	Care Agency:		Ministry of Social So	ervices	☐ ICFS (Indian Child and Family Service
Туре о	f Foster Care:	☐ R	Legular	Therapeutic	☐ Therapeutic Group
Social	Worker's Nam	ie:		P	hone:
anguage Informa		other than Eng	glish):		
	`		,	plete the EAL Form	m. Proficiency Level:
Sibling Informatio	n (Please attach	an additional shee	et to list more than three	siblings)	
Name:	name	First Name	Date of Birth:	Month Day Year	School:
Name: Sur	name	First Name	Date of Birth:	Month Day Year	School:
Name: Sur	name	First Name	Date of Birth:	Month Day Year	School:

Parent/Guardian Verification

I hereby declare that I have read and understood the information contained on this Student Registration Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.

Signature: Date:

)	Freedom of Information	and Protection of Privacy	Release Form			
)	The Saskatchewan Government Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) requires the school to seek permission from parents and guardians for the disclosure of students' personal information.					
	and other works displayed	in the school or published in am/Youtube), school website,	ion, have their first name, photograph, school work, video, audio, presentations, print or digital materials - including, but not limited to: newsletters, social media brochures, etc. This means that your son/daughter's first name and/or image			
	Permission to release such	information must be obtained	d from parents of students under 18 years of age.			
)	Permission for Northwest School Division					
	including for example, suc	ch purposes as publicity, illust	use my child's image or work (as explained above) for any lawful purpose, ration, advertising and web content - including, but not limited to: newsletters, hool website, brochures, etc without remuneration, salary or stipend.			
	☐ I agree	☐ I do not agree	Please list any exceptions:			
)	Permission for Media					
	• •	hwest School Division to allo th school events or activities.	w authorized members of the media to photograph, interview, and/or video-tape			
	☐ I agree	☐ I do not agree				
)	Name of Student:		School:			
	Parent or Guardian's Name	e:				
	Parent or Guardian's Signa	ature:	Date:			
1	Computer Network Acco	entable lice Policy				
<i>)</i>	The school provides a netwalternate sources of inform	worked computer system, incl nation, to promote resource sh	uding access to the Internet, to promote educational excellence, to increase aring, to further innovation in instruction and communication, and to prepare rns students use of this computer system. A copy of the policy is available on the			
	is designed for educational information on the Interne	I purposes. I support the diviset/Network. I recognize that so	e Acceptable Use Agreement. I understand that this Internet/Network access ion's standards for my child to follow when selecting, sharing, or exploring ome controversial materials exist on the Internet. I will not hold the school division by give permission for my child to use the Internet at school.			
)	Parent or Guardian's Name	e:				
	Parent or Guardian's Signa	ature:	Date:			