

SECTION 1

STUDENT/ENROLMENT INFORMATION

Date of Application:			School Receiving Application:		
Entry Date to this School:			Grade:	Is English the only language spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical restrictions that your child faces? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you require bus transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No IF Yes, <input type="checkbox"/> City <input type="checkbox"/> Rural (Complete Urban/Rural Bus Registration)					
Student's Legal Name:		Last		First	
Student's Preferred Name (if different from legal name):		Last		First	
Date of Birth:		mm dd		yyyy	
				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	
Home Phone:		Student's Cell Phone:		Student's Email:	
Mailing Address:					
Box #	RR#	Apartment #	House #	Street	City
				Province	Postal Code
Physical Address: (where student currently lives - if different from mailing address)					
Apartment #		House #		Street	
				Province	Postal Code
If living on an acreage or farm, please provide land location:					
Quarter		Section		Township	
				Range	
				Meridian	
Permanent Address: (If different from mailing and physical address)					
Apartment #		House #		Street	
				Province	Postal Code
Original School (Last School Attended): _____					
City: _____		Province: _____		Country (if not Canada): _____	
Are you an exchange student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of Exchange Program: _____					
For high school only: Are you here for hockey? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Team Name: _____					

SECTION 2

COMMUNICATION

SchoolMessenger is an automated notification service which quickly delivers announcements and school or division-wide messages to students, parents, staff, and school groups. Messages that may be sent out include bus cancellations, emergency situations such as a lockdown, daily attendance, etc. These messages will be directed to the **Home Phone number** stated in Section 1. If you prefer to be contacted at a different number, please indicate the number here: _____

Edsby will provide a way for parents and guardians to receive school updates, calendar events, view student progress and much more. It will help simplify communication among and between teachers, students, and parents. For each of your children – even if they go to different schools – you'll see your child(s) classes, teachers, and school information. Parent/guardian email addresses are **required** to create the account.

Name: _____ Email: _____
 Name: _____ Email: _____

IF your child's school sends **correspondence** electronically, would you like to receive them through email? Yes No

SECTION 3

PARENT/GUARDIAN INFORMATION

Student is living with: Both Parents Mother Father Guardian Grandparent
 Foster Care Host Family Other _____

Is there a custody order in place? Yes No (If yes, please provide a copy to the school)

Relationship to student:
 Father Mother Step-Father Step-Mother
 Guardian Grandparent Foster Host Family

Other: _____
 Name: _____

Home Phone: _____ Work Phone: _____
 Cell Phone: _____
 Emergency contact: (indicate order of contact preference)
 1st 2nd 3rd 4th

School closure contact: Yes No
 Home Address: same as student OR specify address below

Relationship to student:
 Father Mother Step-Father Step-Mother
 Guardian Grandparent Foster Host Family

Other: _____
 Name: _____

Home Phone: _____ Work Phone: _____
 Cell Phone: _____
 Emergency contact: (indicate order of contact preference)
 1st 2nd 3rd 4th

School closure contact: Yes No
 Home Address: same as student OR specify address below

Relationship to student:
 Father Mother Step-Father Step-Mother
 Guardian Grandparent Foster Host Family

Other: _____
 Name: _____

Home Phone: _____ Work Phone: _____
 Cell Phone: _____
 Emergency contact: (indicate order of contact preference)
 1st 2nd 3rd 4th

School closure contact: Yes No
 Home Address: same as student OR specify address below

Relationship to student:
 Father Mother Step-Father Step-Mother
 Guardian Grandparent Foster Host Family

Other: _____
 Name: _____

Home Phone: _____ Work Phone: _____
 Cell Phone: _____
 Emergency contact: (indicate order of contact preference)
 1st 2nd 3rd 4th

School closure contact: Yes No
 Home Address: same as student OR specify address below

SIBLING INFORMATION

List all siblings / step-siblings who attend a school within GSSD:

Full legal name		School	Grade	Relationship <small>These are the choices in MSS. Please choose the one that is most applicable.</small>
First Name	Surname (if different from student)			
				<input type="checkbox"/> Lives with <input type="checkbox"/> Sibling <input type="checkbox"/> Relative
				<input type="checkbox"/> Lives with <input type="checkbox"/> Sibling <input type="checkbox"/> Relative
				<input type="checkbox"/> Lives with <input type="checkbox"/> Sibling <input type="checkbox"/> Relative
				<input type="checkbox"/> Lives with <input type="checkbox"/> Sibling <input type="checkbox"/> Relative
				<input type="checkbox"/> Lives with <input type="checkbox"/> Sibling <input type="checkbox"/> Relative
				<input type="checkbox"/> Lives with <input type="checkbox"/> Sibling <input type="checkbox"/> Relative

SECTION 4

EMERGENCY CONTACTS & MEDICAL INFORMATION

Emergency Contact Name *(other than Guardian)*: _____

Relationship to Student: _____

Phone #: _____

Cell Phone #: _____

Name of Childcare Provider: _____

Phone #: _____

Cell Phone #: _____

Does your child have a special need or severe or life-threatening medical condition that the school should be aware of?
(Allergies, Asthma, Epilepsy, etc.) Yes No

If **Yes**, please provide details or comments below regarding your child that would be helpful to the school:

BILLET INFORMATION

For rural bus students: *(in case the buses do not run due to bad weather conditions, bus failure or an emergency, we require a billet home in town for your child)*

Billet Name: _____

Home Phone #: _____

Work and/or Cell Phone #: _____

SECTION 5

RESIDENCY/ LANGUAGE/ CITIZENSHIP

SK Resident: Yes No *(A SK resident is someone who owns, rents or leases a residence in SK or resides with an immediate family member who is a SK resident)*

Country of Birth: _____ Country of Citizenship (If not Canada): _____

Languages spoken at home: _____

IMMIGRATION STATUS *(choose the student's applicable status from the list below)*

Canadian Citizen *(born in Canada)*

Date of entry into Canada: _____

Date of entry into Saskatchewan: _____

Naturalized Canadian Citizen *(wasn't born in Canada and is granted Canadian Citizenship)*

Permanent Resident *(granted permission to live and work in Canada without any time limit on the stay, not yet a Canadian Citizen)*

Expiry Date: _____

Temporary Resident *(Student accompanied by parent with work permit)*

Qualifies for the Canada-Ukraine Authorization for Emergency Travel (CUAET) program

Expiry Date: _____

Student/Visitor Visa—**Tuition paying student** *(Student who is lawfully in Canada for a temporary purpose such as work/study/visit & is not a Canadian citizen)*

Expiry Date: _____

Refugee *(seeking protection from former country)*

SELF-DECLARATION INFORMATION

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 the student that you are registering to be an Indigenous person?

Yes No

Which group do you belong to: Registered/Treaty/Status Indian Non-status Indian Metis Inuit/Inuk

Indian Registry No.: _____

Band Affiliation Name: _____

I reside: On Reserve Off Reserve

IF *On Reserve*, provide Reserve of Residence:

(reserve student currently resides on) _____

SECTION 6
INFORMATION

Good Spirit School Division has an Administrative Procedures Manual in place designed to be the primary written source of administrative direction for the division. These procedures provide guidelines which the division, staff and students are to follow.

We would like to bring to your attention two (2) specific Administrative Procedures that we would ask you to review with your child in an age-appropriate manner. As all students have access to both technology and transportation services, it is very important to ensure that procedures are in place, and followed, for the safety and efficient usage of these resources.

- AP 140 - Responsible Use Procedure for Information, Communication and Collaboration Technologies
- AP 554 - Student Transportation Code of Conduct

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

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date: _____

LOCAL AUTHORITY FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

The personal information requested on this form as part of the school registration process is collected under the authority of Saskatchewan’s Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) for the establishment of a student record, determination of residency, to provide students with an education program that meets their needs, to provide a safe and secure school environment, for program placement, determination of eligibility and/or suitability for provincial or federal funding, to manage problems or emergencies, for reporting and providing statistics to the Minister of Education, and for other purposes that relate directly to and are necessary for the school's operating programs and activities. This information will be managed in accordance with the privacy protection provisions of the LAFOIP Act.

FOR OFFICE USE ONLY:

Documents verified: (Verify that information is correct)

Address confirmation (utility bill, tax notice, drivers license, lease)

Birth certificate Health Card Status Card

Passport (Photo page & visa) or Certificate of Canadian Citizenship

Certificate of Permanent Residence (PR Card)
Expiration Date: _____

Other Visa Type: _____
Expiration Date: _____

Original or translated transcripts / recording document from former school

Learning ID/DEN:
Locker # Assigned:
Room:

Request cumulative record
 Notified GSSD Transportation Department

Student has consent for media publication
 Yes No
(Refer to Consent to Share Student Information form)

Information entered in: MySchoolSask

If student is in Kindergarten, complete Kindergarten Consent Form Yes N/A



CONSENT TO SHARE STUDENT INFORMATION

We would like your consent to share information about your child.

The information that we would like your consent to share is:

- student's first and last name, grade level and age;
- individual or group photos and video;
- art work, writing samples or other student work.

We would like to use this information in the following ways:

1. EDUCATION PURPOSES IN THE SCHOOL COMMUNITY

- school calendar, newsletter or other school publications
- honour roll, yearbook
- displays of student work in the school division
- sharing copies of photos and videos with classmates

2. PUBLIC MEDIA INCLUDING THE INTERNET

- school division website
- congratulatory messages for graduation, academic or athletic achievement
- media interviews
- photos and video shared with the media
- displays of student work outside the school division

If we share any student information we promise to:

- check that we have your consent on file
- consider the privacy interests of your child
- balance the privacy interests of your child with the educational value for students sharing the pride of their achievements.

Before we share any information that is not covered by this Consent, we will ask for your permission.

Please note that:

- We are required by law to share personal information of students with the Ministry of Education; and,
- in some cases we are allowed by law to share personal information of students with other agencies such as Health when it is in the best interest of the child.



CONSENT TO SHARE STUDENT INFORMATION

I agree that the Good Spirit School Division may share the information of my child for the following purposes:

- 1. For education purposes in the school community

- 2. For the public media including the internet

I understand that this consent only needs to be signed once and will cover my child for as long as my child is a student in the Good Spirit School Division.

I also understand that if I wish to withdraw my consent, I must contact the principal immediately.

Parent/Guardian Name (Print)

Student Name (Print)

Parent/Guardian Signature

Date

Please return this signature page only to the school.



KINDERGARTEN SHARING OF INFORMATION CONSENT FORM

As a parent or legal guardian of: _____
Name of Student

I hereby give my consent for information to be shared between members of the Good Spirit School Division Team for the purpose of determining supports required for Kindergarten programming. Only information pertinent to a child's development and the needs of their family will be discussed and this information will be kept confidential within the "circle of care". Members of this team may include staff from:

Good Spirit School Division such as:

- Kindergarten Teacher
- School Administrator
- Early Years Consultant
- Student Services Consultant
- Student Support Teacher

SK Health Authority Partners:

- Public Health Nurse

Children's Therapy Program

- Speech Language Pathologist
- Occupational Therapist
- Psychologist
- Physical Therapist
- Social Worker/Counsellor
- ASD Consultant
- Early Childhood Mental Health Therapist

Community Partners

- Community Nursery/Preschool Teacher
- Community Daycare Director
- PECIP
- KidsFirst
- SIGN
- Family Resource Centre

Signature of Parent/Guardian

Date