

## SECTION 1

### STUDENT/ENROLMENT INFORMATION

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

## 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
First Name	Surname (if different from student)			These are the choices in MSS. Please choose the one that is most applicable.
				<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 For Use of Preferred Name or Pronoun(s)

I (we), the undersigned, consent that:

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(Legal Name)

be referred to by the following name(s):

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(Preferred Name(s))

And / or

be referred to by the following pronoun(s):

---

(Pronoun(s))

And / or

Consent that the above change(s) be reflected on the student's official record.

Yes

No

Signature of student (if 16 or over):

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(Signature)

---

(Date)

Signature of parent(s)/guardian(s):

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(Signature)

---

(Date)

---

(Signature)

---

(Date)



## **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.

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Parent/Guardian Name (Print)

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Student Name (Print)

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Parent/Guardian Signature

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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