

# 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).
  - ☐ Staff member verified Birth Certificate information
- Has your child ever attended a Saskatchewan school?

 $\square$  YES  $\square$  NO

If yes, please list the last Saskatchewan school and community:

### Office Use Only

Ministry of Ed. Student Number

School

Home Room Teacher

School Bus Driver

O	Student Pers	onal Informat	ion			
Ā	Legal Name:	Surname	First 1	Name	Middle Name(s)	Usual First Name
	Date of Birth:	Month Day Ye	Gender:	Female	☐ Male ☐ Unde	clared Grade:
	Home Phone:		Cell Phone:		Email:	
	Mailing Addre	ess:		City:	Postal	Code:
	Land Location	or Street Addre	ess:			
þ	Kindergarten (	Options (Meadow	Lake only):	English	French Immersion	on Michif
Q	Parent/Gua	rdian Informat	<b>ion</b> (at same add	ress as student)		
þ	Relationship:	Father [	Mother	☐ Guardian	Step-father	Step-mother
	Name:	Surname	First 1	Name		
	Employer:		Wo	rk Phone:		
	Cell Phone:		Em	ail:		
\ \ \	Relationship:	Father [	Mother	☐ Guardian	Step-father	Step-mother
	Name:	Surname	First 1	Name		
	Employer:		Wo	rk Phone:		
	Cell Phone:		Em	ail:		
$\bigcirc$	Emergency I	nformation (Par	ents will always b	e contacted first i	n the event of an emergen	cy)
Ţ		ontact 1 - Name:			Home Phone:	
		Work 1	Phone:		Cell Phone:	
þ	Emergency Co	ontact 2 - Name:			Home Phone:	
		Work 1	Phone:		Cell Phone:	
þ	In Town Billet				ld can go to if the school i ble to transport your child	
	Name:		Hon	ne Phone:	Cell Ph	one:
þ	Family Doctor	:			Doctor's Phone:	
	Saskatchewan	Personal Health	No.:			
Ŷ	Does this student have a severe or life threatening medical condition?					es No
	If you answered YES, please provide details of the medical condition on a separate sheet.					rate sheet.
Ŷ	Are there any		•	want the scho	ool to be aware of? P	
	☐ Diabetes	Hemophil	_	Asthma	On Asthma Medica	
	☐ Epilepsy	Heart Con	dition Alle	rgies: Mil	ld Medium S	Severe
ı	Other:					
0	Additional S	upports Please in	dicate			
	Has your child	l been receiving	additional sup	ports: Pl	hysiotherapy 🔲 (	Occupational Therapy
	☐ Inclusion a	nd Intervention	Plan	insmen Child	Centre	ch-Language Services
Transportation (If riding a bus)						
Y	Bus Route:	(0 6 4 4 4 60)			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, Métis and Inuit. Please check the box that best identifies your child:			
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		
Home Address:	First Nations person who is not registered under The 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		

Last School Attended Name of School: Address of School: City or Tow  Custody Information (School be sure to flag) Court Order: In rare instances a child may b Should school administration by	e designated as 'Protecte	Teacher: ne:	
Name of School:  City or Tow  Custody Information (School be sure to flag)  Court Order: In rare instances a child may b  Should school administration by	Telephon  Telephon  e designated as 'Protecte	ne:	
Address of School:  City or Tow  Custody Information (School be sure to flag)  Court Order: In rare instances a child may b  Should school administration b	Telephon  Telephon  e designated as 'Protecte	ne:	
City or Tow  Custody Information (School be sure to flag)  Court Order: In rare instances a child may b  Should school administration b	e designated as 'Protecte		
Court Order: In rare instances a child may b Should school administration b	_	12:61	
Should school administration b	_	19:61	
	be aware of any such Cou		_
If you answered YES, please m You will need to supply legal d	•	cuss this situation	with the school administration.
Foster Care: Is this student in foster care?	☐ Yes ☐ No If y	ou answered YES,	, please provide the following information:
Foster Care Agency:	Ministry of Social Se	ervices	☐ ICFS (Indian Child and Family Services)
Type of Foster Care:	Regular	Therapeutic	☐ Therapeutic Group
Social Worker's Name:		Ph	none:
Language Information	F . 1'.1')		
Lanuguage spoken in the home (if other than		1. d DATE	D. C
Students considered 'English as an Addition	al Language' must comp	olete the EAL Form	Proficiency Level:
Sibling Information (Please attach an additiona	al sheet to list more than three .	siblings)	
Name: Surname First Name	Date of Birth:	Month Day Year	School:
Name: Surname First Name	Date of Birth:	Month Day Year	School:
Name: Surname First Name	Date of Birth:	Month Day Year	School:
	ge pathologist to comple		eech, language, and/or hearing screen with my tacted by the speech-language pathologist or stud
Parent/Guardian Verification			
•			ent Registration Form and that the information I

Date:

Signature:

)	Freedom of Information	n and Protection of Privacy	elease Form			
)	ne Saskatchewan Government Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) requires the school to ek permission from parents and guardians for the disclosure of students' personal information.					
	During the school year students may, with your permission, have their first name, photograph, school work, video, audio, presentations, and other works displayed in the school or published in print or digital materials - including, but not limited to: newsletters, social media (Facebook/Twitter/Instagram/Youtube), school website, brochures, etc. This means that your son/daughter's first name and/or image would be available to the general public.					
	Permission to release such	n information must be obtained	from parents of students under 18 years of age.			
)	Permission for Northwes					
	including for example, suc	ch purposes as publicity, illustr	use my child's image or work (as explained above) for any lawful purpose, ation, advertising and web content - including, but not limited to: newsletters, ool website, brochures, etc without remuneration, salary or stipend.			
	☐ I agree	☐ I do not agree	Please list any exceptions:			
)	Permission for Media					
		thwest School Division to allow th school events or activities.	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 Nam	e:				
	Parent or Guardian's Signa	ature:	Date:			
`	Commutae Naturals Ass	ontoble Hee Deliev				
J	Computer Network Acc	•				
	alternate sources of inform	nation, to promote resource sha	ding access to the Internet, to promote educational excellence, to increase ring, to further innovation in instruction and communication, and to prepare as students use of this computer system. A copy of the policy is available on the			
	is designed for educationa information on the Interne	l purposes. I support the divisi et/Network. I recognize that so	Acceptable Use Agreement. I understand that this Internet/Network access on's standards for my child to follow when selecting, sharing, or exploring ne controversial materials exist on the Internet. I will not hold the school division give permission for my child to use the Internet at school.			
)	Parent or Guardian's Nam	e:				
	Parent or Guardian's Signa	otura	Date:			

# **Edsby Introduction & Consent Form**





#### We use Edsbyl: A Way to Stay Engaged in Your Child's Education

Dear Parents and Caregivers,

Northwest School Division has adopted Edsby, a state-of-the-art online platform designed specifically for K-12 education. Edsby will revolutionize the way you engage with our schools and teachers, as well as the way you track and monitor your child's progress.

Edsby will enable you to:

- 1. Stay updated on school events, important dates, and other activities.
- 2. Report student absences to the school office.
- 3. Communicate directly with teachers and staff in a secure and convenient manner.
- 4. Get real-time visibility into your child's classroom activities, homework, and other educational engagements.
- 5. Access an online gradebook portal to monitor your child's academic progress.

Edsby keeps everything safe and secure within the confines of our school division, meaning there is no access from the internet OR any other way unless the individuals are part of the school community – everything is password protected. If you would like to learn more about Edsby security, there is a lot of information here: <a href="https://www.edsby.com/about-privacy-data">https://www.edsby.com/about-privacy-data</a>.

As the parent/caregiver of a new student in NWSD, we ask you to **complete the attached consent form** for Edsby, and please return to your child's school with their registration form. An email address must be provided in order for your account to be created, and you will receive your Edsby invitation email in the first week of the new school year.

The school division website has several getting started resources to assist parents/caregivers, along with the Edsby support resources. If you'd like to learn more, visit <a href="http://www.nwsd.ca/About/edsby">http://www.nwsd.ca/About/edsby</a>.

We believe that effective, transparent communication is the cornerstone of successful education, and we are confident that Edsby will significantly strengthen this aspect.

Thank you for your cooperation,

Dawn Paylor, Superintendent of Learning





Complete one form per child. Please return by to school along with registration form.				
Child's name	School			
Please specify <u>all</u> parents/caregivers wh	no require access to your child's Edsby portal.			
Please note:				
	ast one parent/guardian with portal access			
,	ss to up to four individuals, excluding the student themself			
To protect students' privacy, access to Edsby will <u>only</u> be given to contacts listed here				
Each contact <u>must</u> have an e-m     Each individual contact must be				
<ul> <li>Each individual contact must have a unique e-mail address (not a shared or family e-mail address)</li> <li>NWSD employees <u>must</u> provide personal e-mail addresses (<u>not @nwsd.ca</u>)</li> </ul>				
	or each student in your household			
<u> </u>	•			
I consent to giving the following persor	n family portal access:			
Name:	E-mail Address:			
I consent to giving the following persor	n family portal access:			
Name:	E-mail Address:			
I consent to giving the following persor	n family portal access:			
Name:	E-mail Address:			
I consent to giving the following persor	n family portal access:			
Name:	E-mail Address:			
Parent/Caregiver Name:	Signature:			