



Please complete the entire registration package. Once completed, save this file and then email it to Jodi.denBrok@gssd.ca. Thank you.

## Student Registration Form

Date of Application:	School Receiving Application: Esterhazy High School	
Entry Date to this School:	Grade:	Is English the student's first language? <input type="radio"/> Yes <input type="radio"/> No
Do you require bus transportation? <input type="radio"/> Yes <input type="radio"/> No <b>IF Yes,</b> <input type="radio"/> City <input type="radio"/> Rural		

### SECTION 1

#### STUDENT/ENROLMENT INFORMATION

Student's Legal Name:	Last	First	Middle
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Name Used (if different from legal name): \_\_\_\_\_

Date of Birth:	mm	dd	yyyy	Gender: <input type="radio"/> Male <input type="radio"/> Female
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Home Phone:	Student's Cell Phone:	Student's Email:
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Mailing Address:

Box #	RR#	Apartment #	House #	Street	City	Province	Postal Code
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Physical Address: (where student currently lives - if different from mailing address)

Apartment #	House #	Street	City	Province	Postal Code
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If living on an acreage or farm, please provide land location:

Quarter	Section	Township	Range	Meridian
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Permanent Address: (If different from mailing and physical address)

Apartment #	House #	Street	City	Province	Postal Code
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Origin School (Last School Attended): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country (if not Canada): \_\_\_\_\_

Are you an exchange student?  Yes  No If yes, provide name of Exchange Program: \_\_\_\_\_

**For high school only:** Are you here for hockey?  Yes  No If yes, provide Team Name: \_\_\_\_\_

### SECTION 2

#### COMMUNICATION

**Synrevoice** 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.

**Synrevoice 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 phone number here: \_\_\_\_\_

**IF** your child's school sends **school newsletters** electronically, would you like to receive them through email?  
 Yes  No *If yes, provide the email address(es) below:*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### 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:**  
 Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, 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:**  
 Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, 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:**  
 Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, 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:**  
 Circle one → **Father, Mother, Step-Father, Step-Mother, Grandparent, Guardian, 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	Lives at the same address
First Name	Surname (if different from student)			
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

## 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): \_\_\_\_\_

1<sup>st</sup> Language spoken: \_\_\_\_\_ 2<sup>nd</sup> Language spoken: \_\_\_\_\_

### 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)* Expiry Date: \_\_\_\_\_

Student/Visitor Visa *(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

Aboriginal 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 Aboriginal person?

Yes  No

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

Indian Registry No.: \_\_\_\_\_

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 - Acceptable Technology Use
- 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)

- Birth certificate
- Health Card
- Passport (Photo page & visa) or Immigration Document
- Original or translated transcripts / recording document from former school
- Certificate of Permanent Residence (PR Card)

Learning ID/DEN \_\_\_\_\_

Locker # Assigned: \_\_\_\_\_

Room: \_\_\_\_\_

Request cumulative record

Notified GSSD Transportation Department

Information entered in:  SDS  Maplewood

## 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.**



**REQUEST FOR TRANSFER OF  
STUDENT RECORDS**

**Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_

**Address :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**As the legal parent / guardian of the student named above, I hereby authorize and request the transfer of school records to:**

**Esterhazy High School  
Box 640  
Esterhazy, Saskatchewan S0A 0X0**

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Signature of Student (if 18 or older)**

\_\_\_\_\_  
**Principal**