



Please complete the entire registration package. Once completed, save this file and then email it to veronica.ulmer@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

IF bus transportation is required, answer the following question: Are you a **new registrant to the school or has your pick up / drop off location changed?** Yes No (If **Yes**, please complete a GSSD School Bus Student Registration Form)

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

Synvoice 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.

Synvoice 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 for verification)

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 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 #: _____

Name of Doctor: _____

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): _____

1st Language spoken: _____ 2nd 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)*

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

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

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

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: _____

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

This personal information collected under *The Local Authority Freedom of Information and Protection of Privacy Act* (LAFOIP) will be held securely and in confidence. This information will be treated in accordance with privacy and protection provisions as detailed in LAFOIP.

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
- Bus Registration Form sent to Central Office

Information entered in: SDS Maplewood



63 King Street East,
Yorkton, Sask. S3N 0T7
Toll free: 1-877-390-0899

Phone: (306) 786-5505
Fax: (306) 786-4791

Complete this form if student is a new registrant or if the pick up / drop off location has changed and submit to school office.

Rural School Bus Student Registration Form

Student Name (First and Last)	Age	Grade	School

Name of Parent(s)/Guardian (including surname if different) _____

Phone: Home _____ Cell _____ Work _____

Email: _____ Mailing Address: _____

*Legal land description, including RM, or street address: _____

Student(s) living with: Both Parents Mother Father Guardian Foster Care

Is there a custody order in place? Yes No

Alternate Drop-off Point, **on current route**, and Telephone Number (In case of emergency): _____

*Please list any health or other concerns of which the driver should be aware: _____

Do you authorize the use of your name and phone number to be shared with families on your route as a "fan – out" listing in case of emergencies? Yes No

**DURING THE SCHOOL YEAR, TRANSPORTATION WILL BE ARRANGED
WITHIN 3 BUSINESS DAYS UPON RECEIPT OF THIS FORM**

Parent Signature _____

Date _____

PLEASE FAX THIS FORM TO: Transportation Department (306) 786-4791

FOR OFFICE USE ONLY

Bus Driver: _____

Bus No.: _____

Transportation Arranged on: _____

Parent Contacted

Bus Driver Contacted



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