



Student Registration Form

South East Cornerstone Public School Division #209

80A 18th Street Northeast, Weyburn, SK S4H 2W4

Telephone: (306) 848-0080; Fax: (306) 848-4747; www.secpsd.ca

"Success and achievement for every student in every school"

SCHOOL INFORMATION

School Name: _____	School Year: _____
Home Schooled: Yes No * Home Schoolers must register with SECPSD (Administrative Procedure 270)	

STUDENT INFORMATION

Student's Legal Name	_____	_____	_____	Male	Female	Unspecified
	Last	First	Middle			
Student's Preferred Name (if different from Legal): _____						
Birthdate:	_____	Grade: _____	Enrollment Date:	_____	_____	_____
	Month Day Year			Month Day Year		
Mailing Address:	_____			City/Town:	_____	
Physical Address	_____			Postal Code:	_____	
	If different from mailing address					
Or Land Location	NE	NW	SE	SW	_____	_____
					Section	Twnshp Range W
Student Home Phone:	_____			Check if unlisted	Student's Cell Phone:	_____
Student's email address:	_____					
	<i>All students also receive a Cornerstone email address, typically firstname.lastname@secpd.ca</i>					
Previous Residence (if outside SK):	_____					
Name of Most Recent School Attended:	_____					
City/Town, Province	_____				Phone:	_____

CONTACT INFORMATION

Parents/Caregivers	Contact 1	Contact 2
Name:	_____	_____
Relationship:	_____	_____
	Check box if Same as Student	Check box if Same as Student
Address:	_____	_____
City/Town	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
Email	_____	_____
Lives with student	Yes No	Yes No
Receive correspondence from the School	Yes No	Yes No
CASL Opt In - See Consent for Student , pg. 3	Yes No	Yes No

CONTACT INFORMATION

Siblings - Please list all siblings

Name	Birthdate (Month Day, Year)	School

Emergency Contacts – Only list any in addition to Parents/Caregivers

Name:		
Home Phone:		
Work Phone:		
Cell Phone:		

Custody

In rare instances a child may be designated as "Protected" if a court has issued a restraining order. The School Administration must be aware of any such Court Order for the protection of your child. Please indicate if you have a Court Order involving your child (children). Court orders will be retained in student cumulative folders while in effect.

Yes

No

*If "YES" please make arrangements to discuss this situation with the school administration. **Legal documentation will be required.***

Foster Care

Name of Social Worker: _____

Phone: _____

STUDENT MEDICAL INFORMATION & INTENSIVE NEEDS

SK Health Card No: _____

Does this student have a severe or life threatening condition or a medical/physical condition of which the school should be aware?

Provide details on a separate piece of paper.

Medical forms are required & must be updated yearly.

Yes

No

Does this student require the administration of medicine while at school?

Complete Administrative Procedure form 316

Yes

No

Does this student have a diagnosed intensive need? Provide necessary details in the notes field below.

Yes

No

Medical Notes:

I have attached medical notes to this registration form.

BUSING INFORMATION

Does your student require bus transportation to and from school? Rural In Town
Weyburn or Estevan only No
(Please notify the school if special circumstances exist regarding bus transportation)

Billet Information

Name(s): _____ Home Phone: _____
 Relationship: _____ Work Phone: _____
 Address: _____ Cell Phone: _____

CONSENT FOR STUDENT

Student records of marks (documents relating to assessment, evaluation and progress) will be retained.

Required by All Schools:

Yes	No	I give permission to the school division to create and publish photographs, video recordings, and audio recordings of my son/daughter to the school newsletter, yearbook
Yes	No	I give permission to the school division to create and publish photographs, video recordings, and audio recordings of my son/daughter to the school website and social media sites that have been registered with SECPD such as facebook, twitter and blogs.
Yes	No	My child and I have read and both signed the SECPD Acceptable Use Policy for technology. <i>(Administrative Procedure 140)</i>
Yes	No	My child will be enrolled in SECPD (school division) managed and licensed services, including but not limited to Office365, Seesaw, Review360, MyLexia, clever, etc. I understand and acknowledge that personal information may be stored outside of Canada and SECPD follows CASL (Canadian Anti-Spam Legislation) and LAFOIP (Local Authority Freedom of Information and Protection Act) guidelines.
CASL Canadian Anti-Spam Legislation		As indicated in the Contact Information field on Page 1 , I consent to receive electronic messages from the SECPD Board and my child's school that may be characterized as commercial in nature, such as invitations to purchase school photographs, school clothing, yearbooks, etc. I understand I can revoke my consent at any time by contacting my child's school.
Yes	No	I give permission for my son/daughter to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone when a trip is going to occur.

School Specific Policies:

Yes	No	
Yes	No	
Yes	No	
Yes	No	

SIGNATURE REQUIRED: hereby declare that I have read and understood the information contained on this form and that the information I have provided is correct.

Date

Signature of Parent/Caregiver

EDUCATIONAL HISTORY

Please complete this section only if your child has received instruction outside of Saskatchewan.

Country/Province	Dates (from – to)	Grades/Levels	Language of Instruction

ABORIGINAL STATUS

Information regarding aboriginal status shall be given voluntarily.

Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Métis, or Inuit. Based on this definition, do you consider yourself to be an Aboriginal person?

Yes

No

If YES, please specify the Aboriginal Group to which you belong:

Non-Status

Indian Registered /Treaty / Status Indian

Métis

Inuit

If the student is living on reserve, please name the reserve: _____

Please complete the following pages only if:

- the student was born outside of Canada**
- the student is a tuition paying student**
- the student is a newcomer to Canada**
- the student is not fluent in English**

Country of Birth & Languages Spoken in the Home

Country of Birth: _____

1st Language Spoken at Home: _____

2nd Language Spoken at Home: _____

Immigration Status

Canadian Citizen

Other Citizenship: _____

Permanent Resident

SINP

Non-SINP

Refugee / Refugee Claimant

Expires: _____

Parent Work Permit

Expires: _____

Parent Study Permit

Expires: _____

Student Study Permit

Expires: _____

Visitor Visa

Expires: _____

Country lived in prior to moving to Canada: _____

Arrival: _____

In Canada: _____

Month Day Year

In Saskatchewan _____

Month Day Year

Resident Status

Complete this section ONLY if you have not previously declared your student's resident status previously.

Refugee Student

Also called Protected Person. A refugee student is seeking protection from harm or life-threatening circumstances in their former country. Do NOT check this box if the student has been enrolled in a school within Canada prior to the current school year.

Immigrant Student

An immigrant student is a permanent resident and has long term status in Canada, but has not yet become a Canadian citizen. Do NOT check this box if the student has been enrolled in a school within Canada prior to the current school year.

Temporary Resident

A temporary resident has come to Canada legally for a temporary purpose and does not have Canadian citizenship. Do NOT check this box if the student has been enrolled in a school within Canada prior to the current school year.

English as an Additional Language (EAL) Status

EAL Program

Yes

No

Immersion Type

Immersion Type:

Cree

Ukrainian

French

N/A

Tuition

Foreign Exchange

Foreign Tuition

N/A

Reciprocal Exchange

Inter-Divisional

Name of Division

Prior English Language Study: <i>How much and for how long?</i>	
In-school	_____
Private tutoring	_____
Has the student been tested for proficiency in English? (e.g. TOEFL, TOEIC, IELTS, CANTest, CFR)	
Yes	No _____
<i>Test type and score</i>	

Parents Language Skills		
	Mother	Father
Can speak:	_____	_____
Can read & write:	_____	_____
	None Some Fluent	None Some Fluent
English Proficiency	_____	_____

Cultural Considerations (e.g. Prayer Room, Dietary Restrictions)

FOR OFFICE USE ONLY		
Documents Gathered / Copied		
_____	_____	_____
Last Name	First Name	Middle
School _____		
Passport (photo page & visa) or Immigration Document		
Original or translated transcripts / recording document from former school		

Responsible, Safe, Respectful Learning Environment

Dear Parents/Guardians,

Please assist the staff in speaking with your child about respectful language, inclusion and a positive learning environment for all. School administration will be meeting with all grade levels to ensure the message is reinforced that staff will address all student concerns and implement consequences to students not following the responsible, safe and respectful expectations of our school. To ensure effective communication with our school community, parents will be contacted in the case where their child is displaying inappropriate behaviour. It is our goal to have staff work with the students in creating a culture of acceptance and positive interaction. We look forward to moving forward in a positive learning climate and need student and parent support to achieve this goal. Your co-operation and support are extremely appreciated in this matter.

Please return the bottom portion of the document and return it with your child to ensure the above message has been addressed with your child/children. Staff will be speaking with their students' about a Responsible, Safe and Respectful Learning environment and will continue to follow this standard indefinitely.

I have read and spoken with my son (s) /daughter (s) about the above message concerning verbal bullying, rough-housing and ostracism of certain students within the school.

Student signature: _____

Parent Signature: _____

Date: _____

Your support in creating a Responsible, Safe and Respectful learning environment is greatly appreciated.

Wawota Parkland School Staff.

SASKATCHEWAN HIGH SCHOOLS ATHLETIC ASSOCIATION

Consent Form

(This form is provided as a resource to schools. Members may contact the SHSAA for an editable version. If utilized, the form **must** be completed by a parent/guardian and signed by **both** parent/guardian and student.)

Name of Student: _____ **Date of Birth:** _____

Medical Information

We recommend that all students have a physical examination by an appropriate healthcare provider before participation in any high school sport. Please provide any relevant medical information that will help ensure the safety of your son/daughter:

Optional: The "Medical Certificate" form can be used to provide further medical information if required.
http://assets.ngin.com/attachments/document/0128/8619/Form_E-7_Supplement.pdf.

ALL MEDICAL INFORMATION IS FOR CONFIDENTIAL USE ONLY TO HELP ENSURE THE SAFETY OF THE STUDENT.

If your child has any of the following conditions we highly recommend a thorough evaluation by a healthcare practitioner or specialist before participating in high school sport.

- | | |
|---|--------------------------------------|
| 1. Heart Problem or High Blood Pressure | 2. Serious Neck or Back issue |
| 3. Problems due to hot or cold weather | 4. Epilepsy (seizures) |
| 5. Head Injury/Concussion–within the last year | 6. Asthma (wheezing or bronchitis) |
| 7. Diabetes | 8. Bleeding Problem (blood disorder) |
| 9. Kidney Problem | 10. Eye Injury/Problem |
| 11. Loss/Lack of a paired organ (e.g. only one eye, kidney, testicle) | |
| 12. Infectious Disease (e.g. Mono, Hepatitis within the past year) | |
| 13. Significant injury to bone, joint, ligament, tendon within the last 2 years | |
| 14. Major surgical procedure | |
| 15. Family history of sudden death at a young age (<40 years) | |
| 16. Allergies, Current Prescription or Non-Prescription Medications | |
| 17. Any other significant health problems | |

Terms and Conditions of Consent

Acceptance of Risk

- I acknowledge that there is the possibility for injury in any sport. I have reviewed the risks associated with the sport/s listed below and understand that serious injury, and even death, is possible with such participation and I accept that there is a risk of injury to the student. I have had time to gather information about the sport/s and to ask questions of the school if I wished to do so.

Medical Information

- I understand that certain activities require a minimum level of fitness and health (physical, mental, emotional) and that each person has a different capacity for participation in these activities. I agree that:
 - I have accurately set out the medical information concerning the student in this form;
 - I will immediately update the school/coach with any changes to that medical information.

Authorize Emergency treatment

3. I authorize emergency medical treatment for the student should the need arise for such treatment while the student is under the supervision of school division staff or coaches and I authorize the use or disclosure of the student’s individually identifiable health information should treatment for illness or injury become necessary.

Compliance with Rules and Regulations

4. I understand that the school division policy, procedures and rules for athletics are designed for the safety and protection of participants, and I will make my best efforts to have the student abide by these policies, procedures and rules.

Liability of School Divisions limited

5. I agree that the Board of Education, including its employees, servants or agents, shall not be liable for any injury to the student or loss or damage to any personal property arising from, or in any way resulting from participation in this activity, unless such injury, loss, or damage is caused by the sole negligence of the School Division or its employees, servants or agents while acting within the scope of their duties.

Consent of Parent/Guardian

I have carefully completed this form as accurately and fully as possible. I have read the *Terms and Conditions for Consent* outlined above and have had the opportunity to ask questions about any of those terms and the rest of this form.

I give permission for the student to participate in the following sports during the 20__ - 20__ school year:

All sports listed below

Or: Only the following sports:

- Badminton Curling Soccer Wrestling
- Basketball Football Track and Field
- Cross Country Golf Volleyball

Parent/Guardian Signature: _____ Date _____

Phone # _____ Email _____

Second Parent/Guardian: Phone # _____ Email _____

Consent of Student

I have carefully read and reviewed the information on this form:

- I agree that the information provided with regard to my health is accurate. I understand that I must provide updates about my health if anything changes.
- I understand that there is a risk of injury when participating in the sport listed above. I have had the time to research or to ask about those risks.
- I understand that I must follow the rules and regulations of school sport.
- I agree that the school can share my medical information if needed for emergency treatment.

Student Signature: _____ Date: _____



Acceptable Use Agreement

Responsible Use of Technology and the Internet

This form must be completed by all students and their parent or guardian upon first registering at a school within the South East Cornerstone School Division. The document will be retained by the school and remains in effect until such time as the student changes schools or leaves the South East Cornerstone School Division.

Student & Parent / Guardian Agreement:

I have read and understand the provisions and guidelines outlined in the South East Cornerstone Administrative Procedure 140 – Responsible Use of Technology and the Internet and agree to adhere and abide to all of its conditions.

I understand that violation of the regulations may result in disciplinary action, including a loss of access privileges, and/or appropriate legal action. I further understand that as a parent or guardian I bear financial responsibility for any damages or expenses incurred as a result of inappropriate or illegal student activity.

School

Student Name (please print)

Parent/Guardian Name (please print)

Student Signature

Parent/Guardian Signature

Date

Date

Administrative Procedure 140 – Appendix A

EXAMPLES OF ACCEPTABLE, INCIDENTAL AND UNACCEPTABLE USE

	ACCEPTABLE		INCIDENTAL		UNACCEPTABLE	
	Acceptable	Acceptable Incidental	Incidental	Incidental Unacceptable	Unacceptable	Illegal
General Computing	Creating student handouts on your computer		Preparing a roster for your child's soccer team over the lunch hour	Printing flyers promoting your home based business	Leaving a computer logged in with your teacher account as this is a security breach	Running an unlicensed (pirated) version of software on a computer
E-mail	Sending a group email with minutes of a PLC meeting attached	Sending an email to a colleague that deals with work and the schedule for your upcoming hockey tournament	Sending emails to coworkers with birthday or holiday wishes	Sending a Division wide email (spam) with 'car for sale' type messages	Distributing racist or obscene jokes, pictures or graphics via email	Making a libellous statement about a co-worker or student in an email
Internet	Accessing <i>Central iSchool</i> resources	Downloading and installing plug ins and updates with prior authorization	Browsing a news site during the lunch hour to keep up with current events	Downloading and installing a screen saver program	Downloading a trial version of a program and installing it without authorization	Downloading, storing, distributing or selling child pornography
Bandwidth	Using the Breeze server to deliver online instruction	Viewing online streaming media with students for a curricular purpose	Listening to a podcast of the news	Streaming audio or video from Internet sites thus slowing down the Network e.g. YouTube	Excessive personal use of the Internet	Downloading, storing or distributing copyrighted music or videos

Note: These are examples only and not exhaustive or inclusive.

Reference: Sections 85, 87, 109, 175 Education Act