



Student Name	Age
Home Room	Grade
Session <input type="radio"/> AM <input type="radio"/> PM	

Additional Information

Special Requests

After school, my child goes to: _____ Phone Number _____

Provide the names of the people who have authorization to remove the child from the school:

Name and relationship to child: _____

Name and relationship to child: _____

Access Restrictions (if applicable) Note: Copy of order must be retained by office

Is there a court restraining order in place? Yes No

If yes, name of person(s) restrained: _____

Are your child's immunizations up to date? Yes No

Has your child ever been assessed for the following:

Sight Hearing Speech Dental Early Childhood Intervention Plan

Psychiatrist Psychologist Physiotherapist Other:

Siblings Do you currently have other children enrolled within Northern Lights School Division #113?
If yes, please list below:

Name	Grade	School
Name	Grade	School
Name	Grade	School

Self-Care

We strive to accommodate students who are toilet learning. Is your child completely trained? Yes No

Please provide any further information relating to your child that would be helpful in understanding and caring for your child: _____

Declaration: The information provided on this document is true, correct and complete. I will notify the school (in writing) of any changes to the information on this form.

Signature of Custodial Parent / Legal Guardian _____ Date _____



Student Information		Grade:	
Student's Legal Last Name			
Student's Legal First Name			
Student's Legal Middle Name		Date of Birth (mm/dd/yyyy) / /	<input type="radio"/> Male <input type="radio"/> Female
Student's Residence <input type="radio"/> On Reserve			
<small>House # Street Name</small>		<small>Town/Village</small>	<small>Prov. Postal Code</small>
Mailing Address (If different from Resident address) <input type="radio"/> On Reserve			
<small>Box Number</small>		<small>Town/Village</small>	<small>Prov. Postal Code</small>
Home Phone () -	Student Cell () -	Health Service Number (HSN)	
School History		*Medical Information: Please provide any necessary medical information on supplemental form <i>Student Registration Medical Information</i> .	
Has the student ever registered at a NLSD#113 school before? <input type="radio"/> Yes <input type="radio"/> No			
If Not: <small>Previous Non- NLSD#113 School Attended City/Town/Village Prov.</small>			

Heritage Information*	Self-Declaration*
Country of Birth	If you wish to self-declare that you are an Aboriginal person, please specify: <input type="radio"/> Treaty/Registered <input type="radio"/> Metis <input type="radio"/> Non-Status <input type="radio"/> Inuit
Country of Citizenship	
First Language Spoken at Home <input type="radio"/> Cree <input type="radio"/> Dene <input type="radio"/> English Other:	Treaty Number
Second Language Spoken at Home <input type="radio"/> Cree <input type="radio"/> Dene <input type="radio"/> English Other:	Band Affiliation

*If you would like to know why this information is being collected please request a copy of the *Student Registration Information* sheet.

Office Use Only			
Sask. Learning Number	Grade	Homeroom	
Program Enrollment	<input type="radio"/> Regular (English) <input type="radio"/> Immersion (__French__ Cree) <input type="radio"/> Adult Secondary	Date	
	<input type="radio"/> Alternative Education <input type="radio"/> Functional Integrated Program <input type="radio"/> Adult Alternative	<small>(mm/dd/yyyy)</small>	
Information Verification <input type="radio"/> Birth Certificate <input type="radio"/> Passport <input type="radio"/> Status Card <input type="radio"/> Other:			
Notes:			

Contact Information

First Parent / Legal Guardian	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone () -	Cell Phone () -	Day Phone () -
	Email	Employer	

Second Parent / Legal Guardian	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone () -	Cell Phone () -	Day Phone () -
	Email	Employer	

Optional Other Relevant Adult	Relationship to student: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step-mother <input type="radio"/> Step-father <input type="radio"/> Guardian		
	First Name	Last Name	Lives with student: <input type="radio"/> Yes <input type="radio"/> No
	Home Phone () -	Cell Phone () -	Day Phone () -
	Email	Employer	

Emergency Contact Information

In the event of an emergency and if the primary contacts on this form cannot be reached, please specify at minimum one person which can be contacted should the need arise:

	Name (Last, First)	Phone	Phone Type	Relationship
Emergency Contact #1			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Emergency Contact #2			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	
Emergency Contact #3			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	

Declaration

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "Contact Information" section have the right to view student information and make educational decisions for this child, unless the student has registered as an Independent. **I will notify the school (in writing) of any changes to the information on this form.** I grant permission for this information to be shared with Health Services personnel, Dental Health personnel, and local bus lines personnel. Please release any Special Education information for my child, if requested.

Signature of Custodial Parent / Legal Guardian / Independent Student _____

Date: _____

Students 18 years of age and older:

Any student 18 years of age or older may self register within Northern Lights School Division #113. If you wish to declare independent status and limit parental access to academic information, please do so below and initial in the space provided.

Are you declaring independent status? YES NO Initials: _____



This form should be completed and reviewed annually if:

- The student has any life-threatening medical or physical conditions which may result in an emergency situation
- The student or family would like to inform the school of non-life threatening medical or physical conditions which may affect behaviour, attendance, and/or success within the school environment

V1.1

Student Name	Date
Home Room	Grade

Medical Information

Does the student have any life threatening medical conditions which may cause the daily possibility of an emergency? This includes, but is not limited to anaphylactic allergies, diabetes, and some seizures. YES NO

If yes, please explain:

****Please note, in the case of anaphylactic allergies, we will require a note from your medical professional indicating whether the allergy requires a classroom ban OR a school-wide ban.**

Does the student have any non-life threatening medical conditions which the school should be aware of? This includes, but is not limited to pregnancy, panic attacks, and non-life threatening allergies. YES NO

If yes, please explain:

Medical Alert

Our student information system has the ability to create an informational alert which allows the above information to be shared with staff throughout the building. Would you like an alert to be created to ensure that this information is readily available to teachers*?

Do you permit the school to create a Medical Alert: Yes No

Would you like this alert to expire after a set amount of time? Yes Date: / / (mm/dd/yyyy)

*Please note that alerts will be created for all anaphylactic allergies

Consent to Share Student Information

Media Relations – Pre K to Grade 9

One-time Consent

Northern Lights School Division is seeking your consent to share information about your child as described below. Before we share any information that is not covered in this consent, we will ask your permission.

The information that we would like your consent to share is:

- student's name, grade level and age
- individual or group photos and video
- artwork, writing samples or other student work

We would like to use this information in the following ways:

1. Education purposes in the school and 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

Please note that:

1. We are required by law to share personal information of students with the Ministry of Education; and,
2. 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

Media Relations – Pre K to Grade 9

One-time Consent

1. I understand that Northern Lights School Division may share the information of my child for the purposes listed on page 1. Uses may include both education purposes and public media including the internet.
2. I understand that **consent only needs to be signed once** and will cover my child for as long as my child is a student registered in the Northern Lights School Division.
3. I understand that if I wish to withdraw my consent, I can immediately contact the principal in writing.
4. I understand that I can submit a new consent form to the school at any time to change my consent.

Please select one, sign and return to the school:

Yes, as the parent or legal guardian of the student named below, I give my consent to the use of my child’s information as described on page 1

(or)

No, as the parent or legal guardian of the student named below, I do not give my consent to the use of my child’s information as described on page 1

Parent/Legal Guardian – print name

X _____
Parent/Legal Guardian - signature

Student – print full legal name

X _____
Student signature is optional

Student’s age today: _____

Date of Consent: _____
Day / Month / Year

Computer Account and Internet Access

One-time Student-Parent Agreement

Northern Lights School Division wishes for all students to use technology to enhance learning. Digital citizenship habits are built from practice and help to leave a positive digital footprint. The agreement is signed **only once** and will remain valid and filed in the student's cumulative file for the time the student is registered in Northern Lights School Division.

Parent/Guardian Agreement

Agree	Disagree	Condition:
<i>Please initial in space provided</i>		
		I will support my child to the best of my abilities and work with school staff to help support the above ideals outside of school.
		I understand that I will be notified if my child is not working towards the above ideals.
		I agree that educational technology is a privilege, not a right; inappropriate use may result in denial of services, account suspension or disciplinary action.
		(Account Creation) I permit Northern Lights School Division to create accounts (Network, Email and Application) which support my child's growth and development in meeting curricular goals.
		(Internet Access) I understand and permit my child to access the internet while at school to enrich the learning experience being offered.

Student's Name: _____

Parent/Guardian's Signature: _____

Parent/Guardian's First and Last Name: _____

Date: _____
day / month / year

OR

Adult Student Agreement

Agree	Disagree	Condition:
<i>Please initial in space provided</i>		
		I agree that educational technology is a privilege, not a right; inappropriate use may result in denial of services, account suspension or disciplinary action.
		(Account Creation) I permit Northern Lights School Division to create accounts (Network, Email and Application) which support my growth and development in meeting curricular goals.
		(Internet Access) I understand my access to the internet while at school is to enrich the learning experience being offered.

Student's Signature: _____

Student's First and Last Name: _____

Date: _____
day / month / year

Responsible Use of Educational Technology

Annual Student Digital Citizenship Agreement (Grades 4-12)

Northern Lights School Division wishes for all students to use technology to enhance learning. Digital citizenship habits are built from practice and help to leave a positive digital footprint.

I, _____ will strive to meet the following ideals:
Print student name

Respect and Protect Myself

- I will take responsibility for my actions when posting or viewing online information and images.
- I will use technology to represent myself positively while creating a lasting digital footprint.
- I will only use my personal account(s) and keep my password(s) private.
- I will not reveal personal information about myself with any online service or person.
- I will not access inappropriate material and I will report inappropriate material to my teacher.

Respect and Protect Others

- I will not use technologies to degrade, defame, or harass others.
- I will not use technologies to record or photograph others without their permission.
- I will not reveal personal information of other individual(s) with any service or person online.
- I will not share inappropriate materials or communications.

Respect and Protect Property

- I will give credit for information gathered online and try to use citation correctly.
- I will take full responsibility for, and respectfully use, any technology available to me.
- I will use network bandwidth reasonably and responsibly.
- I will report abuse of technology to my teacher.
- I will report security or network problems to my teacher.
- I will not use school technology for commercial or personal financial gain.

Bring Your Own Technology (BYOT)

- I will only connect to the school network, not other (external/neighborhood) networks.
- I will turn off all peer-to-peer (music/video/file-sharing) software or web-hosting services on my technology.
- I understand the security, care, connectivity and maintenance of my technology is my responsibility. I am fully responsible for my technology while it is at school.
- I understand that the school and NLSD113 is not responsible for the loss, theft or damage of my technology.
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Student Agreement

Students Grades 4-12

Student's Signature

Date