

STUDENT REGISTRATION FORM

ONION LAKE EDUCATION



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.

I am registering my child to:

- Kihēw Waciston Cree Immersion School
(306)344-2525
- Pēwāsēnākwan Primary School
(306)344-4488
- Chief Taylor Elementary School
(306)344-4530
- Eagleview Middle School
(306)344-2440
- Sakāskohe High School
(306)344-3414

Entrance Requirements

- Children must be 3 for HeadStart, 4 for Pre-Kindergarten and 5 for Kindergarten on or before September 30 of the current year.

List the last community and the last school/ grade attended:

STUDENT PERSONAL INFORMATION

GRADE: ____

Legal Name: _____
Legal Surname First Name Middle

Date of Birth: _____ Gender: [M] [F] [Undeclared]
Month/ Day /Year

Treaty #: _____ Band Affiliation: _____

Address: _____
House #: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Bus #: _____ Bus Driver Name: _____

Student resides with: ___ 2 Parents ___ Mother ___ Father
___ In Care ___ Relative ___ Guardian

PARENT/LEGAL GUARDIAN INFORMATION

Relationship to child: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Other: _____

EMERGENCY CONTACT INFORMATION

Relationship to child: _____

Name: _____

Cell Number: _____ Phone [] Text []

Email: _____

EMERGENCY CONTACT INFORMATION

Check the box if contact is same as above []

Relationship to child: _____

Name: _____

Cell Number: _____ Phone [] Text []

Email: _____

INTERNET/MEDIA WAIVER

We would like to recognize the accomplishments of our students on the internet, social media or other media sources.

Please circle one of the following:

- I GIVE or DO NOT GIVE permission for my child's photo and name to be published on the internet, social media, or other media sources.

CULTURAL PERMISSION

Please circle one of the following:

- I **GIVE** permission for my child to participate in all land-based/cultural events.
- I **GIVE** permission for my child to participate in the following activities:

STUDENT PROTECTION

Is there a legal document that exists which forbids an individual from having contact with this student? [Y] [N]. If you answered yes, please attach required documentation. Verbal agreement is not permissible.

STUDENT MEDICAL INFORMATION

Family Doctor: _____ Phone Number: _____

Health Card Number: _____ [SK] [AB]

Does your child have any allergies? [Y] [N] If yes, please list: _____

Is your child on any medication? [Y] [N] If yes, please list: _____

Has your child's vision been checked? [Y] [N] Has your child's hearing been checked? [Y] [N]

Has your child been vaccinated for COVID-19 (ages 12+) [Y] [N]

Can your child use the bathroom independently? (Headstart only) [Y] [N]

Does your child have any medical conditions that require an inclusion intervention plan?

STUDENT SUPPORT SERVICES: Has your child participated in any of the following programs or received services:

- | | |
|---|---|
| <input type="checkbox"/> Early Childhood Intervention Program | <input type="checkbox"/> Speech-Language Pathologist |
| <input type="checkbox"/> Childhood Psychologist | <input type="checkbox"/> Onion Lake Head Start |
| <input type="checkbox"/> Hearing Specialist | <input type="checkbox"/> Onion Lake Child and Family Services |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Onion Lake Wellness |
| <input type="checkbox"/> Jordan's Principle | <input type="checkbox"/> Onion Lake Health Centre |
| <input type="checkbox"/> Midwest Family Connections | <input type="checkbox"/> Autism Consultant/Resource Centre |
| <input type="checkbox"/> Inclusion and Intervention Plan | |
| <input type="checkbox"/> Other Agencies or Programs (please list):
_____ | |

PARENT/GUARDIAN DECLARATION

I HEREBY DECLARE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION CONTAINED ON THIS STUDENT REGISTRATION FORM AND THAT THE INFORMATION I HAVE PROVIDED IS CORRECT.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE SCHOOL OF ANY CHANGES TO THE INFORMATION CONTAINED ON THIS FORM.

Print name

Signature of Parent(s)/Guardian(s)

Date