FORM 301-1

Student Registration

Admission of Resident Students

Student Information

Student's Legal First Name | Student's Legal Middle Name

Student's Legal Last Name | Date of Birth (mm/dd/yyyy) | ☐ Male ☐ Female ☐ Other

Student's Residence House # Street Name | Town/Village | Prov. | Postal Code | ☐ On Reserve

Mailing Address (If different from Resident address) Box # | Town/Village | Prov. | Postal Code | ☐ On Reserve

Home Phone ( ) | Student Cell ( ) | GRADE

Last School Attended:

School Name | City/Town | Province

See ***AP302 Special Status Students*** for out-of-jurisdiction students and foreign students

Heritage Information* *(Voluntary)*

Country of Birth

Country of Citizenship

First Language Spoken at Home
☐ **Cree** ☐ **Dene** ☐ **English** **Other:**

Second Language Spoken at Home
☐ **Cree** ☐ **Dene** ☐ **English** **Other:**

Aboriginal Eligibility* *(Voluntary)*

If you wish to self-declare that you are an Aboriginal person, please specify:

☐ **Treaty/Registered** ☐ **Métis**
☐ **Non-Status** ☐ **Inuit**

Treaty Number

Band

*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 ◯ Regular (English) ◯ Immersion (French) Date _____ (mm/dd/yyyy)

Information Verification ◯ Birth Certificate ◯ Passport ◯ Status Card ◯ Other:

Notes:

Contact Information

First Parent / Legal Guardian

Relationship to student: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Guardian

First Name | Last Name | Lives with student: ☐ Yes ☐ No

Home Phone | Cell Phone | Day Phone

Email | Employer

Second Parent / Legal Guardian

Relationship to student: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Guardian

First Name | Last Name | Lives with student: ☐ Yes ☐ No

Home Phone | Cell Phone | Day Phone

Email | Employer

Optional Other Relevant Adult

Relationship to student: ☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Guardian

First Name | Last Name | Lives with student: ☐ Yes ☐ 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			☐ Home ☐ Cell ☐ Work	
Emergency Contact #2			☐ Home ☐ Cell ☐ Work	
Emergency Contact #3			☐ Home ☐ Cell ☐ 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 of any changes to the information on this form.**

Signature of Custodial Parent / Legal Guardian

_____ Date: _____

FORM 151-1

Consent to Share Student Information

Media Relations – Pre K to Grade 9

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.

FORM 151-1

Consent to Share Student Information

Media Relations – Pre K to Grade 9

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**

_____ X _____

Parent/Legal Guardian – print name Parent/Legal Guardian - signature

_____ X _____

Student – print full legal name Student signature is optional

Student's age today: _____

Date of Consent: _____

Month / Day / Year

6.

FORM 301-3

Medical Information Supplemental Form

Student Registration

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

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 (we require a doctor's note detailing the allergy), diabetes, and some seizures.

☐ YES ☐ NO

If yes, please explain:

Does the student have any non-life threatening medical conditions which the school should be aware of? This includes, panic attacks, and non-life threatening allergies (we require a doctor's note detailing the allergy).

☐ 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)

FORM 142-2

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:
Please initial in space provided		
		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: _____
month / day / year

OR

Adult Student Agreement

Agree	Disagree	Condition:
Please initial in space provided		
		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: _____
month / day / year

Saskatchewan Health Authority

Children's Dental Program

The Children's Dental Program delivers dental health education, diagnostic, preventive and limited restorative dental services to eligible children in the Health Region.

We strongly believe in preventive care. A major focus of the Dental Program is prevention of disease through activities such as tooth brushing/flossing instruction, preschool screening and fluoride varnish programs.

Services provided:

- Preventative services for all children which include screening, sealants, oral hygiene education, fluoride applications and selective polishing and scaling.
- Dental treatment (limited to restorative care for preschool, kindergarten, grade 1, grade 6 and grade 7 children).
- Emergency dental treatment for all children (treatment of pain and/or infection).
- Dental Health Education to schools and community groups.
- Referral to private practice dentists and dental specialists.

Services not provided:

- Routine complete examinations
- Routine dental treatment
- Orthodontics

Who is eligible?

- All pre-school children 0-5 (on and off reserve).
- All school age children 16 years and under, who reside in the Health Region and are not attending an on reserve school.
- Children whose parents have completed and signed the Children's Dental Program form on other side of this form and have returned it to the dental staff in their community.

Children will remain in the program until August 31st of the year they turn 17 unless withdrawn in writing by their parent/legal guardian. The program's clinical staff provides these services at no cost to the client.

It is your right to ask questions!

Please direct any questions to the phone numbers listed below!

La Ronge:

Prenatal/Preschool Dental Program
306-425-8591
Pre-Cam School Dental Clinic
306-425-8590
Gordon Denny School Dental Clinic
306-425-8595
Churchill School Dental Clinic
306-425-8596

Pinehouse

Minahik Waskahigan Dental Clinic : 306-884-5676

Sandy Bay

Hector Thiboutot School Dental Clinic: 306-754-5419

Creighton

Creighton School Dental Clinic : 306-688-8628

Weyakwin

Government Building Dental Clinic: 306-663-6100

Saskatchewan Health Authority

Children's Dental Program Consent Form

Please complete form with ink. It is important to fill out all sections.

Section 1: Students Personal Information (Parent/Guardian complete out this section) Please Print Clearly

Students Last Name	Students First Name/Preferred Name	Students Gender M ☐ F ☐ Other: ☐	Grade/Room #
Birthdate DD/MM/YYYY	Health Card Number	Band Registry/Treaty Number/Band Name	
Caregiver Name/Relationship to Student	Mailing Address/Town/Postal Code	Preferred Phone Number ( ) Cell Phone: ( ) May we text you? YES ☐ NO ☐	
Caregiver Email Address	Alternate Contact Name/Relationship to Student	Alternate Contact Phone Number ( )	

Section 2: Health Checklist/Medical History (Caregiver Must Complete This Section)

1. Does your child have allergies to colophony (pine resin)? Yes ☐ No ☐
2. Does your child have allergies to latex? Yes ☐ No ☐
3. Does your child experience epilepsy, fainting spells or convulsions? Yes ☐ No ☐
4. Please list any medications that your child takes on a regular basis (ie: puffers for asthma)

Section 3: Dental Services: (Caregiver must complete this Section) If box is not checked service will NOT be performed

- ☐ **Oral Screening Examination** (checkup done by the Dental Therapist)
- ☐ **Oral Hygiene Instruction** (brushing and flossing lesson)
- ☐ **Fluoride Varnish** (a special coating painted on child's teeth to prevent cavities. Done 2-3 times a year depending on need)
- ☐ **Dental Sealants** (protective that go over the back molars. These help prevent cavities. They are painless and easy to do)
- ☐ **Dental X-rays** (these are performed only when necessary)

Section 4: This consent will remain in effect for the grade range that your child is currently in. A new consent will be required for each grade range.

Please check off the grade range that currently applies to your child as of today.

Preschool; ages 0-5 ☐ **Grades K – 2** ☐ **Grades 3 – 5** ☐ **Grades 6 – 8** ☐ **Grades 9+** ☐

Section 5: Consent: By signing this form you acknowledge and consent to the following. Please read thoroughly.

- I have read and understand the services of Saskatchewan Health Authority Children's Dental program outlined on this form.
- I authorize the participation in this voluntary plan of the above named child.
- I authorize employees of Saskatchewan Health Authority Children's Dental program to share relevant personal health information with other health care providers to assist with service.
- I consent to the collection, use and storage of the above named child's dental health information in both electronic and paper form for program management and quality improvement.
- I consent to receiving dental health information by email and/or text message.
- I understand that other services not listed here will not be performed until additional consent is obtained.
- I understand that my child will remain in the program until they come out of the grade range or until it is withdrawn either in writing or verbally by a parent/guardian of the above-named child.

_____ _____

Signature of Parent/Legal Guardian **Date**

Your privacy is important to us therefore your information will be protected by provincial and federal laws.