

Student Registration Form – 2022-2023

School: Red Wing Public School



STUDENT PERSONAL INFORMATION

Student's Legal Name: _____
Surname First Name Middle Name (s)

Usual First Name: _____ Date of Birth: _____ Gender: Male Female Unspecified Grade: _____
Month/Day/Year

House/Apt#: _____ Street: _____ City: _____ Postal Code: _____

Mailing Address (if different from above): _____

Land Location (For Rural Students): Quarter: _____ Section: _____ Township: _____ Range: _____ Meridian: _____

Home Phone: _____ Student Cell: _____

Program of Study Regular (English) French Immersion

PARENT OR GUARDIAN INFORMATION

Relationship: Father Mother Guardian
 Step-father Step-mother

Name: _____
Surname First Name
Does student live with you? Yes No

Employer's Phone: _____

Cell: _____

Email: _____

PARENT OR GUARDIAN INFORMATION

Relationship: Father Mother Guardian
 Step-father Step-mother

Name: _____
Surname First Name
Does student live with you? Yes No

Employer's Phone: _____

Cell: _____

Email: _____

CITIZENSHIP INFORMATION

Canadian Other – please specify: _____ Country of Birth: _____

LANGUAGE SPOKEN

First Language: _____ Second Language: _____

FIRST NATIONS INUIT AND MÉTIS (voluntary self-declaration)

First Nations Status First Nations Non-Status Inuit Métis

Do you live on a reserve: Yes No Status #: _____
Reserve Name: _____ House #: _____ Street Name: _____

SIBLINGS INFORMATION (Please attach an additional sheet to list more than two siblings)

Name: _____ Date of Birth: _____
Surname First Name Month/Day/Year

Name: _____ Date of Birth: _____
Surname First Name Month/Day/Year

LAST SCHOOL ATTENDED (Please complete if the student is new to this school)

Name of School: _____ Grade: _____

City/Town of School: _____ Phone: _____

CUSTODY INFORMATION

Court Order In rare instances a child may be designated as "Protected" if a court has issued a restraining order. Should school administration be aware of any such Court Order for the protection of your child? Yes No
If yes, please make arrangements to discuss this situation with the school administration.

Foster Care Is this student in foster care? Yes No If you answered Yes, please provide the following information

Foster Care Agency: Ministry of Social Services ICFS (Indian Child and Family Services)

Type of Foster Care: Regular Therapeutic Therapeutic Group

Social Worker's Name: _____ Phone: _____

CHILD CARE OR SITTER INFORMATION

Name: _____ Phone: _____

Address: _____

EMERGENCY INFORMATION (Parents/guardians will always be contacted first in the event of an emergency)

Emergency Contact 1 Name: _____ Home Phone: _____
(if parents are unavailable)

Relationship: _____ Cell: _____

Work Phone: _____

Emergency Contact 1 Name: _____ Home Phone: _____
(if parents and Emergency Contact 1 are unavailable)

Relationship: _____ Cell: _____

Work Phone: _____

Does this student have a **severe** or **life threatening** medical condition? Yes No

If you answered Yes, please provide details of the medical condition: _____

PERMISSION

1. I give permission for my child 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 call when a trip will occur. Yes No

2. **Local Authority Freedom of Information Protection (LAFOIP).** *Please read the LAFOIP brochure.* I give my permission for my child's personal information (name, grade, school), photo/video, video recording, including virtual learning opportunities, media release, media internal and external, social media permission and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting publication, or internet website. (An example – the publication of your child's picture in the local newspaper or social media.) Yes No

The LAFOIP brochure is available at the school or online at www.srsd119.ca. (Click on Parent Information)

SIGNATURE REQUIRED

I hereby declare that I have read and understood the information contained on the Student Registration Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.

_____ Date

_____ Signature of Parent or Guardian

Local Authority Freedom of Information Protection (LAFOIP)

An Information Brochure for Parents and Guardians

The Use of Student Personal Information

The purpose of this brochure is to inform you about the collection and use of student personal information by the Saskatchewan Rivers School Division.

In many cases the information is specifically mandated under the Education Act, 1995 such as the information provided when a student is registered. For example, the school division must provide the Ministry of Education with specific information about each student. Certain information may also be required by the Regional Health Authority or other Ministries such as Justice or Social Services. In other instances, student personal information is collected and used for authorized programs and activities that are a normal part of school life. These uses, which are listed below, are a vital part of a healthy and functioning school and participation of all students is very important. However, we realize that there may be occasions where you, as parents or guardians, have concerns relating to the safety of your child with any of these uses of information. **If this is the case, please contact the school office.**

Student information will be used for the following purposes:

- The use of student names in lists for planning, for emergency procedures, in managing busing issues, and in coordinating school activities;
- The use of student names, related contact information and telephone numbers for absenteeism verification;
- The circulation of information on a “need-to-know” basis regarding students who have severe or life-threatening medical conditions;
- Mandatory disclosure of both student and parent information to assist the Regional Health Authorities with communicable disease intervention and follow-up (such as vision, speech, hearing, dental, or immunization programs). Lists will be provided to the local health authorities upon their request; and,
- The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal, or other types of awards or scholarships in the event the school division applies on a student’s behalf.

Discretionary use of Student Information

In order for the school or school division to use student information for the following purposes, permission of the parent or guardian must be obtained. Permission can be granted or refused on the Permission section of the **Student Registration Form**.

- The taking of individual, class, team or club photos for school purposes and the use of student photos for student cards or other identification purposes;
- The use of student names on artwork or other creative work or material of students displayed at science fairs, other project displays at school, on a password protected school or school division website and other school related or sponsored activities;
- The use of student names and pictures on honour rolls or citizenship rolls;
- The use of student names and pictures for graduation ceremonies, scholarships or other awards with the school or school division;
- The use of a student's name, photo, and comments in the school newsletter, yearbook, calendar, graduation publication or other school publications; and,
- The taking of photos or videos of classroom or other school activities by the school division where the material will be used within the school division, or on a password protected school or school division website.

(Where individual students are identified or interviewed and the material will be used outside the school, a separate and specific consent will be required and you will be contacted prior to the disclosure taking place.)

More Information

For more information about Local Authority Freedom of Information Protection please contact:

- **Your local school;**
- **The School Division**
Education Centre
Saskatchewan Rivers School Division
545 11 Street East, Prince Albert, SK
S6V 1B1

Telephone: (306) 764-1571
Toll Free Telephone (within
Saskatchewan):
1-888-764-1571
Facsimile: (306) 763-4460
Website: www.srsd119.ca
- **The Saskatchewan Information and Privacy Commissioner**
503 1801 Hamilton Street
Regina, Saskatchewan
S4P 4B4

Telephone: (306) 787-8350
Toll Free Telephone (within
Saskatchewan):
1-877-748-2298
Facsimile: (306) 798-1603
Website: www.oipc.sk.ca

Electronic Newsletters

Everywhere within education we do our best to be as efficient as possible without losing the ability to effectively provide the best education possible to our students. One way many schools are now efficiently sharing school news is to provide the option of their monthly newsletters being delivered electronically. Because of the strong role we feel the newsletters play in keeping our families connected to the school we will always provide a paper copy when requested but we would like to give families the option of receiving an electronic version if they would prefer.

Electronic copies will be distributed though Edsby. Please return this form and indicate if you would like your youngest/only child to receive paper copies of the newsletter to bring home, otherwise the email copy will be the only one received.

Please fill out the information below and have your youngest/only child return ASAP.

Thank you,

G. McGregor

Students of your family in school _____

- I would rather keep receiving paper copies of the newsletter, sent home with the youngest child in my household



Red Wing Public School
c/o 545-11th St. E
Prince Albert, Sk. – S0J 2E0
Phone: (306)763-5375 Fax: (306)763-6555

Mr. Graham McGregor, Principal
Mrs. Sandy Morley, Vice-Principal

Emergency Medical Information

At Red Wing Public School we take the utmost care to ensure each student's safety each and every day. If your child has severe or life threatening medical concerns please take a moment to elaborate on them and what, if any, actions should be taken in the event of an emergency. Please know that all such information is posted in our staff room and will only be shared with discretion amongst those in care of the children.

If your child has anaphylactic concerns please fill out the sheet in this package and return to the school as soon as possible.

Thank you,

G. McGregor
Principal
Red Wing Public School

Student Name _____ **Parent/Guardian** _____

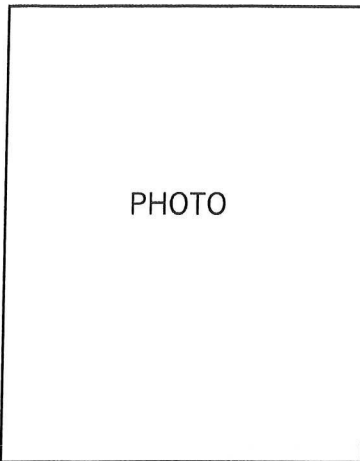
Nature of Concern (please be as detailed as possible)

Actions to be taken in the event of an emergency (include medicines or devices to be used such as "epipens" or asthma inhalers)

Location of medicines to be given in the event of an emergency

Anaphylaxis Emergency Plan: _____ (name)

This person has a potentially life-threatening allergy (anaphylaxis) to:



(Check the appropriate boxes.)

Food(s): _____

Insect stings

Other: _____

Epinephrine Auto-Injector: Expiry Date: _____ / _____

Dosage:

EpiPen® Jr. 0.15 mg EpiPen® 0.30 mg

Location of Auto-Injector(s): _____

Previous anaphylactic reaction: Person is at greater risk.

Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty breathing, give epinephrine auto-injector before asthma medication.

A person having an anaphylactic reaction might have ANY of these signs and symptoms:

- **Skin system:** hives, swelling (face, lips, tongue), itching, warmth, redness
- **Respiratory system (breathing):** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- **Gastrointestinal system (stomach):** nausea, pain or cramps, vomiting, diarrhea
- **Cardiovascular system (heart):** paler than normal skin colour/blue colour, weak pulse, passing out, dizziness or lightheadedness, shock
- **Other:** anxiety, sense of doom (the feeling that something bad is about to happen), headache, uterine cramps, metallic taste

Early recognition of symptoms and immediate treatment could save a person's life.

Act quickly. The first signs of a reaction can be mild, but symptoms can get worse very quickly.

1. **Give epinephrine auto-injector** (e.g. EpiPen®) at the first sign of a known or suspected anaphylactic reaction. (See attached instruction sheet.)
2. **Call 9-1-1** or local emergency medical services. Tell them someone is having a life-threatening allergic reaction.
3. **Give a second dose of epinephrine** as early as 5 minutes after the first dose if there is no improvement in symptoms.
4. **Go to the nearest hospital immediately (ideally by ambulance)**, even if symptoms are mild or have stopped. The reaction could worsen or come back, even after proper treatment. Stay in the hospital for an appropriate period of observation as decided by the emergency department physician (generally about 4-6 hours).
5. **Call emergency contact person (e.g. parent, guardian).**

Emergency Contact Information

Name	Relationship	Home Phone	Work Phone	Cell Phone

The undersigned patient, parent, or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the patient's physician.

Patient/Parent/Guardian Signature

Date

Physician Signature On file

Date



School bus info would like you to join Remind for updates about Red Wing buses.

Remind is a free app that lets you communicate with your teachers – right from your phone.

Get the free Remind app

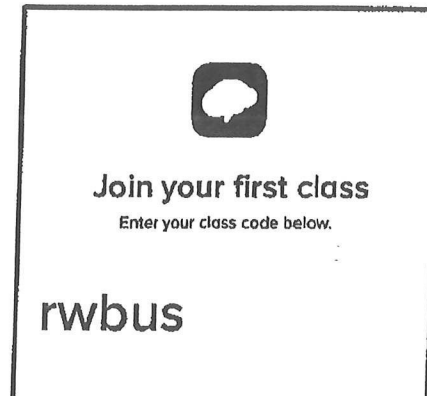
1. Download the Remind app from



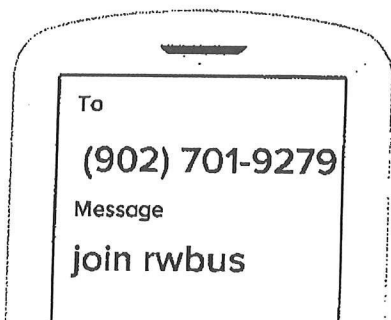
or



2. Sign up for an account and enter the code **rwbus** to join Red Wing buses.



Or, sign up for text updates



Text **(902) 701-9279** with the words "join rwbus" to get updates from School bus info via text message.

Don't have a mobile phone?

Go to this link in your browser to receive messages via email: rmd.at/rwbus



SRPSD bus info would like you to join Remind for updates about All SRPSD buses.

Remind is a free app that lets you communicate with your teachers – right from your phone.

Get the free Remind app

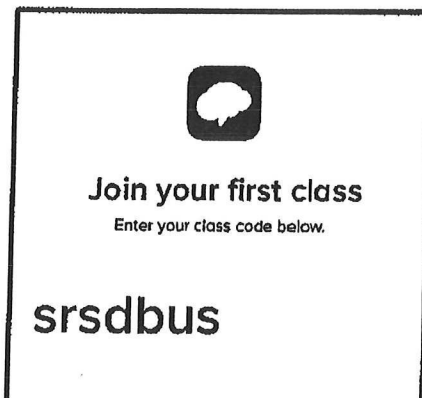
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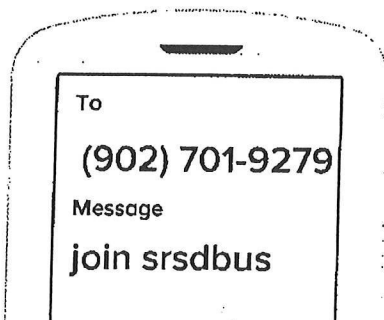
or



2. Sign up for an account and enter the code **srsdbus** to join All SRPSD buses.



Or, sign up for text updates



Text **(902) 701-9279** with the words "join **srsdbus**" to get updates from SRPSD bus info via text message.

Don't have a mobile phone?

Go to this link in your browser to receive messages via email: rmd.at/srsdbus