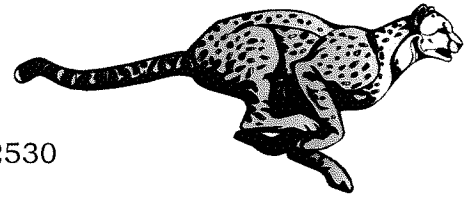




Chaplin School
P.O. Box 150
Chaplin, SK S0H 0V0
Phone: 306-395-2388 Fax: 306-395-2530
Principal: Evan Hanson



March 19, 2020

Hello Parents/Guardians:

Kindergarten registration is now open – please register before April 9, 2020! Our current situation remains unknown with respect to school closures and when we will be fully operational again. We ask that you complete the registration package and either mail it back to the school or scan/take pictures of the forms and send to school.chaplin@prairiesouth.ca

Staff have been asked to stay at home from March 20-27; therefore, we would prefer to receive email copies of your forms in the event that we are asked to be at home longer than this period.

Once the school re-opens, we request that you bring in the original health card and birth certificate for us to copy.

We have made these forms available on our website as well.

If you have any questions, please send me an email at the above email address.

Kind regards,

A handwritten signature in cursive script that reads "Lindsay Schultz".

Lindsay Schultz,
Administrative Assistant
Chaplin School, Box 150, Chaplin SK S0H 0V0

School registering for:

Previous school attended Address of previous school

French Immersion Program (École Palliser Heights, Central Collegiate, and École Gravelbourg)

Student Information

Legal last name Legal first name Legal middle name

Student preferred name, if different from legal name(s)

Date of birth (MMM-dd-yyyy) Gender Grade Homeroom
 Female Male Undeclared

Student email address Student cellular phone Student home phone

Citizenship

Is student a Saskatchewan resident? Yes No

Is student a Canadian citizen? Yes No If no, state citizenship:

First language Second language

Country of birth Last country student attended school

OFFICE USE ONLY - How was the student's name, birthday and citizenship verified?

Birth certificate Passport Status card Immigration papers or permanent resident card

Non-Canadian citizen - proof of legal status must be provided in order to register (copy to be provided to Division office)

Study permit Parent work permit
 Refugee category Parent study permit
 Permanent Resident Document Record expiry date of permit (MMM-dd-yyyy):

Signature of school official verifying document

Student Address

Apt number House number Street name City/Town Postal Code

If the mailing address is a box number, please also provide a physical address and/or land location.

Box number City/Town Postal code ¼ Section Section Township Range Riverlot Meridian

Voluntary Aboriginal Identification

Aboriginal people are those who identify themselves to be First Nations (Registered, Treaty, Status Indian, and Non-Status Indian), Métis, or Inuit/Inuk.

Based on this definition, do you consider yourself to be an Aboriginal Person? No Yes

If Yes, please indicate which Aboriginal group you belong to:

Registered, Treaty or Status Indian Non-Status Indian Métis Inuit/Inuk

Guardianship Rights, Custody or Access Rights

Guardians of the student must be identified to ensure each party's rights are respected. If an order affecting guardianship rights, custody or access rights exists, please indicate which by checking off the appropriate box below.

Access/Custody Guardianship Protection Other:

Document expiration date(s): Copy in student record Yes No

Parents/Guardians Contact Information

Relationship to student - please specify		Last name		First name	
1.					
Apt number	House number	Street or box number	City/Town		Postal code
Home phone		Cellular phone		Work phone	
Lives with student:		Email			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check all items that this parent/guardian should receive:					
<input type="checkbox"/> grade mailing		<input type="checkbox"/> conduct mailing		<input type="checkbox"/> other mailing	
				<input type="checkbox"/> MSS family portal access	
Relationship to student - please specify		Last name		First name	
2.					
Apt number	House number	Street or box number	City/Town		Postal code
Home phone		Cellular phone		Work phone	
Lives with student:		Email			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check all items that this parent/guardian should receive:					
<input type="checkbox"/> grade mailing		<input type="checkbox"/> conduct mailing		<input type="checkbox"/> other mailing	
				<input type="checkbox"/> MSS family portal access	
Relationship to student - please specify		Last name		First name	
3.					
Apt number	House number	Street or box number	City/Town		Postal code
Home phone		Cellular phone		Work phone	
Lives with student:		Email			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check all items that this parent/guardian should receive:					
<input type="checkbox"/> grade mailing		<input type="checkbox"/> conduct mailing		<input type="checkbox"/> other mailing	
				<input type="checkbox"/> MSS family portal access	
Relationship to student - please specify		Last name		First name	
4.					
Apt number	House number	Street or box number	City/Town		Postal code
Home phone		Cellular phone		Work phone	
Lives with student:		Email			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check all items that this parent/guardian should receive:					
<input type="checkbox"/> grade mailing		<input type="checkbox"/> conduct mailing		<input type="checkbox"/> other mailing	
				<input type="checkbox"/> MSS family portal access	

Siblings

Please list siblings living in the same home and attending school.

Siblings full name	Birthdate (MMM-dd-yyyy)	Current school	Grade

Emergency Contact Information

Who should be contacted in case of an emergency if parent(s)/guardian(s) cannot be reached?

Last name	First name	Phone number	Relationship
Last name	First name	Phone number	Relationship

Medical Information

Health Services Number (HSN)	Doctor's name	Doctor's phone number
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The HSN is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students' educational needs are being met. The Ministry of Education will not use the HSN for any other purpose.

Please list any medical conditions that the school should be aware of, include the severity of condition and attach any relevant documents.

Child Care Information

Daycare or child care provider name	Address	
Business phone	Home phone	Cellular phone

School Bus Information

If student resides within the school's boundary area, check the appropriate box below.

- Does not require transportation
 Requires transportation from address on page one
 Requires transportation from alternate address

Alternate address including town/city:

Reason for alternate address request: Second parent Child Care Other:

Additional information for alternate address request.

Requested bus service start date:

Billet Information

In the event buses do not run due to bad weather conditions, bus failure or an emergency, we require a billet home for your student in the same town as they attend school.

Last name	First name	Address
Home phone	Cellular phone	Business phone

Declaration

I, the undersigned, hereby represent that I have the legal authority to register this student. I declare the information that I provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Date	Signature of Parent/Custodial Parent/Legal Guardian
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NOTE: Your student is not officially registered until legal documentation is brought directly to the school and verified by school personnel.

**PARENT/GUARDIAN PERMISSION:
USE OF STUDENT WORK AND PERSONAL INFORMATION**

I agree that Prairie South School Division may use work produced by my child _____ and/or images/commentary of my child with or without my child's name, and for any lawful purpose, including, for example, such purposes as publicity, illustration, promotion and web content without remuneration or payment for the following purposes:

(Please indicate if you agree to provide permission for the following purposes.)

- | | | |
|-----|----|--|
| Yes | No | 1. For education purposes in the school community |
| Yes | No | 2. For the public media including the internet, newspaper, broadcast |
| Yes | No | 3. Class lists |

I HAVE READ AND UNDERSTAND THE ABOVE and hereby consent to the collection and use of information as indicated above:

Parent/Guardian Name (please print)

Student Name (please print)

Parent/Guardian Signature

Date

This consent shall remain in effect as long as the student is registered with Prairie South School Division and needs to be signed only once.

Please return this signature page to the school.

CONSENT FOR MEDICATION ADMINISTRATION

As parent/guardian of _____, (the child), on behalf of myself as parent/guardian and on behalf of my child, I hereby request assistance from the staff of Prairie South School Division No. 210, the administration of medications of the child.

I recognize that such staff members do not have nursing, medical or pharmaceutical training.

I agree to provide the staff with a signed physicians order stating dosage and application schedule and will provide updated orders when the stated medication is changed in dosage or application schedule.

I hereby release Prairie South School Division No. 210 and its employees and volunteers from any responsibility for any error, injury or damage which may occur in connection with, or as a result of, the administration of medications, or the manner in which they are administered.

I further waive any claims that either I or my child may have against Prairie South School Division No. 210 and/or any of its employees or volunteers arising out of, or in connection with, or as a result of the administration of medications or in the manner in which they are administered, notwithstanding that any such loss, injury or damage may have arisen in whole or in part, due to the fault or negligence of Prairie South School Division No. 210 and/or its employees or volunteers.

And, I agree that this waiver shall be binding upon both myself and my child and our respective heirs, executors.

I further acknowledge that I have been requested to execute this waiver in consideration of Prairie South School Division, agreeing to permit its staff to assist in the administration of medications to _____ (name of child).

Dated this _____ day of _____, 20__.

Name of parent/guardian - **please print clearly**

Signature of parent/guardian

Signature of witness

Student's Name: _____

NAME OF MEDICATION & DOSAGE: _____

DATE	TIME	MEDICATION GIVEN AND DOSAGE	SIGNATURE

Prairie South School Division No. 210

ADMINISTRATION OF MEDICATION FORM

Student Name: _____ Grade: _____
School Name: _____ Birthdate: _____
Parent(s)/Guardian(s): _____ Home Ph: _____
Home Address: _____ Work Ph: _____

REQUEST FOR AUTHORIZATION

I hereby request and authorize the administration of the following prescribed medication for my child by non-medically trained staff at _____ School.

Signature of Parent or Guardian

Date

Student's Doctor:

Doctor's Phone Number:

Address of Doctor:

Signature of Student's Doctor:

Name of Student's Pharmacy:

Pharmacy's Phone Number:

<u>Medication Prescribed</u>	<u>Dosage</u>	<u>Times for Administration</u>	<u>Side Effects</u>

Other pertinent information:

.....
Notes:

1. Families/Agencies are required to contact the school principal if there is a change in medication and/or dosage.
2. It is expected that only the daily requirements will be sent to school unless other arrangements are made with the school principal.
3. It is recommended that all medications be blister packed. This can be requested when prescriptions are filled at any pharmacy.

Copies: Principal; Designated Administrator of Medication; Home Room/Classroom Teacher; Student's Doctor

SHARING SUCCESSES WHILE PROTECTING STUDENT PRIVACY

Introduction

In Prairie South schools, we often create blogs, podcasts, videos, wikis and other social media, but we do not create them for one person. We create them to share with the class, the school and the school community and, perhaps, the world, because we understand that a global audience drives achievement.

We might share our work on class blogs, wikis and our own school and division websites. These are teacher-moderated sites, where students can collaborate online with teacher supervision and learn how to be safe and productive online. The research is very clear that sharing appropriate photos and work is not a danger to students, but in fact serves as a powerful motivator and learning opportunity.

Student full names and personal information are generally not shared online; however, as students approach graduation, full names may be used at times as they develop online portfolios and resumes. We also use our school and division websites to showcase student work and achievement.

Privacy Law

The Local Authority Freedom of Information and Protection of Privacy Act (LAFOIP) requires that schools obtain informed consent for the collection and use of personal information that is not authorized under *The Education Act, 1995*. This may include situations within the student's school, the school division and/or the community.

In sharing any information the school and school division will respect privacy legislation and parental permissions and will balance the risks of sharing information with the public with the interests of students in sharing the pride of their achievements.

Purposes

1. Education purposes in the school community

The school/school division will occasionally wish to share student information or student work specifically for purposes related to education and the school. The information and purposes for which it would be shared may include the following:

- student's name, grade level and age, individual photographic or video image, team photo, candid or special event photos for the purposes of:
 - school calendar, newsletter, or other school publications
 - honour roll, yearbook, graduation, academic activities and achievement, school-related athletic activities and achievements;
- student work, such as art work, writing samples, audio, video or photographic presentations, individual commentaries or interviews for the purposes of:
 - educational or promotional use
 - display student work in the school or division office(s) or on school- or division-related websites
 - display student work at school-sponsored events.

2. Public media including the Internet

There are times when the school may wish to share information with newspapers, radio, television and other media or publish school-related information in a wider form such as on the school or school division website accessible via the Internet. Examples may include the following types of information sharing:

- images of:
 - individual student with or without student's first and last name
 - teams or other school groups
 - school events and activities;
- announcement of names, grade level and age:
 - winners of awards, contests, competitions
 - congratulatory messages for graduation, academic or athletic achievement;
- student commentary
 - media interviews with student upon request to the school/school division.

3. Class lists

Schools require permission to share student information (including home contact information)**:

- with classmates, a home-room parent group or School Community Council to assist with organization of school events;
- in the event of an emergency situation.

***Student lists may be distributed electronically and/or in paper copy to a limited circulation list as noted.*

**Please keep this information page for future reference. For more information contact:
Prairie South School Division - Privacy Officer/LAFOIP Coordinator**

RESPONSIBLE USE POLICY

Our students use technology to learn. Technology is essential to facilitate the creative problem solving, information fluency, and collaboration that we see in today's democratic societies. While we want our students to be active contributors in our connected world, we also want them to act safely, legally and responsibly. This Responsible Use Policy (RUP) supports our vision of technology use and instills in our students a strong sense of digital citizenship.

How We Use Technology

We use technology to develop in our students the literacy skills they need to contribute in a connected world. We use technology to facilitate creativity and innovation. We use technology to support communication and collaboration. We use technology to extend research and information fluency. We develop in our students a sound understanding of technology operations and concepts. We believe technology can be transformative and we encourage students to use technology to do what they could not otherwise do. We create a safe online environment for everyone. Filtering software keeps most unwanted sites off our computers. In addition, adults supervise our students' computer activities at school. Our goal with students is to address the standards laid out by the International Society of Technology in Education (ISTE). These standards are available on the Prairie South School Division website at: <https://www.prairiesouth.ca/division/programs-services/21st-century-learning/>.

Our Hardware and Software

Our students can access the Internet via both wired (all schools) and wireless connections (most schools). Digital projectors and interactive whiteboards which facilitate group viewing and discussions are found in many of our elementary and secondary schools. Elementary and secondary students each have access to a standard suite of software to support their learning needs. In all schools that have wireless access, students are allowed to bring their own devices. These devices generally have internet access but may not have direct access to our internal network. The use of laptops and mobile devices continues to emerge and we are working towards effectively managing, supporting and utilizing a variety of technologies in our schools. Each student, from K -12 has a student email account that supports curriculum activities.

Being a Digital Citizen

We strive to show students the safe, legal and responsible use of information and technology. We embrace the following conditions or facets of being a digital citizen.

- **Respect Yourself.** I will select online names that are appropriate. I will consider the information and images that I post online.
- **Protect Yourself.** I will not publish my personal details or any other person's, contact details or a schedule of activities. I will check with my teacher before registering at any website.
- **Respect Others.** I will not use technologies to bully, harass or tease other people.
- **Protect Others.** I will protect others by reporting abuse and not forwarding inappropriate materials or communications.
- **Respect Intellectual Property.** I will suitably cite any and all use of websites, books, media, etc.
- **Protect Intellectual Property.** I will request to use the software and media others produce.

Please keep this information page for future reference.

**PARENT/GUARDIAN PERMISSION:
RESPONSIBLE USE POLICY**

I understand and will follow the Responsible Use Policy. If I break the agreement, the consequences could include limited or suspended access to school technology and/or disciplinary action. In some cases where property or networks are damaged or compromised, financial compensation may be required. I also understand that my school network and e-mail accounts are owned by Prairie South School Division and are not private. Prairie South and their teachers have the right to access my information at anytime.

Student's Name (please print)

Student's Signature

Date

Anticipated Graduation Year from this school

As the parent or guardian of this student, I have read the Responsible Use Policy. I understand that technology is provided for educational purposes in keeping with the academic goals of Prairie South School Division, and that student use for any other purpose is inappropriate. I recognize it is impossible for the school to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the school network. I understand that children's computer activities at home should be supervised as they can affect the academic environment at school.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Please return this signature page to the school.

Physical Address: 37 Paul Drive, Moose Jaw SK P 306-694-8750 F 306-692-7787 transportation@prairiesouth.ca
 Mailing Address: 1075 9th Avenue NW, Moose Jaw, SK S6H 1V7

BUS SERVICE REQUEST Please allow a minimum of 3-5 business days to process requests.

Parent/Guardian Name (Mom) _____ (Dad) _____

Parent/Guardian Home Ph No. (Mom) _____ (Dad) _____

Parent/Guardian Cell No. (Mom) _____ (Dad) _____

Parent/Guardian Email Address (Mom) _____

(Dad) _____

Pick up Address _____ Phone No. at pick up address _____

Drop off address if different from above _____ Ph. No. at drop off _____

Babysitter (circle) Yes or No AM / PM Babysitter's Phone No. _____

Land Description for Rural Requests _____

Number to call in case of emergency _____ Cell No. _____

Date of Request _____ Date Bus Service Required _____

One drop off address and one pick up address only.

Driver's name / Stop _____

First and Last Name of Student	School to Attend	Grade	SIRS ID #	D.O.B. if Pre-K
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do any of the above children have a medical or physical problem you feel the driver should know about? If so, please list the students name, the physical or medical problem and suggestions to help the driver should a problem arise.

Parent/Guardian Signature: _____

Transportation Approval: _____ Date: _____