



Pursuing success for all

Clavet Composite School

Mr. Brian Matisz, Principal

brian.matisz@spiritsd.ca

Mr. Craig Reinhardt, Vice Principal

craig.reinhardt@spiritsd.ca

Box 5, Clavet, SK S0K 0Y0

Phone: 933-1022

A respectful community of life long learners

WELCOME KINDERGARTEN STUDENTS TO CLAVET SCHOOL!

Please find attached your registration package for the 2018-2019 academic year. Included in this package are a Registration Form/Special Requests, Bus Service Request Form and a School Calendar. Please complete the necessary items and either return to us by mail or drop them off at the school.

I know the thought of entering school is a very exciting time for young children and their parents. Please contact us if you have any questions about the process and expectations. Although we don't have a winter open house, we can set up opportunities to tour the school and meet the teacher.

Closer to the end of this academic year, you will be contacted by the kindergarten teacher and additional information will be sent out to you. We also will be having an "Open House" which will allow you to meet with the teacher and familiarize yourself with the school.

We would like to welcome you to our school and we will look forward to a fun and rewarding year!

Sincerely,

Mr. B. Matisz, Principal

Mr. C. Reinhardt, Vice Principal

Prairie Spirit School Division No. 206

Clavet

Student Registration Form

Please complete the information below before leaving the school/office. Proof of student's legal name and age is required at initial registration
– Birth Certificate (preferred), Passport, Landed Immigrant Documents.



Entry Grade: _____

General

Legal Name:

Last Name	First Name	Middle Name
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Home Address:

Street	City	Province	Postal Code
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Land Location:

(if applicable)

Quarter	Section	Township	Range	Meridian	River Lot
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Mailing Address:

(if different from above)

Box	City	Province	Postal Code
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Personal

Home Phone: () -

Date of Birth: / /

Gender: ☐Male ☐Female ☐Unspecified

MM DD YYYY

Sask Health Number:

Primary Contacts

Contact 1:

Relationship:

PowerTeacher Emails:

☐Yes ☐No

Last Name

First Name

Home Phone: () -

Cell Phone: () -

Work Phone: () -

Employer:

Email:

Home Address:

(if different from student)

Street	City	Province	Postal Code
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Mailing Address:

(if different from student)

Street/PO Box	City	Province	Postal Code
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Contact 2:

Relationship:

PowerTeacher Emails:

☐Yes ☐No

Last Name

First Name

Home Phone: () -

Cell Phone: () -

Work Phone: () -

Employer:

Email:

Home Address:

(if different from student)

Street	City	Province	Postal Code
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Mailing Address:

(if different from student)

Street/PO Box	City	Province	Postal Code
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Immigration/Ethnicity

Saskatchewan Resident:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Primary Language Spoken:		Secondary Language Spoken:	
Immigration Status:	<input type="checkbox"/> Citizen/NA	<input type="checkbox"/> Permanent Resident ¹	<input type="checkbox"/> Refugee Claimant ² <input type="checkbox"/> Temporary Resident ³ <input type="checkbox"/> Student Visitor/Visa
First country of citizenship:		Second country of citizenship:	
Country of Birth:	Country Before Canadian Arrival:		
<small>(Other than Canada)</small>	<small>(If Applicable)</small>		
Aboriginal Status:	<input type="checkbox"/> N/A	<input type="checkbox"/> Inuit	<input type="checkbox"/> Metis <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Treaty/Registered Status Indian
Indian Registry (Treaty) Number:			
Band Affiliation:	<input type="checkbox"/> Beardsy's & Okemasis	<input type="checkbox"/> Mistawasis	<input type="checkbox"/> Muskeg Lake <input type="checkbox"/> One Arrow <input type="checkbox"/> White Cap
Band of Residence:	<input type="checkbox"/> Beardsy's & Okemasis	<input type="checkbox"/> Mistawasis	<input type="checkbox"/> Muskeg Lake <input type="checkbox"/> One Arrow <input type="checkbox"/> White Cap
Reserve Residency:	<input type="checkbox"/> On Reserve ⁴	<input type="checkbox"/> Off Reserve ⁵	
Authorized signature _____		Date ____ / ____ / 20 ____	

Note

1. **Permanent Resident:** An immigrant student is a permanent resident and has long term status in Canada but has not yet become a Canadian citizen. These students have not been enrolled in a school within Canada before.
2. **Refugee:** Refugees (also called 'protected persons') are individuals whose seek protection from harm or life-threatening circumstances in their former country. These students have not been enrolled in a school within Canada before.
3. **Temporary Resident:** A temporary resident has come to Canada legally for a temporary purpose (such as to study, work or visit) and does not have Canadian citizenship. These students have not been enrolled in a school within Canada before.
4. **On Reserve:** A student is considered on reserve when they live at a civic address on a reserve.
5. **Off Reserve:** A student is considered off reserve when attending a public school and living in the community of the school.

Clavet

Prairie Spirit School Division No. 206

School Information Form



Please complete the information below in addition to the Student Registration Form

Student's Name

Legal Name			
Preferred Name	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>
Alternate Name(s)	<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>

Personal

Student Cell Phone: () -	Student Email: _____
Social Insurance Number: _____	Family Rep: <input type="checkbox"/>

Siblings

Name:	Date of Birth:	/ /	School/Pre-School:
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>MM DD YYYY</small>
Name:	Date of Birth:	/ /	School/Pre-School:
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>MM DD YYYY</small>
Name:	Date of Birth:	/ /	School/Pre-School:
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>MM DD YYYY</small>
Name:	Date of Birth:	/ /	School/Pre-School:
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>MM DD YYYY</small>

Medical

Please use the fields below to inform us of any non-sensitive medical information about the student. For sensitive medical information, please contact the school directly.

Doctor Name: _____	Phone: () -
Medical Alert: (medical conditions that may be life threatening. Ie. EpiPen, epileptic, severe allergy, etc.)	
Medical Information/Allergies: _____	
Medications: _____	<input type="checkbox"/> School Administered <input type="checkbox"/> Self Administered
Dentist Name: _____	Phone: () -

Additional Contacts

Contact 3:	Relationship:	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Last Name</small>	<small>First Name</small>	
Home Phone: () -	Cell Phone: () -	Work Phone: () -
Employer: _____	Email: _____	
Home Address: (if different from student)		
<small>Street</small>	<small>City</small>	<small>Province</small>
<small>Postal Code</small>		
Contact 4:	Relationship:	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Last Name</small>	<small>First Name</small>	
Home Phone: () -	Cell Phone: () -	Work Phone: () -
Employer: _____	Email: _____	
Home Address: (if different from student)		

Street	City	Province	Postal Code
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Contact 5:		Relationship:	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: () -	Cell Phone: () -	Work Phone: () -	
Employer:		Email:	
Home Address: (if different from student)			
Street	City	Province	Postal Code

In-Town Billet:		Relationship:	
Home Phone: () -	Cell Phone: () -	Work Phone: () -	
Home Address:			
Street	City	Province	Postal Code

Transportation Information

Route:	Number:	Stop:
Driver Name:		Phone Number: () -
Bus Type: <input type="checkbox"/> In-Town <input type="checkbox"/> Rural <input type="checkbox"/> Regular <input type="checkbox"/> Spec Ed (Regular) <input type="checkbox"/> Spec Ed (Special Needs)		

Previous School

School Name:	School Phone: () -
Address:	

Announcements and Alerts

School announcements/alerts via:				
Contact 1:	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Cell – Text	<input type="checkbox"/> Cell - Voice
Contact 2:	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Cell – Text	<input type="checkbox"/> Cell - Voice

English As An Additional Language (if applicable)

If you have indicated a language other than “English” as the primary language spoken on the Student Registration Form, please fill in all the necessary fields of this section.

Does Contact 1 speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Contact 1 read English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Contact 2 speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Contact 2 read English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Contact 3 speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Contact 3 read English?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sponsoring Agency: (if applicable)	Phone: () -
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Interpreter Name: (if applicable)	Cell Phone: () -	Work Phone: () -
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Country of birth:

Special Considerations

Please contact the school if it should be aware of other considerations, such as learning, physical, psychological, visual, hearing or other disability or if a Guardian Alert is required. Provide details and documentation to appropriate school personnel.

Consent Information

*Prairie Spirit School Division celebrates student success and accomplishments with our public in a variety of ways. As well, we share student information to help with communication between home, school and community. We require your informed consent to share personal information about your child. The following describes the types of personal information about your child we may share with the public if we have your informed consent. ***Please read the explanations attached. Please check 'No' in the applicable boxes below to opt out.** Provide signatures in appropriate areas.*

Student Records - Student record of marks, (documents relating to assessment, evaluation and progress) will be retained.

Policies - I have read the policies provided, related to each of the Permissions indicated below. ☐ Yes ☐ No

I hereby authorize Prairie Spirit School Division and consent to all except for the following....

Photography: ☐ No Media Coverage: ☐ No Sports Media Coverage: ☐ No

Websites: ☐ No Internet Use: ☐ No Supporting Agencies: ☐ No

I hereby consent to the following....

School Directory: ☐ Home Phone ☐ Contact 1 Email ☐ Contact 2 Email
(if applicable) ☐ Home Phone & Contact 1 Email ☐ Home Phone & Contact 2 Email ☐ All ☐ None

Graduation (grade 12 only): ☐ Print Only ☐ Print & Online ☐ None

Student Signature (if 16 or older) _____ ***Date*** _____

Parent/Guardian Signature _____ ***Date*** _____
(for students under 18 years of age)

Prairie Spirit School Division #206

Detailed Consent Descriptions

Photography	During the school year, there are occasions where photographs of your child may be taken by staff of Prairie Spirit School Division. These photos may appear in school division publications (brochures, annual reports, newsletters, etc.). Student names will not appear in division publications. Composite or Class Photos may be displayed throughout the school.
Media Coverage	Media coverage would include the use of your child's first and last name and photograph and may included being videotaped or interviewed. Some media may also release information on the Internet (i.e., a newspaper digital version).
Sports Media Coverage	Photographs, interviews and video recordings taken on school property and at athletic events for television, radio, newspapers, media websites and social media. Media coverage typically includes your child's first and last name and school name.
Websites	<p>The Prairie Spirit School Division (PSSD) website, www.spiritsd.ca, contains information about our school division as well as web pages for many of our schools. The PSSD encourages schools to use their web sites to communicate with parents and with the public, providing both educational resources and news about the school. The Division website is used to help the community learn more about our schools and our Division. Anyone with the internet is able to access these pages from virtually anywhere in the world.</p> <p>Student photos are sometimes posted on the division's website or on a school website to showcase particular events or activities. Personal information may be used to recognize the student accomplishments or participation in academic or extra-curricular activities. Identification of students in photos on a website is by first name and first initial of last name only. Photos of large groups or action shots where students cannot be identified may be posted without parental permission.</p>
Internet	<p>The internet and networked computers are educational resources that our schools provide for our students' use. Responsible use of the network/Internet has the potential to expand our students' information horizons and to help them develop lifelong research skills.</p> <p>Access to the network/Internet is a privilege, not a right. Inappropriate use will result in the loss of that privilege. The school will determine what inappropriate use is and will decide logical consequences of misuse.</p> <p>Guidelines:</p> <ol style="list-style-type: none"> 1) Generally, a student's conduct with the network/Internet is governed by the same expectations which guide his/her behaviour at school. 2) All students will be instructed in the acceptable use of the Internet before they may access the Internet. They must complete this Network/Internet Acceptable Use Permission Form before access can be granted. 3) Access will only be provided while a student is under the supervision of a teacher or responsible adult. 4) Students will use the network/Internet for Educational purposes. 5) Students will not create, distribute, download or save any text, sounds, graphics or other material which are obscene, harassing, racist, malicious, fraudulent, libelous or which may affect the integrity of a computer or computer network. The school/access providers are the sole arbiters in determining what materials or activities may fall into these categories. 6) Students will respect others by not attempting to read, copy or change files or passwords belonging to other people, either locally or on the Internet unless authorized to do so by those individuals. 7) Students will respect copyright laws and rules regarding plagiarism. <p>Network/Internet access will only be provided to students who have the approval of their parents/guardians. At any point, parents/guardians are free to ask that their child no longer be given access to the Internet.</p>
Sponsoring Agencies	Periodically supporting agencies request student demographic information to provide additional services relating to the health and well-being of the child, i.e. for developing consent lists for immunization. Only minimal required information is released.
School Directory (if applicable)	Some schools distribute a copy of a school directory to each family. The information included in the directory includes the student's name, parent/guardian names, home phone, parent/guardian emails as authorized by the parent/guardian.

Graduation

(Grade 12 only)

Newspapers - To honor Grade 12 Graduates, local newspapers would like to publish photographs and names of Graduates. In some cases, the newspapers also offer an online version of their publication. In those cases, the photographs and names of graduates may be published both in print and online. Newspapers would also print names of students who win awards or scholarships.

Congratulations - In addition, local politicians, including Members of the Legislative Assembly (provincial) and Members of Parliament (federal) may request the lists of graduating students, in order to send a congratulatory message.

SPECIAL REQUEST FOR KINDERGARTEN

Student Name:_____

If there are sufficient registrations, the kindergarten will be split into two groups. Please indicate below if you have any specific conditions that the school should be aware of when determining the classes. Examples of factors could be:

- Babysitting concerns or group activities
- Friends/neighbour children who travel together

Every effort will be made to accommodate placement decisions based on this information.



Prairie Spirit School Division RURAL BUS TRANSPORTATION REQUEST

Please return completed form to Prairie Spirit School Division

Fax: 374-2862 or e-mail: nancy.matechuk@spiritsd.ca

Allow 7 days processing time for bus requests

School Requested: _____ Bus Request Start Date: _____ 20 ____

Parent/Guardian Primary Cell or Home Phone Number: _____

STUDENT INFORMATION:

If Applicable:

Name: _____	Gender: _____	Grade: _____	Allergies/Special Needs: _____
Name: _____	Gender: _____	Grade: _____	Allergies/Special Needs: _____
Name: _____	Gender: _____	Grade: _____	Allergies/Special Needs: _____
Name: _____	Gender: _____	Grade: _____	Allergies/Special Needs: _____
Name: _____	Gender: _____	Grade: _____	Allergies/Special Needs: _____

Legal Land Description (Rural): _____ - _____ W of _____
(section number, include NE, NW, SE or SW) (township) (range) (meridian)

NW	NE
SW	SE

Rural: Please draw your driveway and home location on the diagram of a 1 square mile section of land (divided into quarter sections) to show where the school bus will access your property. Please label applicable street, road, or highway names or numbers bordering the section below. Yard service not provided for driveways under 200 m in length and not necessarily for driveways over 200 m.

Street Address (Urban): _____
(Include street address, and town or subdivision as applicable.)

Parents/Legal Guardian Name(s) & Relationship to student: _____

Additional Parent/Guardian Cell Nos.: _____ Work Phone Nos.: _____

Home Mailing Address: _____

Alternate Emergency Contact Name and Relationship to Student: _____

Alternate Emergency Contact Phone: _____

Notes: _____

Parent/Legal Guardian Signature

Date

No Child Without Free MedicAlert Membership for Students at Our School

The Canadian MedicAlert® Foundation has developed a program to protect children and provide school officials with the help they need to address concerns about students living with chronic medical conditions, allergies or special needs.

This program is called No Child Without. It was developed to ensure children across Canada from Junior Kindergarten up to their 14th birthday receive MedicAlert® protection at no cost to the parent, school or Board of Education. The program follows the child should they move to another school in Canada. There is a significant benefit to the school because No Child Without blends in with the school's safety plan and illustrates the importance of children's health and safety.

As a national charitable organization, MedicAlert has been protecting people for 45 years through customized medical identification. Over one million Canadians have chosen MedicAlert to provide them with protection and peace of mind in case of a medical emergency.

During the school day, students can come in contact with up to five adults responsible for their care and safety. Before and after school programs, recess, lunch and the classroom are often the responsibility of different individuals.

In case of a medical emergency, children can be the most vulnerable because they are often too young, too afraid or too hurt to express themselves. That is why parents often feel better knowing their children's MedicAlert identification can speak for them if they're not around.

The program is being funded by the Canadian MedicAlert Foundation, Lions Clubs across Canada, grants from the Government of Canada and corporate and local businesses.

Students receive a choice of a bracelet or necklet listing their medical conditions, allergies and or medications with their identification number, a wallet card, access to the 24-hour Emergency Hotline, notification of personal emergency contacts at the time of emergency and a follow-up with parents after the emergency call is made to the Hotline.

No Child Without brochures can be obtained from the school office. If you choose to participate in the program, contact MedicAlert directly after obtaining the brochure. Your child's MedicAlert identification and wallet card will be sent to you within two to three weeks.

If your child is already a member of MedicAlert, call MedicAlert directly to transfer your child to the No Child Without program.

Visit www.nochildwithout.ca to learn more about the program.