



*Pursuing success for all*

## Clavet Composite School

Mr. Brian Matisz, Principal

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Mr. Peter Schmidt, Vice Principal

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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 2019-2020 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. P. Schmidt, 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:

\_\_\_\_\_

Home Address: \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_ Street City Province Postal Code

Land Location: \_\_\_\_\_  
(if applicable) Quarter Section Township Range Meridian River Lot

Mailing Address: \_\_\_\_\_  
(if different from above) Box City Province Postal Code

#### 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

Home Phone: ( ) - Cell Phone: ( ) - Work Phone: ( ) -  
Last Name First Name

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from student) Street City Province Postal Code

Mailing Address: \_\_\_\_\_  
(if different from student) Street/PO Box City Province Postal Code

Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ PowerTeacher Emails:  Yes  No

Home Phone: ( ) - Cell Phone: ( ) - Work Phone: ( ) -  
Last Name First Name

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different from student) Street City Province Postal Code

Mailing Address: \_\_\_\_\_  
(if different from student) Street/PO Box City Province Postal Code

## Immigration/Ethnicity

Saskatchewan Resident:  Yes  No

Primary Language Spoken:

Secondary Language Spoken:

Immigration Status:  Citizen/NA  Permanent Resident<sup>1</sup>  Refugee Claimant<sup>2</sup>  Temporary Resident<sup>3</sup>  Student  
Visitor/Visa

First country of citizenship:

Second country of citizenship:

Country of Birth:

(Other than Canada)

Country Before Canadian Arrival:

(If Applicable)

Aboriginal Status:  N/A  Inuit  Metis  Non-Status Indian  Treaty/Registered Status Indian

Indian Registry (Treaty) Number:

Band Affiliation:  Beardy's & Okemasis  Mistawasis  Muskeg Lake  One Arrow  White Cap

Band of Residence:  Beardy's & Okemasis  Mistawasis  Muskeg Lake  One Arrow  White Cap

Reserve Residency:  On Reserve<sup>4</sup>  Off Reserve<sup>5</sup>

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

## 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. I.e. 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)		
<small>Street</small>	<small>City</small>	<small>Province</small>
		<small>Postal Code</small>

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Contact 5: \_\_\_\_\_ Relationship: \_\_\_\_\_ Custody: Yes No

Home Phone: ( ) - \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address:  
(if different from student)

Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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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:  In-Town  Rural  Regular  Spec Ed (Regular)  Spec Ed (Special Needs)

**Previous School**

School Name: \_\_\_\_\_ School Phone: ( ) - \_\_\_\_\_

Address: \_\_\_\_\_

**Announcements and Alerts**

School announcements/alerts via:

Contact 1:  Home Phone  Email  Cell – Text  Cell - Voice

Contact 2:  Home Phone  Email  Cell – Text  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?  Yes  No      Does Contact 1 read English?  Yes  No

Does Contact 2 speak English?  Yes  No      Does Contact 2 read English?  Yes  No

Does Contact 3 speak English?  Yes  No      Does Contact 3 read English?  Yes  No

Sponsoring Agency:  
(if applicable) \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Interpreter Name:  
(if applicable) \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

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 hearby 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 hearby 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

<b>Photography</b>	<p>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.</p>
<b>Media Coverage</b>	<p>Media coverage would include the use of your child's first and last name and photograph and may include being videotaped or interviewed. Some media may also release information on the Internet (i.e., a newspaper digital version).</p>
<b>Sports Media Coverage</b>	<p>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.</p>
<b>Websites</b>	<p>The Prairie Spirit School Division (PSSD) website, <a href="http://www.spiritsd.ca">www.spiritsd.ca</a>, 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>
<b>Internet</b>	<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"> <li>1) Generally, a student's conduct with the network/Internet is governed by the same expectations which guide his/her behaviour at school.</li> <li>2) All students will be instructed in the acceptable use of the Internet before they may access the Internet. <b>They must complete this Network/Internet Acceptable Use Permission Form before access can be granted.</b></li> <li>3) Access will only be provided while a student is under the supervision of a teacher or responsible adult.</li> <li>4) Students will use the network/Internet for Educational purposes.</li> <li>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.</li> <li>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.</li> <li>7) Students will respect copyright laws and rules regarding plagiarism.</li> </ol> <p><b>Network/Internet access will only be provided to students who have the approval of their parents/guardians.</b> At any point, parents/guardians are free to ask that their child no longer be given access to the Internet.</p>
<b>Sponsoring Agencies</b>	<p>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.</p>
<b>School Directory</b> (if applicable)	<p>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.</p>

**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.

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# 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](mailto: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 \_\_\_\_\_