



**Saskatchewan Rivers
Public School Division**
Excellence for Every Learner

Education Centre
545 11th Street East
Prince Albert, SK S6V 1B1
Phone: (306) 764-1571 Fax: (306) 763-4460
Robert Bratvold, Director of Education

Age Range: 15 - 20 21 - 25 26+

CITIZENSHIP INFORMATION

Canadian

Other – please specify: _____

Country of Birth: _____

CHILD'S FIRST LANGUAGE (please list all languages spoken in your home)

First Language: _____

Second Language: _____

FIRST NATIONS INUIT AND MÉTIS (voluntary self-declaration)

First Nations Status

First Nations Non-Status

Inuit

Metis

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 four siblings)

Name: _____ Age: _____ School Attending:: _____
Surname First Name

Name: _____ Age: _____ School Attending:: _____
Surname First Name

Name: _____ Age: _____ School Attending:: _____
Surname First Name

Name: _____ Age: _____ School Attending:: _____
Surname First Name

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 CFS (Indian Child and Family Services)

Type of Foster Care: Regular Therapeutic Therapeutic Group

Social Worker's Name: _____ Phone: _____

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

Emergency Contact 1
(if parents are unavailable)

Name: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Emergency Contact 1
(if parents and Emergency Contact 1 are unavailable)

Name: _____

Home Phone: _____

Work Phone: _____

Cell: _____

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). <i>Please read the LAFOIP brochure.</i> I give my permission for my child's personal information (name, grade, school), photo, video recording, 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)

Does your child attend child care, or any other early learning programs Yes No

If yes, how often? _____ Name of Program: _____

In a week, how often does your child play with other preschool children? _____

In what ways do you think your child would benefit from Prekindergarten? _____

Did your child attend Prekindergarten last year: Yes No

If yes, where? _____ Is this your neighborhood school? Yes No

If no, please explain your reasons for applying to this school. _____

Does your child have any special needs, medical conditions, or behaviours of which the school staff should be aware? Yes No

If yes, please explain _____

What do you want us to know about your child? _____

Have you been referred to Prekindergarten by a partner agency such as: Public Health Social Services
KidsFirst ECIP No referral was made Other: _____

Prekindergarten engages parents through home visits, family events, parent education, ongoing conversations and class participation. How would you like to be engaged in Prekindergarten? _____

Participation in Family Events is an expectation of the Prekindergarten program. When would you be more able to attend events at the school? Morning Afternoon Evening

Does your child have any allergies or food restrictions: _____

Is there anything else you want us to know? _____

SIGNATURE REQUIRED

I hereby declare that I have read and understood the information contained on this Prekindergarten Application 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