



PRAY - EDUCATE - SERVE

| | | | |
|---|---|-----------------------------------|--|
| <input type="checkbox"/> Holy Family | <input type="checkbox"/> Notre Dame | <input type="checkbox"/> St. Mary | <input type="checkbox"/> Rivier (Spiritwood) |
| <input type="checkbox"/> St. Peters (Unity) | <input type="checkbox"/> École Monseigneur Blaise Morand (French Immersion) | | |

| Office Use | |
|---|--|
| Student # | Grade |
| Youngest in Family <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Child's Last Name | Date of Registration <small>MMM DD YYYY</small> |
| Given Names <small>First Middle</small> | |
| Birth Date <small>MMM DD YYYY</small> | Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| Home Phone | Religion |
| Primary Address (Physical Address) | |
| Mailing Address (if different from above) | |

| Mother/Stepmother/Guardian Information | |
|---|-----------------|
| Last Name | First Name |
| Relationship to Child | |
| Resides with Student <input type="checkbox"/> YES <input type="checkbox"/> NO | Home/Cell Phone |
| Place of Employment | Work Phone |
| Email Address | |

| Father/Stepfather/Guardian Information | |
|---|-----------------|
| Last Name | First Name |
| Relationship to Child | |
| Resides with Student <input type="checkbox"/> YES <input type="checkbox"/> NO | Home/Cell Phone |
| Place of Employment | Work Phone |
| Email Address | |

| |
|--|
| Order in Family: _____ |
| Sibling Information - Name: _____ Birthdate: _____ |
| Sibling Information - Name: _____ Birthdate: _____ |
| Sibling Information - Name: _____ Birthdate: _____ |

| Medical | | |
|--|--|------------------------|
| Family Doctor Name | | |
| Saskatchewan Health Card Number | | |
| Medical Alert | <input type="checkbox"/> YES <input type="checkbox"/> NO | Please List Condition: |
| Please indicate if your child has been subject to any of the following: epilepsy, diabetes, orthopedic problems, heart disorders, asthma, allergies, head/back injuries (in the past 2 years), arthritis or rheumatism, chronic nosebleeds, dizziness, fainting, headaches, dislocated shoulder, hernia, swollen, hyper-mobile or painful joints, trick or lock knee or any other medical condition (List Below) | | |
| Emergency Contact Name | | |
| Last Name | First Name | Home/Cell Phone |
| Relationship to Child | Work Phone | |

Employees of Light of Christ Catholic Schools may use the information collected on this form to help provide appropriate educational programming and support for the student. We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatoon Health Region for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the Local Authority Freedom of Information and Protection of Privacy Act.

| Local Authority Freedom of Information and Protection of Privacy Act Publication Authorization | | |
|---|--|-------|
| <p>Authorization is needed to televise your child's image on Access Channel 7 or print your child's image and/or name in the local News Optimist or our school/ division websites. Therefore, we ask that you please sign this permission slip. Without authorization from you, your child will not be able to perform at the taping of our annual Christmas Concert or have their photo published in our local newspaper or on the school/division websites. I give permission for the above noted child to participate in the videotaping of the Annual Christmas Concert performance which will be taped by Access Communications and televised on Channel 7 and to have his/her name portrayed in the newspaper or on our school/division websites.</p> | | |
| Parent Signature | | Date: |
| Witness Signature | | |

| Student's Legal Status (Select) | |
|---|---------------------------------|
| <input type="checkbox"/> Canadian Citizen (Canadian born or Naturalized) <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refuge | List Foreign Citzenships: |
| | Language(s) spoken in the home: |
| | Country of Birth: |
| | Last Country of Residence: |
| Date of Arrival in Canada (MM/DD/YYYY) | |

| Sacramental Status | |
|--|---------------|
| <input type="checkbox"/> Baptism <input type="checkbox"/> Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation | Baptism Date: |
| | Parish: |
| | |
| | |

| Enrollment and Education History | |
|--|------------------------|
| <input type="checkbox"/> Transfer from another Saskatchewan school <input type="checkbox"/> Transfer from out-of-province schooling <input type="checkbox"/> New (no previous schooling anywhere) within Canada <input type="checkbox"/> Transfer from home-based schooling within Saskatchewan | |
| Last School Attended | |
| Last Grade: | Previous School Phone: |
| Previous School Address | |

| | |
|-----------------------------|--|
| Parent / Guardian Signature | |
|-----------------------------|--|

PLEASE SUBMIT THIS APPLICATION TO: YOUR NEIGHBOURHOOD SCHOOL OR TO THE LIGHT OF CHRIST CATHOLIC SCHOOLS CENTRAL OFFICE LOCATED AT 9301 19th AVE, NORTH BATTLEFORD, SK S9A 3N5.

CONFIDENTIAL ABORIGINAL SELF-DECLARATION FORM



LIGHT OF CHRIST
Catholic Schools

Dear Parents and Guardians,

Light of Christ Catholic School Division is working to build a better process of self-declaration for all students. You can choose to declare your children as First Nations, Métis or Inuit. We are asking for your support for this initiative. Please review, fill out and return the attached form to your child's school.

The data collected will be used by the Ministry of Education and our school division to help improve student achievement. It will be securely stored in strict confidence and only a limited number of Ministry and division staff members will have access to it.

Proof of documentation isn't required for declaration, but students under 19 do need parental consent. Please see the attached form and contact us with any questions. Declaration is a voluntary and confidential process and parents or guardians can revoke declaration at any point with a signed letter.

Thank you,

A handwritten signature in blue ink.

Cory Rideout
Director of Education

“Aboriginal peoples” is a collective name for original peoples of North America and their descendants. The Canadian constitution recognizes three distinct groups – First Nations, Métis and Inuit. Please check the box that best identifies your child:

Student Name: _____

School: _____

Grade: _____

Home Address: _____

Parent/Guardian: _____

Signature: _____

I have read this information:

Optional: Band name: _____

Status #: _____

- First Nations / Registered / Treaty / Status – refers to an individual recognized by the federal government as being registered under The Indian Act.
- First Nations / Non-Registered / Non-Status – refers to a First Nations person who is not registered under The Indian Act.
- Métis – refers to a person of mixed First Nations and European ancestry who identifies as Métis, as distinct from First Nations, Inuit or non-Aboriginal.
- Inuit – refers to a person who identifies as Inuit, as distinct from First Nations, Métis or non-Aboriginal.
- Non-applicable

