

SASKATOON CHRISTIAN SCHOOL

Christ-centred Education



www.saskatoonchristianschool.ca

New Family Application

Family Name: _____

SECTION I – STUDENT INFORMATION

1. Surname _____ First Name _____ Middle Name _____
 Applying for Grade: _____ M F Birth date: MM/DD/YY ____/____/____ Sask. Health #: _____
 The student resides with: Both Parents Mother Only Father Only Guardian Joint Custody
 Citizenship: CDN Citizen Other: _____ Country of Birth: Canada Other: _____
 Previous School: _____ Student Cell Phone (if applicable): _____
 First Language: _____ Second Language: _____ Voluntary self-declaration (If applicable):
 First Nations Status First Nations Non-Status Inuit Métis Reserve Name: _____

2. Surname _____ First Name _____ Middle Name _____
 Applying for Grade: _____ M F Birth date: MM/DD/YY ____/____/____ Sask. Health #: _____
 The student resides with: Both Parents Mother Only Father Only Guardian Joint Custody
 Citizenship: CDN Citizen Other: _____ Country of Birth: Canada Other: _____
 Previous School: _____ Student Cell Phone (if applicable): _____
 First Language: _____ Second Language: _____ Voluntary self-declaration (If applicable):
 First Nations Status First Nations Non-Status Inuit Métis Reserve Name: _____

3. Surname _____ First Name _____ Middle Name _____
 Applying for Grade: _____ M F Birth date: MM/DD/YY ____/____/____ Sask. Health #: _____
 The student resides with: Both Parents Mother Only Father Only Guardian Joint Custody
 Citizenship: CDN Citizen Other: _____ Country of Birth: Canada Other: _____
 Previous School: _____ Student Cell Phone (if applicable): _____
 First Language: _____ Second Language: _____ Voluntary self-declaration (If applicable):
 First Nations Status First Nations Non-Status Inuit Métis Reserve Name: _____

SECTION II – FAMILY INFORMATION

- Please ensure the school has at least one email address for your family. School information such as newsletters, reminders and timely updates are sent by email.

Father

Guardian

Full Name: _____ Email Address: _____

Address: _____ City/Prov.: _____ Postal Code: _____

Home Phone: _____ W Phone: _____ C Phone: _____

Place of Employment: _____

Mother

Guardian

Full Name: _____ Email Address: _____

Address: _____ City/Prov.: _____ Postal Code: _____

Home Phone: _____ W Phone: _____ C Phone: _____

Place of Employment: _____

SECTION III – GUARDIANSHIP, CUSTODY, OR ACCESS RIGHTS (IF APPLICABLE)

Custody: The School Office must be notified about custody issues. SCS Administration must be supplied with a copy of your court custody agreement. If child(ren) are not living with both biological parents, please provide a copy of the legal document pertaining to custody.

Please indicate if such documents exist: Yes No

Type of Legal Document: Access and/or Custody Parenting Guardianship Protection Other

Document Expiry Date (If applicable): _____

SECTION IV – EMERGENCY CONTACT

Relationship to Child(ren) Grandparent Relative Friend Other

Emergency Contact Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

SECTION V – MEDICAL INFORMATION

- Please list any life threatening medical conditions or other medical conditions that require regular or emergency medication the school should be aware of:

Student Name	Concern	Medication

If students require medication, it is to be kept at the School Office. Please pick up a "Medication & Application Release Form" from the School Office. **NOTE: A new form must be filled in for each new school year.**

Name of Family Doctor: _____ Phone Number: _____

➤ Please indicate permission for the School Office to dispense acetaminophen/ibuprofen.

Student Name	Acetaminophen/Ibuprofen Release	Student Name	Acetaminophen/Ibuprofen Release
1.	<input type="checkbox"/> Yes, appropriate dosage	3.	<input type="checkbox"/> Yes, appropriate dosage
2.	<input type="checkbox"/> Yes, appropriate dosage	4.	<input type="checkbox"/> Yes, appropriate dosage

A written record of each time a child is administered medication is kept in the School Office.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at time of an incident, I hereby authorize Saskatoon Christian School to take my child to the nearest Emergency Medical Service location. In the event of a serious accident, I hereby authorize SCS to call an ambulance to provide first aid and transport to the nearest Emergency Medical Service location. A member of the SCS staff will remain with the child until family arrives.

➤ Signature of Parent or Legal Guardian _____

SECTION VI – RESOURCE/SPECIAL EDUCATION INFORMATION

Yes No 1. Has the applicant received tutoring or Learning Assistance time in the past 5 years? Explain.

Yes No 2. Has the applicant ever been expelled, dismissed, suspended or refused admission to another school? Explain.

3. On an attached sheet indicate all IIPs your child has received or Resource/Special Education assistance/tutoring your child has received within the last 5 years. **A copy of ALL assessments (psychological, Speech/Language, Occupational Therapy, and Physical Therapy Reports) MUST be included for the application to be complete. Students cannot be accepted into SCS until ALL information is available. Documentation MUST accompany the application.**

4. Please know we desire to meet the needs of students with learning disabilities. However, we do not have the resources necessary to meet the needs of all students with severe learning disabilities, either psychological or physical.

5. In order to plan our Resource Personnel each year, SCS must be made aware of student needs at the time of registration. Otherwise, the school may be placed in a position where we are unable to meet the needs of the student. Thank you for helping us in this area.

SECTION VII– CHURCH AFFILIATION

Name of Church: _____ Phone: _____

Number of Years Attending: _____ Attend Church: Weekly Semi-weekly Monthly

SECTION VIII – GRANDPARENTS

We welcome Grandparents at Saskatoon Christian School. This section is optional but if the child(ren)'s grandparents would like information about SCS, we can e-mail our monthly SCS Newsletter which has extensive information and articles about Christian Education and SCS activities.

Maternal Grandparents	Email Address
Paternal Grandparents	Email Address

SECTION IX – SURVEY

We first learned of SCS through (please check only one):

- Current SCS Student Church Parent of SCS Student Open House
 Radio Telephone Book Website Alumni
 Other _____

The three main factors influencing us to apply to SCS (check three that apply):

- Recommendation of SCS family Location Academic Reputation
 Christian Philosophy Desire to attend Christian School Other _____

Employees of Saskatoon Public 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. The 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 immunization services. How this information is accessed, used, or disclosed is protected under the **Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protections of Privacy Act.**

