



SASKATOON
CHRISTIAN SCHOOL

ADMISSION APPLICATION – STUDENT INFORMATION FORM

One/student

Family Name(s): _____

Please print clearly and complete ALL information.

STUDENT INFORMATION			
Surname:		Given Name(s):	
Called or Usual Name (if different than given name):			<input type="checkbox"/> M <input type="checkbox"/> F
Student Cell Phone:		Student Email:	
Birth date: (YYYY/MM/DD)	Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other:	Country of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Other:	
First Language:	Second Language:	Language Spoken at Home:	
The School Office must be notified about custody issues. If child(ren) are not living with both biological parents, please provide a copy of the legal document pertaining to custody.			
<ul style="list-style-type: none"> • The student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Both Parents-Separate Homes <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian • Documents regarding guardianship, custody, or access rights exist: <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, specify type: <input type="checkbox"/> Access and/or Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship <input type="checkbox"/> Protection <input type="checkbox"/> Other _____ 			
Current School:			
Applying for grade:	If Kindergarten: <input type="checkbox"/> part-time <input type="checkbox"/> full-time	School Year (YYYY-YYYY):	<input type="checkbox"/> on-campus <input type="checkbox"/> on-line
If your child will be driving a vehicle to school, please provide us with the vehicle information:			
Student Vehicle: (Make/Model/Colour)		License Plate Number:	

RESOURCE INFORMATION	
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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.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child been referred to any specialist (allergist, eye doctor, hearing, pediatrician, etc.)? Please list:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever received any diagnostic testing? <input type="checkbox"/> Academic <input type="checkbox"/> Medical Dates of testing (if applicable): Explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any agencies such as tutoring, health clinics, speech pathologists, etc., have reports regarding your child?

RESOURCE INFORMATION continued...

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child received tutoring or learning assistance time in the past 5 years? Explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been expelled, dismissed, suspended or refused admission to another school? Explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything we should know about your child's character and/or social emotional behaviour, such as expected difficulties integrating into the classroom environment, and any previous assessments for learning, behavioural or physical difficulties? Explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child (ren) been homeschooled or participated in online classes in the last 2 years ? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain.

On an attached sheet, please indicate all IIPs or Resource/Special Education assistance/tutoring your child has received within the last 5 years.

A copy of ALL assessments (psychological, educational, speech and 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.

MEDICAL INFORMATION

Saskatchewan Health Card Number:	
Doctor's Name:	Doctor's Phone Number:
<p>If students require medication while at the school, it is to be stored at the School Office, not in backpacks or lockers. Please fill out a <i>Provision of Medication Form</i> available at the School Office when dropping off medication. A written record of each time a child is administered medication is maintained.</p> <p>Please list any life-threatening medical conditions that require regular or emergency medication. Please also list any other medical/health concerns that the school should be aware of:</p>	
Medical Condition/Concern:	Medication:
1.	
2.	
3.	
4.	

Physical Education medical information needs to be updated yearly for each student participating in Physical Education classes at Saskatoon Christian School. List any recent surgeries, new allergies, conditions or previous injuries that may affect your child's ability to participate in our physical education programs.

Allergy/Injury/Surgery	Year of injury/surgery

MEDICAL INFORMATION continued...

Students may ask for acetaminophen/ibuprofen from the staff in the School Office. Please indicate your permission for the School Office to dispense acetaminophen/ibuprofen.

Please select one: Yes, appropriate dosage No, please contact a parent/guardian first.

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. I agree to cover the ambulance costs. A member of the SCS staff will remain with the child until family arrives.



Parent/Guardian Signature:

Date (YYYY-MM-DD):

By signing below, I/we agree that this form has been completed accurately and that the information is true and correct to the best of my/our knowledge.



Father/Guardian Signature:

Date (YYYY-MM-DD):

Mother/Guardian Signature:

Date (YYYY-MM-DD):