



REGISTRATION FORM

One/family

Family Name(s): _____

If you have more than 3 students to register, please see the School Office/website for a *Registration Form – Additional Student*.
To register a NEW student (K-12), you must first contact the School Office to apply for admission.

Please print clearly and complete ALL information.

STUDENT #1 INFORMATION

| | | | |
|--|---|--------------------------|--|
| Surname: | | Given Name(s): | |
| Called or Usual Name (if different than given name): | | | |
| Student Cell Phone: | | Student Email: | |
| <p>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.</p> <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 _____ | | | |
| Registering 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) | Licence Plate Number: |
|---|-----------------------|

MEDICAL INFORMATION

- If your child has any life-threatening medical conditions that require regular or emergency medication and requires medication to be stored or administered by the staff, please submit a **Provision of Medication Form**, which is available at the school office or our website at Parent Zone>Infohub>School-General>Medication Forms.
- If your child has had any **recent** surgeries, new allergies, health conditions or concerns, or previous injuries not listed on the **Demographic Data Form** that may affect your child's ability to participate in our physical education programs, please inform the School Office.

FOR OFFICE USE ONLY:

- Parent Signatures (Page 4)
- Signed Demographic Data Forms (one/student)
- Tuition Forms and Payment (one/family)
- Media Consent Form (one/family)
- Student Commitment Form grades 7-12 (one/student)

STUDENT #2 INFORMATION

| | |
|--|----------------|
| Surname: | Given Name(s): |
| Called or Usual Name (if different than given name): | |
| Student Cell Phone: | Student Email: |

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.

- The student resides with: Both Parents Both Parents-Separate Homes Mother Only Father Only Guardian
- Documents regarding guardianship, custody, or access rights exist: Yes No
- If yes, specify type: Access and/or Custody Parenting Guardianship Protection Other _____

| | | | |
|------------------------|---|--------------------------|--|
| Registering 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 |
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STUDENT #3 INFORMATION

| | |
|--|----------------|
| Surname: | Given Name(s): |
| Called or Usual Name (if different than given name): | |
| Student Cell Phone: | Student Email: |

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.

- The student resides with: Both Parents Both Parents-Separate Homes Mother Only Father Only Guardian
- Documents regarding guardianship, custody, or access rights exist: Yes No
- If yes, specify type: Access and/or Custody Parenting Guardianship Protection Other _____

| | | | |
|------------------------|---|--------------------------|--|
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PRESCHOOL SIBLINGS

To help us plan for future Kindergarten classes, please let us know if you have any preschool-aged children:

| Child's First Name | Birthdate (YYYY-MM-DD) |
|--------------------|------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

CHURCH AFFILIATION

Name of Church:

PARENT COMMITMENT

Because the education of children is a joint commitment between parents and SCS, the following is expected from all parents whose children attend Saskatoon Christian School. Please indicate your commitment by signing this commitment to SCS.

With God's help, I will strive to:

- Support the policies of SCS
- Ensure my child(ren) regularly attend(s) school and arrive(s) at school on time
- Encourage my grade 7 - 12 child(ren) to follow through with the SCS Student Commitment
- Support the school in maintaining a high standard of Christian conduct. Serious lapses in conduct may be considered grounds for suspension or expulsion
- Practice the Matthew 18 principle where I am asked to resolve any difficulties with school personnel directly. If the conflict is unresolved, I will discuss the matter with the next person in authority. Generally, the line of authority is as follows: Teacher, Vice Principal, and Principal
- Attend a Bible-believing, Christ-confessing church with my child(ren)
- Partner with SCS in ministering to the spiritual, intellectual, social, and physical needs of my child(ren)
- Regularly attend functions requiring parent participation. I will cooperate, where possible, in fund-raising and work projects, and will regularly uphold Saskatoon Christian School in prayer
- Support SCS staff as they seek to teach the essential doctrines of the Christian faith and develop the whole child based on a proper understanding and acceptance of him/her as God made him/her and the fulfilment of his/her capabilities in Christ
- Cooperate closely and wholeheartedly support my child's teacher. I will attempt to undergird at home what is being communicated at the school in every way possible.

PARENT/GUARDIAN SIGNATURES

Please carefully read the points below. PARENTS/GUARDIANS MUST INITIAL EACH POINT.

Initials

- | | |
|--|---------|
| 1. PARENT COMMITMENT: I have read, understand and support the Parent Commitment included on this form. | ___ ___ |
| 2. STATEMENT OF FAITH: I have read, understand and support the Statement of Faith. The Statement of Faith is found on the SCS website at Parent Zone>Infohub>School-General>Statement of Faith. | ___ ___ |
| 3. PARENT PARTNERSHIP: I understand that the annual service commitment required of each parent/guardian is 4 hours (valued at \$200). I understand that each parent/guardian is required to either serve 4 volunteer hours each by the end of the school year or to exercise the “buy out” option by submitting full payment for each buy out by the first day of school. I understand that it is my responsibility to ensure my hours are completed in full by serving or buying out. | ___ ___ |
| 4. FUNDRAISING: Every parent with a child in this school is a member of Saskatoon Society for Christian Education Inc., which owns and operates Saskatoon Christian School. By virtue of that membership, each parent is an “OWNER” of the school. Every fundraising event in this school is organized and run by the owners of this school and the owners are the principal beneficiaries of the proceeds of these fundraising events. As a Qualified Independent School, we receive 80% of the provincial per student average funding for each of our students. This funding is limited to operating costs and makes no provision for any “capital requirements”. The money required for our capital expenses and the 20% shortfall in operating funding must come from either tuition or fundraising. This means every dollar raised from fundraising is one less dollar parents need to pay in tuition. I understand that each parent is required to participate fully in the fundraising efforts of the school. | ___ ___ |
| 5. 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 but will not sign treatment documents. | ___ ___ |
| 6. DRIVER AUTHORIZATION: I understand that I must have an approved Driver Authorization Form signed by the Principal for transporting children other than my own to or from any school authorized event (field trips, sport teams, ski trip, outdoor education activities, etc.). A Driver Authorization Form may be obtained at the School Office or on our website at Parent Zone>Infohub>School-General>Driver Authorization Form. | ___ ___ |
| 7. PRIVACY POLICY: I understand that Saskatoon Christian School collects and manages data in accordance with the Privacy Policy as found on our website at Parent Zone>Infohub>School-General>Privacy Policy. | ___ ___ |

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. Further, my/our initials indicate that I/we have read, understand, and support the 7 points noted above.



| | |
|----------------------------|--------------------|
| Father/Guardian Signature: | Date (YYYY-MM-DD): |
| Mother/Guardian Signature: | Date (YYYY-MM-DD): |