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Humboldt, Saskatchewan  
S0K 2A0

## Student Registration Form - Kindergarten

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 24 of The Local Authority Freedom of Information and Protection of Privacy Act and will be protected as outlined in Part IV of that Act. The information collected will be solely used for the purpose of school registration, class placement and ongoing student support purposes. Please direct any questions about this collection to foipcoordinator@horizonsd.ca.

Student's Legal Name

\_\_\_\_\_

First Name

\_\_\_\_\_

(Middle Name/Initial)

\_\_\_\_\_

Last Name

Preferred Name:

\_\_\_\_\_

Preferred First Name

\_\_\_\_\_

Preferred Last Name

Date of Birth:  
(Month/Day/Year)

\_\_\_\_\_

- I will provide my child's birth certificate as visual verification of birth on the first day of school.
- I will provide another legal document as visual verification of birth on the first day of school.

Gender:

Male

Female

Unspecified

Parent/Guardian Name:

\_\_\_\_\_

Parent/Guardian Email:

\_\_\_\_\_

Parent/Guardian preferred contact number:

Preferred means of communication?

Voice Call

Email

Text Message

Other (please specify)

\_\_\_\_\_

Current Physical Address

(land description for rural  
residencies)

\_\_\_\_\_

\_\_\_\_\_

Is this school within the attendance area in which you reside?

Yes  No  Don't Know

Did your child attend preK last year?

Yes  No  Yes, but in  
another  
school/school  
division

## Purpose of this form

- Information verification (Please check to see if all information is correct)
- New to Horizon or first time registration for Kindergarten
- Change of Information is required
  
- Transferring from another school      Previous School Name: \_\_\_\_\_
  
- Transferring from another school division
  
- Previous school location \_\_\_\_\_
  - Contact Name: \_\_\_\_\_
  - Contact Phone Number: \_\_\_\_\_

Office Use Only:	School: _____
SDS#	Registration Date: _____

## Student Ancestry

Aboriginal people are those who identify themselves to be First Nations (Registered Treaty Status, Non-Status), Métis or Inuit/Inuk. Based on this definition, do you consider yourself or your child to be an Aboriginal person?  Yes     No

If you answered yes, please indicate which Aboriginal group to which you belong:  Registered Treaty Status     Non-Status     Métis     Inuit/Inuk

Band Name and Treaty Number: \_\_\_\_\_

If this student is living on reserve, please provide the name of the reserve: \_\_\_\_\_

## Student Citizenship

Citizenship:  Canadian  
 Other

Citizen of what country? \_\_\_\_\_

Country at Birth: \_\_\_\_\_

What country or province did you last live in? \_\_\_\_\_

**Please fill out the following if you are not a Canadian Citizen:**

What is your status?  Immigrant     Permanent Resident     Other

What language do you speak at home?  English     Other (Please specify)

First language spoken: \_\_\_\_\_

Second language spoken: \_\_\_\_\_

Do parents/caregivers speak English?  Yes  No  Some

## Student Residence

Student is living with:  Mother  Father  Father/Stepmother  Mother/Stepfather  
 Guardian  Both Parents  Foster Parents  Joint/shared Custody  
 Other

Is there a custody order in place?  Yes  No  Other

⇒ *If a custody order is in place, please provide a copy to the school. In rare instances, a child may be designated as "Protected" by Court Order. If such an order is in place, please make arrangements to discuss this situation with the school administration.*

Is this student in foster care?  Yes  No

Foster Care Agency:  Ministry of Social Services of SK  FNCFS (First Nation Child and Family Services)  Other

Type of Foster Care:  Regular  Therapeutic  Therapeutic Group  Other

Social Worker Name: \_\_\_\_\_

Social Worker Contact #: \_\_\_\_\_

Will this student be riding a school bus?  Yes  No  
 Occasionally (explain) \_\_\_\_\_

⇒ *For bus students (In case the buses do not run due to bad weather conditions, bus failure, or an emergency), we require a billet home in town for your child.*

Name of Billet: \_\_\_\_\_

Contact Number of Billet: \_\_\_\_\_

# Student Medical Information

Health Services Number: \_\_\_\_\_

⇒ Horizon School Division requests that you provide your child's Health Services Number (HSN). Collecting this number enables the school to allow medical professionals to access your child's health information in your absence. Please check the box below to indicate that you are voluntarily providing your child's Health Services Number. Horizon School Division currently has a data share agreement with Saskatchewan Health Services to enable them to share pertinent information (including the HSN) to facilitate services offered (i.e. dental screening, immunization programs in gr. 1, 6, and 8, as well as provision for communicable disease/pandemic-related information sharing.)

I have voluntarily provided my child's Health Services Number to the school to be used for purposes stated above. I understand that it will be kept on record unless I request it be removed.

Does your child have a severe or life threatening medical condition that the school should be aware of?

- Yes     No     My child has a medical condition that the school should be aware of but it is not life threatening.

Please explain the medical condition you are referring to above.

Does your child use an epi-pen?     Yes     No

List Allergies Here:

Please provide two trusted adults the school can contact in the case of an emergency:

First Emergency Contact Name: \_\_\_\_\_

First Emergency Contact Number: \_\_\_\_\_

First Emergency Contact Name: \_\_\_\_\_

First Emergency Contact Number: \_\_\_\_\_

Does your child have any intensive needs, medical conditions, or behaviours of which the school staff should be aware?

- Yes     No     I would like to speak to someone about my concerns.

Please explain: \_\_\_\_\_

Do you have any concerns about your child's growth and development?

- Yes     No     I would like to speak to someone about my concerns.

Please explain: \_\_\_\_\_

## Family Information

Primary Caregiver Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cellular Service Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Primary Caregiver Mailing Address: \_\_\_\_\_

Primary Caregiver Physical Address: \_\_\_\_\_

Preferred means of communication:  Voice Call  Email  Text Message  Other (please specify)

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Second Caregiver Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cellular Service Provider: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Second Caregiver Mailing Address: \_\_\_\_\_

Second Caregiver Physical Address: \_\_\_\_\_

Preferred means of communication:  Voice Call  Email  Text Message  Other (please specify)



## Agreements

### Parent/Guardian Permission for use of Student Work and Personal Information

⇒ There are times when the school or school division may wish to share information for educational purposes or to recognize student achievement in the school community, in public media including the school and division website

- I / we understand and accept the terms of AP 181 - Permission of Use of Student Work and Personal Information
- I /we decline to accept the terms.

### Locker Use Agreement (only applicable for schools that supply student lockers)

⇒ The locker use agreement is in place to ensure the safety of student(s).

- I / we understand and accept the terms of AP 359 - Locker Use Agreement
- I /we decline to accept the terms.

### Acceptable Use of Technology (including Computers)

⇒ Our goal is to use computers and other technologies as a tool for teaching and learning in all grades, and subject areas are enhanced by providing this service. Excellence in both teaching and learning is promoted in the schools by facilitating resource sharing, innovation, and communication. It is important that the division have an acceptable use procedure to provide guidelines for the use of this important School Division Acceptable Use of Computers procedure.

- I / we understand and accept the terms of AP 140 - Acceptable Use of Technology Procedure
- I /we decline to accept the terms.

## Signature (Required)

- I hereby declare that I have read and understood the information contained on this form and that the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

Learn how to become a School  
Community Council Member



Visit your school website for  
more information.

### Contact US



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