



Student Registration Kindergarten

Date of Application:	FOR OFFICE USE ONLY <input type="checkbox"/> Day 1/3/alt 5 <input type="checkbox"/> Day 2/4/alt 5 SDS No. _____ Room _____ <input type="checkbox"/> SDS <input type="checkbox"/> PowerSchool <input type="checkbox"/> EAL
School Receiving Application:	
Student Information	

Student's Legal Name: _____

Last | First | Middle

Name Used (if different from legal name): _____

Birth Date: mm | dd | yyyy Male Female Not specified Canadian Citizen? Yes No

Home Phone: _____ Grade: _____

Home Address: _____

Apartment # | House # | Street | City | Postal Code

If living on an acreage or farm, please provide land location:

Section: _____ Township: _____ Range: _____ Meridian: _____

What program are you applying for? English French

School-age Siblings: Please list name, grade and school of each sibling.

Last School Attended: _____

Medical Information: Please provide any necessary medical information on a separate sheet and attach it to this form.

Custody and/or Contact Arrangements:

Health Services Number (HSN) _____ . This number is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students' educational needs are being met. The Ministry of Education will not use the HSN for any other purpose.

School registration information, including HSN, may also be provided to the Regional Health Authority (RHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student. PLEASE NOTE: Prior to any service being provided to the student by the RHA, express consent will be obtained from the parent/guardian or student (if older than 18 years).

Heritage Information

The following information is collected for the Ministry of Education and disclosure is protected under *The Local Freedom of Information and Protection of Privacy Act* and all employees of Regina Public Schools must adhere to *Administrative Policy 405*.

Country of Birth: _____ Country of Citizenship: _____

First Language spoken at home: _____ Second Language spoken at home: _____

In which school division do parents/guardians reside? Regina Public or Other (specify)

Canadian Birth Certificate or Canadian Citizenship Document #:

Self-Declaration Information

Information on Indigenous ancestry is collected in the SDS by the Ministry of Education and Regina Public School Division to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry. For more information, please visit <http://www.rbe.sk.ca/parents/aboriginal-self-declaration>.

Indigenous people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis, or Inuit.

Based on this definition, do you consider the student that you are registering to be an Indigenous person?

Yes No

If **Yes**, please check the box that best identifies the student.

First Nations/Registered/Treaty/Status First Nations/Non-Registered/Non-Status Métis Inuit

Band Affiliation (optional): _____ Treaty Status Number (optional): _____

Parent/Guardian or Child Care Provider Contact Information (Please fill out in order of contact priority)

Contact #1: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #2: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #3: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Contact #4: Last Name First Name Relationship:

Lives with student *OR* give address below:

Apartment # House # Street City Postal Code

E-mail: Place of Work:

Home Phone: Cell Phone: Work Phone:

Additional Contact Information

Social Worker Name: (if applicable) Phone:

Other: Phone:

Kindergarten Background Information

Early Learning Behaviours and Experiences

Is your child toilet trained? Yes No

Does your child separate easily from you? Yes No

Has your child been receiving speech therapy at Wascana Rehab. Centre? Yes No Child & Youth Services? Yes No

What is your child's first language? _____

If the child's first language is not English, at what age did the child begin to speak English? _____

Please list all languages spoken in the home _____

Do others have difficulty understanding your child's speech? Yes No

Does your child stutter? Yes No

Does your child have difficulty retelling the events of stories or TV shows? Yes No

Do you have concerns about your child's voice (hoarseness, low pitch, high pitch)? Yes No

Does your child often leave off word endings (-s, -ed, -ing)? Yes No

Please describe how your child plays (with others, by him/herself). _____

Please describe how your child shows his/her feelings. _____

Please add any additional information that would help us know your child better. _____

Is there any additional information about your family that you feel your child's teacher/principal should know (i.e. custody, medical, etc.)?

Health History

Sask. Health # _____

Doctor Name _____ Doctor Work Ph _____

Child's Birth Weight _____

Describe problems experienced during pregnancy with this child, at birth or immediately after birth. Provide explanation.

Please place a checkmark (✓) next to any of the following conditions that are part of your child's health history.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Draining ears | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Back curvature | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Tubes in ears | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart condition | <input type="checkbox"/> FASD |
| <input type="checkbox"/> Frequent ear aches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney condition | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Accumulation of ear wax | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Convulsive disorder | <input type="checkbox"/> Emotional problem |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Muscle or bone condition | <input type="checkbox"/> Asthma/Lung condition | <input type="checkbox"/> Other |

Describe treatment provided and/or supervision required regarding the following health-related concerns:

Health Problem _____

Medication or Treatment _____

Cultural Food Restrictions _____

Allergies _____

Activity Restrictions _____

Does this child have a four-year-old birthday check-up with the Regina Qu'Appelle Health Region? Yes No N/A

Has your child received his/her immunizations? Yes No Date _____

Has your child received his/her dental check-up? Yes No Date _____

Has your child received a vision test by an optometrist? Yes No Date _____

Check if your child wears the following: Eye glasses Contact lens

Has your child received a hearing test by an audiologist? Yes No Date _____

Check if your child wears or experiences the following:

- Hearing aid Permanent hearing loss Hearing loss that comes and goes

Has your child been involved with other agencies (i.e. Open Door, ECIP, SCEP, etc.)? Yes No Provide list. _____

Has your child been involved with other child care programs (i.e. daycare, private preschool, Early Learning Centre, Discovery Pre-K, Communication Pre-K, Head Start, etc.)? Yes No Provide list. _____

Is there additional information about your child's health and development history that your child's teacher/principal should know that you would like to share or have concerns about? Provide explanation. _____

Check if records for your child exist at the following agencies:

- Regina Qu'Appelle Health Region
 Wascana Rehabilitation Centre
 Social Services
 Mental Health and Addictions/Child and Youth Services
 Other _____

Permission is hereby granted to Regina Public Schools to request release of the child's records from the identified agencies:

Signature

Date

Relationship to Child