REGINA PUBLIC SCHOOLS

Student Registration Kindergarten

Date of Application:

School Receiving Application:

FOR OFFICE USE ONLY

❑ Mon/Wed/Alt Fri ❑ Tues/Th/Alt Fri
SDS No. _____
Room _____
❑ SDS ❑ PowerSchool ❑ EAL

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

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

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:

Is one or more parent Canadian? ❑ Yes ❑ No

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Proof of Canadian citizenship witnessed: ❑ Canadian Birth Certificate ❑ Canadian Citizenship Certificate ❑ Canadian Passport

If none of the above-listed documents are shown to prove student is a Canadian citizen, please send to the Newcomer Welcome Centre.

❑ Proof of age and citizenship of student was visually confirmed by (Print your name) _____

If student is a Canadian citizen BUT neither parent is a Canadian citizen, please send to the Newcomer Welcome Centre.

Self-Declaration Information

Information on Aboriginal 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 https://www.reginapublicschools.ca/indigenous/self-declaration.

Aboriginal 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 Aboriginal 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.

___ Draining ears	___ Rheumatic fever	___ Back curvature	___ ADD/ADHD
___ Tubes in ears	___ Hepatitis	___ Heart condition	___ FASD
___ Frequent ear aches	___ Diabetes	___ Kidney condition	___ Autism Spectrum
___ Accumulation of ear wax	___ Tuberculosis	___ Convulsive disorder	___ Emotional problem
___ Skin condition	___ Muscle or bone condition	___ Asthma/Lung condition	___ 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