



## 2025-26 - Application Form

*For Office Use Only*

Registrar \_\_\_\_\_ Date \_\_\_\_\_ Start Date \_\_\_\_\_

Documents Verified by Recruitment Team:  Birth Certificate  Saskatchewan Health Services Card

Program:  English Ministry# \_\_\_\_\_

Legal Last Name \_\_\_\_\_ (as per birth certificate)

Legal First Name \_\_\_\_\_ Name Used \_\_\_\_\_ Middle Name \_\_\_\_\_

Apartment # \_\_\_\_\_ House # \_\_\_\_\_ Street/Box # \_\_\_\_\_

Regina, SK **or** \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year Current Grade Level \_\_\_\_\_

Previous Elementary School(s): \_\_\_\_\_

Saskatchewan Health Services Card #: \_\_\_\_\_

This school has a breakfast, snack and lunch program for all students. Please make us aware of any food allergies your child may have so our nutrition worker can better accommodate your child.

Food Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Health Concerns \_\_\_\_\_

Medications/Treatments \_\_\_\_\_

Is your child's medication administered at school?  Yes  No

Citizenship:  Canadian  Other \_\_\_\_\_

1st Language:  English  French  Other \_\_\_\_\_ 2nd Language:  English  French  Other \_\_\_\_\_

Country of Birth:  Canada  Other \_\_\_\_\_ Country of Origin:  Canada  Other \_\_\_\_\_

Ethnic Background – Please check as many as you feel appropriate.

Registered Status Treaty # \_\_\_\_\_  Indigenous/First Nations  Metis  Inuit  Non-Status

Caucasian  Asian  Hispanic/Latino  African American Other \_\_\_\_\_

Family Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Baptized Catholic: Date Baptized Catholic: \_\_\_\_\_ Place Baptized Catholic: \_\_\_\_\_

Traditional/Cultural/Spiritual Practice: \_\_\_\_\_

**Primary Contact Information:**

	Parent/Guardian	Parent/Guardian
Name:		
Relationship:		
Address:		
Occupation:		
Employer:		
Position:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email:		
Spirituality/Religion:		

Emergency Contact _____ Home Phone _____ Cell Phone _____
Emergency Address _____ Business Phone _____
Daycare/Sitter _____ Home Phone _____ Cell Phone _____
Daycare/Sitter Address _____
Outside Agency involvement: Name & Phone _____

**Parent/Guardian Income Level - Please check the appropriate box below for each parent/guardian**

<input type="checkbox"/> Less than \$15,000	<input type="checkbox"/> \$15,000- \$30,000	<input type="checkbox"/> \$30,000 - \$50,000	<input type="checkbox"/> \$50,000 - \$75,000	<input type="checkbox"/> +\$75 – 100,000
Income of Parent/Guardian #1: _____				
Place of Employment: _____				
<input type="checkbox"/> Less than \$15,000	<input type="checkbox"/> \$15,000- \$30,000	<input type="checkbox"/> \$30,000 - \$50,000	<input type="checkbox"/> \$50,000 - \$75,000	<input type="checkbox"/> +\$75 – 100,000
Income of Parent/Guardian #2: _____				
Place of Employment: _____				

Check appropriate information:				
_____ Parents Together	_____ Father Remarried	_____ Father Deceased	_____ Foster Parents	
_____ Parents Divorced/Separated	_____ Mother Remarried	_____ Mother Deceased		
Child lives with: _____ How long? _____ Relationship: _____				

Home Owner: _____	Renter: _____
Number of others living at home? _____ brothers _____ sisters _____ others	

Siblings Name	Age	Grade	School

Is your child in any of the following? Check all that apply and attach documentation for the items bolded.

- Learning Resource Program  
  Alternate Program  
  EAL Support  
  TLP (Teacher Learning Plan)
- Outside Tutoring/or Academic Support Services  
  Counselling Services  
  Speech Program

Does your child have access to a computer at home? (Circle one) **Yes / No**

Does your child have a library card? (Circle one) **Yes / No**

List any honors or awards that your child has received:

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List all current and recent extracurricular activities (sports, club, music/art & church) that your child participates in:

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How does your child get to and from their extracurricular activities?

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Has your family accessed any funding for these activities? If so, what organizations have you received funding from?

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List any other hobbies or recreational interests for your child:

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List any cultural experiences within family or in the community:

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## Parent/Guardian Questionnaire

Answers to these questions on their own will not in any way disqualify a student from admission. Although the school is not a school for students with profound needs, we work with students who confront and have confronted major life challenges. The more complete information we have, the better the decisions we can make, and the better we can serve the students.

Does your child suffer from any serious illness, disability, physical or emotional limitations, depressions or other mental illness that might impact their studies or participation in school activities? (*Circle one*) Yes/No If yes, please explain.

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Does your child have hyperactivity or ADHD/ADD? (*Circle one*) Yes/No If yes, please explain.

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Does your child take any medication? (*Circle one*) Yes/No If yes, please ask for an additional form.

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Is your child presently enrolled in any type of special education program or counseling at the school he/she attends, or at some other place? (*Circle one*) Yes/No If yes, please explain.

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Approximately how many days has your child been absent from school in the past year? \_\_\_\_\_ Please explain the reasons.

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Please describe your child's **academic** strengths and weaknesses:

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What do you feel, as the parent/guardian, have been the three most important factors that have made your child successful in school?

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## Parent/Guardian Observations of Student's Strengths and Weaknesses

Please indicate with an "X" which characteristics best describe your child. If necessary, please describe characteristics more thoroughly below.

_____ shy with others his/her age	_____ shy with adults	_____ energetic
_____ makes friends easily	_____ easy going	_____ emotional
_____ has difficulty keeping friends	_____ prefers passive activities	_____ sensitive
_____ well-coordinated	_____ aggressive	_____ nervous
_____ happy	_____ indifferent	_____ tires easily
_____ temperamental	_____ confident	_____ helpful
_____ organized	_____ hard-working	_____ confrontational
_____ problem-solver	_____ completes tasks independently	_____ likes to move
_____ persists with tasks	_____ needs many reminders	_____ is focused when learning

Please indicate by placing an "X" under the response that best represents how well your child performs in the following academic and nonacademic areas. Leave any area that does not apply to your child blank. You may add areas of strength and weakness in the comment section.

	Has Difficulty	Is Okay	Does Well
Ability to pay attention in school			
Athletics/Physical Education			
Drawing/Artwork			
Building/Fixing things			
Making friends			
Reading individual words			
Understanding what he/she reads			
Reading speed			
Handwriting (legibility)			
Writing reports			
Creative writing			
Spelling			
Math computation			
Knows multiplication facts to 10			
Knows multiplication facts to 12			
Solving Math word problems			
Completes household chores			
Using a computer for school work			
Completing homework			
Knowing what and how to study for a test			
Organization of school work			
Playing a musical instrument or singing			

Please comment on any item you believe warrants a response.

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