



2024-25 - 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): _____

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 (Voluntary):

Caucasian Asian Hispanic/Latino African Americans Other _____

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

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:		

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
 Parents Divorced/Separated Mother Remarried Mother Deceased

Child lives with: _____ How long? _____ Relationship: _____

Home Owner: _____ Renter: _____

Number of brothers and sisters living at home? _____ brothers _____ sisters

Siblings Name	Age	Grade	School

Emergency Contact _____ Home Phone _____ Cell Phone _____

Emergency Address _____ Business Phone _____

Daycare/Sitter _____ Home Phone _____ Cell Phone _____

Daycare/Sitter Address _____

Outside Agency involvement: Name & Phone _____

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:

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

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

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

List any other hobbies or recreational interests for your child:

List any cultural experiences within family or in the community:

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.

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

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

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.

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

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

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

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.
