

Office Use Only	
Date Received	
Before/After School Program	Yes No
TAP Application	Yes No



# New Student Application Form

## Student Information (please print)

Student's Full Legal Name: \_\_\_\_\_

Name Used (if different than legal name): \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Last Grade & School Attended (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Saskatchewan Health Care #: \_\_\_\_\_

Child Resides with: \_\_\_\_\_

Custody Arrangements (if applicable): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

First Language spoken at home: \_\_\_\_\_ Second Language spoken at home: \_\_\_\_\_

Other Language(s): \_\_\_\_\_

In which school division do parents/guardians reside?

- Regina Public Schools; or
- Other (specify) \_\_\_\_\_

Please specify the Aboriginal group you belong to (if applicable):

Registered Treaty Status Indian:	Inuit:
Non-status Indian:	Band Affiliation:
Métis:	Treaty Status Number:



## **Childcare Information (if applicable)**

Childcare Centre's Full Name: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Please describe days of the week student attends childcare, time (before/after school care, PD Days, and/or holidays) and transportation method to and from PSS (grandparent, bus, childcare).

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## **Guardian Information**

One of Prairie Sky School's founding principles is to educate children holistically through community. We strive to recognize all parenting adults in a child's life. This can include biological parents, adoptive parents, stepparents, foster parents, siblings, aunts, uncles, grandparents and so on. This being said, PSS is not responsible for financial arrangements between parents/guardians (please see PSS Tuition and Fee Policy).

Please list all parents/guardians below. For business purposes only, please indicate which parent/guardian(s) is the financial designate.

Parent/Guardian's Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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



Work Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Cell Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email address: \_\_\_\_\_

Custodial Parent/Guardian(Y/N): \_\_\_\_\_ Financial Designate (Y/N): \_\_\_\_\_

Relationship Status: \_\_\_\_\_  
(i.e. Parent X is Parent Z's common-law partner)

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Parent/Guardian's Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Work Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Cell Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email address: \_\_\_\_\_

Custodial Parent/Guardian(Y/N): \_\_\_\_\_ Financial Designate (Y/N): \_\_\_\_\_

Relationship Status: \_\_\_\_\_  
(i.e. Parent X is Parent Z's common-law partner)

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Parent/Guardian's Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_



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

Work Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Cell Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email address: \_\_\_\_\_

Custodial Parent/Guardian(Y/N): \_\_\_\_\_ Financial Designate (Y/N): \_\_\_\_\_

Relationship Status: \_\_\_\_\_  
(i.e. Parent X is Parent Z's common-law partner)

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Parent/Guardian's Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Work Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Cell Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email address: \_\_\_\_\_

Custodial Parent/Guardian(Y/N): \_\_\_\_\_ Financial Designate (Y/N): \_\_\_\_\_

Relationship Status: \_\_\_\_\_  
(i.e. Parent X is Parent Z's common-law partner)



**Emergency Contacts**

Name	Relationship to Child	Phone #	Alternate Phone #

**Before and After School/ERD Programs**

Are you interested in the before and/or after school programs?

Before School Program?     **Yes**         **No**

After School Program?     **Yes**         **No**

Early Release Day Program?     **Yes**         **No**

**Drop Off/Pick Up**

If your child will be dropped-off or picked-up by somebody else rather than their guardian(s), a *Drop-off/Pick-up form* must be completed and signed in advance. It is the parent/guardian’s responsibility to keep this form up to date.

**Tuition Assistant Program and Scholarships (TAPS)**

PSS offers scholarships through our TAPS to ensure Prairie Sky School remains accessible for families of all income levels. Families must apply for TAPS to be considered. We encourage families to think of the tuition they pay as a contribution to their children’s education and life experiences. PSS recognizes that all families, despite personal income, undergo monetary and lifestyle transformations in order for their children to have the best education they can.

Will you be applying for TAPS?     **Yes**         **No**

**If yes, please complete all applicable TAPS application forms.**



## **New Family Information**

The information requested in the following sections is voluntary. The purpose of its collection and use is to provide the best learning environment for your child(ren), and to ensure his/her safety. It will be treated confidentially according to the *Local Authority Freedom of Information and Protection of Privacy Act*.

## **Sibling Information:**

Name	Age	School

How did you hear about Prairie Sky School?

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Why are you interested in Prairie Sky School?

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What is the learning style(s) through which your child best learns? Please describe.  
e.g. Visual/Spatial/Artistic, Kinaesthetic/Bodily, Verbal/Linguistic, Logical/Mathematical, Musical/Rhythmic, Interpersonal (with others), Intrapersonal (alone), Naturalist (in nature).

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### **Intellectual/Social Development**

Does your child have any social, emotional, or learning special needs (either diagnosed or symptomatic)? If so, please specify the need, types of behaviour expected, special equipment required or used, and a diagnosis if available.

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Please list some of your child's favourite activities.

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What do you and your child like to do together?

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What are your child's strengths?

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What does your child find challenging?

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What do you hope your child will learn and/or experience at Prairie Sky School?

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Do you have any other information about your child's holistic development that you feel we should know?

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## **Parent/Guardian Signatures**

All forms must be completed in their entirety. As well, all pertinent information must be disclosed to PSS. Parents/guardians/students must read, understand and abide to PSS policies and procedures before the student is considered for enrolment. As well, it is the parent/guardian(s) responsibility to keep up to date on the Parent Handbook and PSS Policies and Procedures. Please initial the following as confirmation.

## **Registration Form Check List**

- Drop-off/Pick-up Form
- Volunteer Driver Agreement
- Medical History/Consent Form
- Tuition and Fees Payment Form
- Before/After School/ERD Program Form (if applicable)
- Volunteer Commitment Form
- Media Release Form
- Medication Administration Form (if applicable)
- New Student Application Form

Name of Parent/Guardian (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yy)