

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).

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)

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)

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)

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?

Why are you interested in Prairie Sky School?



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).

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.



Please list some of your child's favourite activities.

What do you and your child like to do together?

What are your child's strengths?



What does your child find challenging?

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

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



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

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

Name of Parent/Guardian (printed): _____

Signature: _____ Date: _____
(dd/mm/yy)