

Student Registration Form – 2026-2027

School: Vincent Massey Public School



STUDENT PERSONAL INFORMATION

Student's Legal Name: _____
Surname First Name Middle Name (s)

Usual First Name: _____ Date of Birth: _____ Gender: Male Grade: _____
Month/Day/Year Female Unspecified

House/Apt#: _____ Street: _____ City: _____ Postal Code: _____

Mailing Address (if different from above): _____

Land Location (For Rural Students): Quarter: _____ Section: _____ Township: _____ Range: _____ Meridian: _____

Home Phone: _____ Student Cell: _____

Program of Study Regular (English) French Immersion

PARENT OR GUARDIAN INFORMATION

Relationship: Father Mother Guardian

Step-father Step-mother

Name: _____
Surname First Name

Does student live with you? Yes No

Employer's Phone: _____

Cell: _____

Email: _____

PARENT OR GUARDIAN INFORMATION

Relationship: Father Mother Guardian

Step-father Step-mother

Name: _____
Surname First Name

Does student live with you? Yes No

CITIZENSHIP INFORMATION

Canadian Other – please specify: _____ Country of Birth: _____

LANGUAGE SPOKEN

First Language: _____ Second Language: _____

FIRST NATIONS INUIT AND MÉTIS (voluntary self-declaration)

First Nations Status First Nations Non-Status Inuit Metis

Do you live on a reserve: Yes No Status #: _____

Reserve Name: _____ House #: _____ Street Name: _____

SIBLINGS INFORMATION (Please attach an additional sheet to list more than two siblings)

Name: _____ Date of Birth: _____
Surname First Name Month/Day/Year

Name: _____ Date of Birth: _____
Surname First Name Month/Day/Year

LAST SCHOOL ATTENDED (Please complete if the student is new to this school)

Name of School: _____ Grade: _____

City/Town of School: _____ Phone: _____

CUSTODY INFORMATION

Court Order In rare instances a child may be designated as “Protected” if a court has issued a restraining order. Should school administration be aware of any such Court Order for the protection of your child? Yes No
If yes, please make arrangements to discuss this situation with the school administration.

Foster Care Is this student in foster care? Yes No If you answered Yes, please provide the following information

Foster Care Agency: Ministry of Social Services ICFS (Indian Child and Family Services)

Type of Foster Care: Regular Therapeutic Therapeutic Group

Social Worker’s Name: _____ Phone: _____

CHILD CARE OR SITTER INFORMATION

Name: _____ Phone: _____

Address: _____

EMERGENCY INFORMATION (Parents/guardians will always be contacted first in the event of an emergency)

Emergency Contact 1 (if parents are unavailable) Name: _____ Home Phone: _____

Relationship: _____ Cell: _____

Work Phone: _____

Emergency Contact 2 (if parents and Emergency Contact 1 are unavailable) Name: _____ Home Phone: _____

Relationship: _____ Cell: _____

Work Phone: _____

Does this student have a **severe** or **life threatening** medical condition? Yes No

If you answered Yes, please provide details of the medical condition: _____

PERMISSION

1. I give permission for my child to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone call when a trip will occur. Yes No

2. **Local Authority Freedom of Information Protection (LAFOIP).** *Please read the LAFOIP brochure.* Yes No
I give my permission for my child’s personal information (name, grade, school), photo/video, video recording, including virtual learning opportunities, media release, media internal and external, social media permission and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting publication, or internet website, in this school year and beyond. (An example – the publication of your child’s picture in the local newspaper or social media.)

The LAFOIP brochure is available at the school or online at www.srsd119.ca. (Click on Parent Information)

SIGNATURE REQUIRED

I hereby declare that I have read and understood the information contained on the Student Registration Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.

Date

Signature of Parent or Guardian

CELL PHONE/TABLET/PERSONAL DEVICE POLICY

At Vincent Massey Public School, we work diligently to provide our students with a high quality education within a positive, safe and productive learning environment. Our cell phone procedure removes the distraction from incoming messages, calls, social media and games during instructional time. The risk of photos and videos being taken and shared is greatly reduced by restricting cell phones to student lockers.

- ◆ All students with cell phones will be required to keep their phone in their locker/bin during the school day. It will be placed there as soon as they arrive in the morning.
- ◆ We provide locks to students so they can keep their belongings safe in their lockers.
- ◆ Students may check their phone messages and calls at their locker/bin when they get their lunch and when they put their lunch away.
- ◆ A student's phone **must not** be on them during the school day.
- ◆ If there is a family emergency parents should call the school (306-763-7494) to get a message to their child.

If a staff member sees a student with a phone during the day the student will be asked to turn the phone off and take it to the office for safe keeping until the end of the day.

If the problem persists, parents may be required to pick the phone up at the school.

If misuse continues, parents may have to meet with school administration and their child to develop a success plan.

Important consideration:

There is always a risk when bringing an electronic device (phone, tablet, computer, etc.) to school. The risk of theft, damage, or some other unfortunate circumstance could occur. The school will not require students to bring their devices to school. Parents and their children should have a discussion and weigh the benefits and drawbacks to bringing their devices to school. Students will need to keep their devices safe and locked in their locker at all times. **The school assumes no liability for lost, stolen or damaged devices.**

I, _____ (student name), have read the above message and agree to the conditions for acceptable use of electronic devices at Vincent Massey Public School.

I (we), _____ the parents/guardians of,
_____, also agree to the conditions set in this document.

LUNCHTIME EXPECTATIONS AT VINCENT MASSEY PUBLIC SCHOOL

Dear Parents / Guardians:

It is extremely important that we maintain a safe school environment at all times including the lunch break.

Our lunch time expectations are the following:

1. Students will eat lunch in their homerooms.
2. The classroom will be left clean and litter free.
3. Respect will be demonstrated by everyone.
4. Supervision will be provided at all times and guidance will be provided when necessary.
5. Nuts and nut based products will be kept out of the school for the safety of students and staff.
6. Students who eat their lunch at school MUST stay on school property during the entire lunch break. If required, Permission to leave MAY be granted by classroom teacher or school administration.

If a student is unable to meet the above expectations, they will lose lunch privileges and alternate arrangements will have to be made.

Thank you for your cooperation.

I have read the above information with my child and understand that they may be asked to find alternate arrangements if the lunch expectations are not followed.

Parent/Guardian Signature

VINCENT MASSEY PUBLIC SCHOOL NUTRITION PROGRAM

Dear Parents/Guardians

As part of the Nutrition Program at Vincent Massey Public School we offer a nutritional breakfast each day, sponsored by Breakfast Club of Canada, to all students in PreK - Grade 8. We will serve nutritious foods from the Canada Food Guide such as fruit, vegetables, milk, cheese, crackers and baked goods.



To prevent any allergic reactions, we need to know if your child has any food allergies or any other condition which affects the food he/she can eat. We will provide an alternate snack for these children.

Please specify ALLERGIES only:

MILK:

NO, my child is not allergic to milk

YES, my child is allergic to milk

FOOD:

NO, my child does not have food allergies

YES, my child does have food allergies. These consist of:

NUTS: (peanuts, walnuts, almonds etc.) _____

GLUTEN: (wheat flour) _____

FRUIT or VEGETABLES (please specify): _____

EGGS: _____

Other Allergies (please specify): _____

Child's Name: _____

Classroom Teacher: _____

Parent/Guardian's Signature: _____

STUDENT TRANSPORTATION IN PRIVATE VEHICLES

Background

In certain circumstances, the transportation of students may be provided using private vehicles. The school principal is responsible for the administration of this policy.

Procedures

1. The use of private vehicles for transporting students on approved school sponsored activities should occur only when commercial sources of transportation are not available and when the principal deems the former mode of transportation unsuitable.
 2. The Board cannot place primary insurance on a vehicle that it does not own, rent or lease. A minimum personal liability insurance coverage of \$2,000,000 must be carried on each private vehicle used to transport students on school approved trips.
 3. A parental consent form signed by the parents must be obtained for each student to be transported by private motor vehicle. One consent form may cover a series of trips.
 4. Students representing their school at extra-curricular activities (i.e. sports, band) shall be transported in school-approved transportation or by their own parents. Parents shall advise the principal in advance of the activity if the student is not traveling with the rest of the students. Students who disregard this provision shall be prohibited from participating in the activities.
 5. The number of persons transported in any one private vehicle may not exceed the insured passenger capacity rating of that vehicle (i.e., the number of seatbelts provided in the vehicle).
 6. All drivers transporting students in private vehicles shall provide the Principal/designate with a copy of a valid Driver's License and a signed application for driver authorization.
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PARENTAL CONSENT FORM

Saskatchewan Rivers Public School Division Administrative Procedure 735, Student Transportation in Private Vehicles requires a parental consent form be completed when private vehicles are used for transportation.

Declaration:

I _____ Parent/Guardian of _____
hereby give permission for my son/daughter to be transported in a private vehicle.

**Signature of
Parent (or) Guardian**

Date

Principal's Signature

Date

Consent and Authorization:

I have read and understand all of the information and consent form. I consent to the participation of my child in all team activities. I give consent for my child to accompany the team as a member on out of town trips and will not hold the school responsible in case of accident or injury whether it is en-route to or from another school, practice, competition, or any school event. If I cannot be reached in the event of an emergency, I also give consent and authorize the school to obtain medical care as is reasonably necessary for the welfare of my child if he/she is injured in the course of school activities

Parent/Guardian Signature