

ROSSIGNOL HIGH SCHOOL



ELAINE FAVEL – PRINCIPAL
DEREK BIRKHAM – VICE PRINCIPAL

Box 570 Ile a la Crosse, Saskatchewan, S0M 1C0
PHONE: 306-833-2388/306-833-2389 FAX: 306-833-2616

Date of Registration: _____

Name of Student: First _____ Middle _____ Last _____
(On Birth Certificate/Baptismal/Hospital Card)

Preferred Name: _____ Preferred Pronouns: He __ She __ They __

Address: __ P.O. Box # _____

Phone #: _____ Age: _____ Gender: M __ F __ Birthday: _____

Parent's/Guardians
Name: _____

Parent's/Guardians
Signature: _____

Parent's/Guardians Phone #: _____
Home Work Cell

Parent's/Guardians email: _____

Last School Attended: _____
Name Location

The Health Services Number is collected by Saskatchewan Learning to support the Student Tracking Program. The HSN is used by the Program to identify school-aged youths not registered in an approved education program, so that action can be taken to ensure that their educational needs are being met. The Number will not be used by Saskatchewan learning for any other purpose. The Number is collected and used at the school level to address emergent medical situations. Access, use and disclosure is protected under the Freedom of Information and Protection of Privacy Act and the Local Freedom of Information and Protection of Privacy Act.

Hospital Card #: _____

PHOTO/VIDEO CONSENT

Photo and video images may be collected by the staff of Rossignol High School for communication purposes. Images may be used for classroom displays, newsletters, local television or for our website. Do you consent to collection and use of images of your child for these purposes? (Please check appropriate box) ___ yes ___ no

HEALTH CONCERNS

List 2 emergency contacts if parent/guardian cannot be reached: **(IMPORTANT)**

Name	Phone #(s)	Relationship
Name	Phone #(s)	Relationship

Family Doctor: _____ Phone #: _____

Does the student have any health problems? (Please check appropriate box)

- Yes
- No

If yes, explain briefly: _____

Any allergies? (Please check appropriate box)

- Yes
- No

If yes, what kind: _____

ABORIGINAL ANCESTRY

The following information is *voluntary*.

Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Non-Status Indian, Metis, or Inuit. Based on this definition, do you consider the student to be an Aboriginal person? (Please check appropriate box)

- Yes
- No

If yes, please specify the Aboriginal group you belong to. (Please check appropriate box)

- Registered/Treaty/Status Indian
- Non-Status Indian
- Metis
- Inuit

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COMPUTER USER CONTRACT

As the parent and guardian of this student, I have read the Policy for the acceptable use of technology resources in the Ile a la Crosse School Division. I understand that this access is designed for educational purposes and that the Division has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the School Division and system administrators to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission for my child to utilize the system and certify that the information contained in this form is correct.

Student Name (please print): _____

Student Signature: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Parent/Guardian Contact Info:

Home: _____ Work: _____

Cell: _____ Email: _____

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**ACKNOWLEDGEMENT CONCERNING
USE OF STUDENT LOCKERS**

I acknowledge and understand that:

1. Student lockers are the property of the Ile a la Crosse School Division #112.
2. Student lockers remain at all times under the control of the Ile a la Crosse School Division #112.
3. I am expected to assume full responsibility for my school locker. Lockers need to remain clean from graffiti, inappropriate pictures, stickers and cleaned out at the end of the school year.
4. The Ile a la Crosse School Division #112 retains the right to inspect student lockers for any reason at anytime without notice, without student consent, and without search warrant.

Student's Name: _____

Student's Signature: _____

Date: _____

Locker Number: _____

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**APPENDIX C
Ile a la Crosse School Division
REGISTRATION DAY
OUTDOOR EDUCATION PERMISSION FORM**

I hereby give permission for my daughter/son _____,
to participate in the Ile a la Crosse School Division Outdoor Education Program.

I understand that some of these outdoor activities will occur in the local area outside the community and at Amiskowisti (our Wilderness Camp). These will be activities that follow the school curriculum – that give my daughter/son an opportunity to learn from nature.

I am aware that there are risks involved with outdoor activities, and I understand that the school has a plan in place to reduce, or minimize, these risks. I share the common goal of school and home – the safety of our young people.

Signature of Parent/Guardian

Date

Students • Staff • Parents • Community

“Working together to assist every learner in developing the values and skills required to create a positive future; and to provide opportunities for success in academic, cultural, and extracurricular programming”