



# École Massey School

131 Massey Road, Regina, Saskatchewan S4S 4N3  
Phone: (306) 791-8504 Web: <http://massey.rbe.sk.ca> email: [massey@rbe.sk.ca](mailto:massey@rbe.sk.ca)

Bonjour/Hello New Kindergarten Parents/Guardians,

Thank you for choosing École Massey School for your child's French Immersion kindergarten journey. Please bring the following documents to the office so that we may begin the registration process:

- Completed Student Registration Kindergarten
- Kindergarten Background Information
- Immunization History for New Students
- Consent and Release form
- Student Transportation Information Form (if required)
- Your child's Birth Certificate

Depending on enrollment, kindergarten students attend the following days:

A class      Mondays and Wednesdays and alternating Fridays **or**  
B class      Tuesdays and Thursdays and alternating Fridays

Should you have a preference, you may indicate this on the form, however we cannot guarantee placement in your desired schedule.

If your child does not have Canadian Citizenship, you must contact the Newcomer Welcome Center at (306) 352-5775 prior to registration for kindergarten. Please do so prior to our Information Session.

Our Kindergarten Information Session will take place on **Wednesday, May 20<sup>th</sup> at 6:00 p.m.** Please confirm your attendance along with your child by contacting the school at **306 791-8504** or via email at [massey@rbe.sk.ca](mailto:massey@rbe.sk.ca). Please feel free to contact us if you require any further information.

We look forward to you joining the École Massey Mustangs Community,

Mme F. Pelletier  
Directrice/Principal





# Student Registration Kindergarten

Date of Application:	<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> Mon/Wed/Alt Fri <input type="checkbox"/> Tues/Th/Alt Fri SDS No. _____ Room _____ <input type="checkbox"/> SDS <input type="checkbox"/> PowerSchool <input type="checkbox"/> EAL
School Receiving Application:	
<b>Student Information</b>	

Student's Legal Name: Last First Middle

Name Used (if different from legal name):

Birth Date: mm dd yyyy    Male    Female    Not specified   Canadian Citizen?    Yes    No

Home Phone:   Grade:

Home Address: Apartment # House # Street City Postal Code

If living on an acreage or farm, please provide land location: Section Township Range Meridian

What program are you applying for?    English    French

In which school division do parents/guardians reside?    Regina Public or    Other (specify)

School-age Siblings: Please list name, grade and school of each sibling.

Last School Attended:

**Medical Information:** Please provide any necessary medical information on a separate sheet and attach it to this form.

**Custody and/or Contact Arrangements:**

**Health Services Number (HSN)** \_\_\_\_\_. This number is collected and used at the school level to address emergent medical situations. The Ministry of Education uses the HSN to ensure students' educational needs are being met. The Ministry of Education will not use the HSN for any other purpose.

School registration information, including HSN, may also be provided to the Regional Health Authority (RHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student. PLEASE NOTE: Prior to any service being provided to the student by the RHA, express consent will be obtained from the parent/guardian or student (if older than 18 years).

## Heritage Information

The following information is collected for the Ministry of Education and disclosure is protected under *The Local Freedom of Information and Protection of Privacy Act* and all employees of Regina Public Schools must adhere to *Administrative Policy 405*.

Country of Birth:   Country of Citizenship:  
First Language spoken at home:   Second Language spoken at home:  
Is one or more parent Canadian?    Yes    No

### FOR OFFICE USE ONLY:

Proof of Canadian citizenship witnessed:    Canadian Birth Certificate    Canadian Citizenship Certificate    Canadian Passport  
If none of the above-listed documents are shown to prove student is a Canadian citizen, please send to the Newcomer Welcome Centre.  
 Proof of age and citizenship of student was visually confirmed by (Print your name) \_\_\_\_\_  
If student is a Canadian citizen BUT neither parent is a Canadian citizen, please send to the Newcomer Welcome Centre.

## Self-Declaration Information

Information on Aboriginal ancestry is collected in the SDS by the Ministry of Education and Regina Public School Division to inform educational services and program decisions at the local and provincial levels. Self-declaration is voluntary and is not mandatory. Schools are required to provide students with the opportunity to self-declare their ancestry. For more information, please visit <https://www.reginapublicschools.ca/indigenous/self-declaration>.

Aboriginal people are those who identify themselves to be First Nations/Registered/Treaty/Status, First Nations/Non-Registered/Non-Status, Métis, or Inuit.

Based on this definition, do you consider the student that you are registering to be an Aboriginal person?

Yes  No

If **Yes**, please check the box that best identifies the student.

First Nations/Registered/Treaty/Status  First Nations/Non-Registered/Non-Status  Métis  Inuit

Band Affiliation (optional): \_\_\_\_\_ Treaty Status Number (optional): \_\_\_\_\_

## Parent/Guardian or Child Care Provider Contact Information (Please fill out in order of contact priority)

<b>Contact #1:</b>		Last Name		First Name		Relationship:			
<input type="checkbox"/> Lives with student <i>OR</i> give address below:									
Apartment #		House #		Street		City		Postal Code	
E-mail:				Place of Work:					
Home Phone:			Cell Phone:			Work Phone:			
<b>Contact #2:</b>		Last Name		First Name		Relationship:			
<input type="checkbox"/> Lives with student <i>OR</i> give address below:									
Apartment #		House #		Street		City		Postal Code	
E-mail:				Place of Work:					
Home Phone:			Cell Phone:			Work Phone:			
<b>Contact #3:</b>		Last Name		First Name		Relationship:			
<input type="checkbox"/> Lives with student <i>OR</i> give address below:									
Apartment #		House #		Street		City		Postal Code	
E-mail:				Place of Work:					
Home Phone:			Cell Phone:			Work Phone:			
<b>Contact #4:</b>		Last Name		First Name		Relationship:			
<input type="checkbox"/> Lives with student <i>OR</i> give address below:									
Apartment #		House #		Street		City		Postal Code	
E-mail:				Place of Work:					
Home Phone:			Cell Phone:			Work Phone:			

## Additional Contact Information

Social Worker Name: (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Phone: \_\_\_\_\_

# Kindergarten Background Information

## Early Learning Behaviours and Experiences

Is your child toilet trained?  Yes  No

Does your child separate easily from you?  Yes  No

Has your child been receiving speech therapy at Wascana Rehab. Centre?  Yes  No Child & Youth Services?  Yes  No

What is your child's first language? \_\_\_\_\_

If the child's first language is not English, at what age did the child begin to speak English? \_\_\_\_\_

Please list all languages spoken in the home \_\_\_\_\_

Do others have difficulty understanding your child's speech?  Yes  No

Does your child stutter?  Yes  No

Does your child have difficulty retelling the events of stories or TV shows?  Yes  No

Do you have concerns about your child's voice (hoarseness, low pitch, high pitch)?  Yes  No

Does your child often leave off word endings (-s, -ed, -ing)?  Yes  No

Please describe how your child plays (with others, by him/herself). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe how your child shows his/her feelings. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add any additional information that would help us know your child better. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any additional information about your family that you feel your child's teacher/principal should know (i.e. custody, medical, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Health History

Sask. Health # \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Work Ph \_\_\_\_\_

Child's Birth Weight \_\_\_\_\_

Describe problems experienced during pregnancy with this child, at birth or immediately after birth. Provide explanation.

Please place a checkmark (✓) next to any of the following conditions that are part of your child's health history.

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Draining ears           | <input type="checkbox"/> Rheumatic fever          | <input type="checkbox"/> Back curvature        | <input type="checkbox"/> ADD/ADHD          |
| <input type="checkbox"/> Tubes in ears           | <input type="checkbox"/> Hepatitis                | <input type="checkbox"/> Heart condition       | <input type="checkbox"/> FASD              |
| <input type="checkbox"/> Frequent ear aches      | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Kidney condition      | <input type="checkbox"/> Autism Spectrum   |
| <input type="checkbox"/> Accumulation of ear wax | <input type="checkbox"/> Tuberculosis             | <input type="checkbox"/> Convulsive disorder   | <input type="checkbox"/> Emotional problem |
| <input type="checkbox"/> Skin condition          | <input type="checkbox"/> Muscle or bone condition | <input type="checkbox"/> Asthma/Lung condition | <input type="checkbox"/> Other             |

Describe treatment provided and/or supervision required regarding the following health-related concerns:

Health Problem \_\_\_\_\_

Medication or Treatment \_\_\_\_\_

Cultural Food Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Does this child have a four-year-old birthday check-up with the Regina Qu'Appelle Health Region?  Yes  No  N/A

Has your child received his/her immunizations?  Yes  No Date \_\_\_\_\_

Has your child received his/her dental check-up?  Yes  No Date \_\_\_\_\_

Has your child received a vision test by an optometrist?  Yes  No Date \_\_\_\_\_

Check if your child wears the following:  Eye glasses  Contact lens

Has your child received a hearing test by an audiologist?  Yes  No Date \_\_\_\_\_

Check if your child wears or experiences the following:

- Hearing aid  Permanent hearing loss  Hearing loss that comes and goes

Has your child been involved with other agencies (i.e. Open Door, ECIP, SCEP, etc.)?  Yes  No Provide list. \_\_\_\_\_

Has your child been involved with other child care programs (i.e. daycare, private preschool, Early Learning Centre, Discovery Pre-K, Communication Pre-K, Head Start, etc.)?  Yes  No Provide list. \_\_\_\_\_

Is there additional information about your child's health and development history that your child's teacher/principal should know that you would like to share or have concerns about? Provide explanation. \_\_\_\_\_

Check if records for your child exist at the following agencies:

- Regina Qu'Appelle Health Region  
 Wascana Rehabilitation Centre  
 Social Services  
 Mental Health and Addictions/Child and Youth Services  
 Other \_\_\_\_\_

Permission is hereby granted to Regina Public Schools to request release of the child's records from the identified agencies:

Signature

Date

Relationship to Child

## IMMUNIZATION HISTORY FOR NEW STUDENTS

*Please fill out the information requested **ON BOTH SIDES OF THIS FORM**  
for ALL of your children attending this school and return this form to the Public Health Nurse at the  
school as soon as possible. Thank you.*

### PARENT / GUARDIAN INFORMATION:

NAME OF MOTHER/GUARDIAN \_\_\_\_\_  
Last Name First Name

NAME OF FATHER/GUARDIAN \_\_\_\_\_  
Last Name First Name

ADDRESS \_\_\_\_\_  
Street City Province Postal Code

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ Can the Public Health Nurse contact you through text messaging at  
this cell phone number?  Yes  No

If you would prefer contact by email, please provide an email address: \_\_\_\_\_

To ensure that a complete immunization record is maintained, every immunization administered to an individual will be documented by Public Health into the electronic provincial immunization registry, known as Panorama. Your child's immunization records may also be shared with health care professionals in order to provide public health services; assist with diagnosis and treatment; and to control the spread of vaccine preventable diseases. Panorama is a secure electronic system used in Saskatchewan to record and manage immunization records and the health information related to immunization for all Saskatchewan residents.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_



**PLEASE TURN OVER**

# IMMUNIZATION HISTORY:

Please complete the information for your child / children attending \_\_\_\_\_ SCHOOL

<b>Last Name:</b>	<b>Gender</b> (please circle):    Male        Female			
<b>First Name:</b>	<b>Previous Last Name</b> (if any):			
<b>Birthdate</b> (month/day/year):	<b>Place of Birth:</b>			
<b>Health Card Number:</b>	<b>GRADE:</b>			
Did this child have any immunizations before? Yes ___ No ___      Do you have an immunization record for this child? Yes ___ No ___				
Please list all cities / towns / First Nations / other locations where this child received immunizations.				
<u>Clinic / School / Doctor / Other location</u>	<u>Address</u>	<u>City</u>	<u>Province</u>	<u>Country</u>

<b>Last Name:</b>	<b>Gender</b> (please circle):    Male        Female			
<b>First Name:</b>	<b>Previous Last Name</b> (if any):			
<b>Birthdate</b> (month/day/year):	<b>Place of Birth:</b>			
<b>Health Card Number:</b>	<b>GRADE:</b>			
Did this child have any immunizations before? Yes ___ No ___      Do you have an immunization record for this child? Yes ___ No ___				
Please list all cities / towns / First Nations / other locations where this child received immunizations.				
<u>Clinic / School / Doctor / Other location</u>	<u>Address</u>	<u>City</u>	<u>Province</u>	<u>Country</u>

<b>Last Name:</b>	<b>Gender</b> (please circle):    Male        Female			
<b>First Name:</b>	<b>Previous Last Name</b> (if any):			
<b>Birthdate</b> (month/day/year):	<b>Place of Birth:</b>			
<b>Health Card Number:</b>	<b>GRADE:</b>			
Did this child have any immunizations before? Yes ___ No ___      Do you have an immunization record for this child? Yes ___ No ___				
Please list all cities / towns / First Nations / other locations where this child received immunizations.				
<u>Clinic / School / Doctor / Other location</u>	<u>Address</u>	<u>City</u>	<u>Province</u>	<u>Country</u>

<b>Last Name:</b>	<b>Gender</b> (please circle):    Male        Female			
<b>First Name:</b>	<b>Previous Last Name</b> (if any):			
<b>Birthdate</b> (month/day/year):	<b>Place of Birth:</b>			
<b>Health Card Number:</b>	<b>GRADE:</b>			
Did this child have any immunizations before? Yes ___ No ___      Do you have an immunization record for this child? Yes ___ No ___				
Please list all cities / towns / First Nations / other locations where this child received immunizations.				
<u>Clinic / School / Doctor / Other location</u>	<u>Address</u>	<u>City</u>	<u>Province</u>	<u>Country</u>

✓ Please attach a photocopy of your child's immunization record ONLY if your child was immunized:

- outside of Saskatchewan
- in Saskatchewan with First Nations
- at a doctor's office, in Saskatchewan or elsewhere.

If you cannot provide a copy of your child's immunization record, please contact the School Nurse.

Regina Public Schools celebrates student achievement. We strive to share this success, to help all of our students and educators learn from it; to inform parents, guardians and our school communities; and to record and report on strengths and challenges. The *Local Authority Freedom of Information and protection of Privacy Act* requires that parents/guardians and age of majority students provide informed consent before we can share any student information or images. Below is a description of the types of student information or images that the school division, school or news media may share.

### **School/School Division Newsletters**

These documents may contain information about student, class or school achievement, upcoming events and other information that parents and guardians should know. Pictures of students and their first names may be used. This document may be printed and sent home, and/or may be available on the school website or social media platform (Facebook, Twitter).

### **School Division Publications**

Regina Public Schools may develop informational or promotional items such as brochures, flyers and marketing materials. This information would be used to inform parents, school families and the public of programs, services and events at Regina Public Schools. This information may be printed or used on school or school division websites or social media. Student first names may be used.

### **Video, Multimedia, Photography created as school or school division-based projects**

This material will be used for educational and information-sharing based purposes. This material will be used for professional development of staff and for student learning. It may be shared in classrooms, at conferences and meetings open to the public and on the internet. Student information shared on websites may include student first names, pictures, grade and school name.

### **Websites**

Schools and the school division have websites. They contain information about what is going on in schools and the school division, student achievements, classroom projects and activities, as well as upcoming events and information that may be of interest to the parents, school communities, other educators and the public. Student information shared on websites may include student first names, pictures, grade and school name.

### **Social Media**

Regina Public Schools makes use of a variety of social media platforms to inform, promote, and communicate with parents, school communities, other educators and the public. Content may include information that is used in any of the above described items and may contain student first name, school name, grade. Educational purpose information posted may also include student work assignments and projects. Social media platforms currently used include Facebook, Twitter, Instagram, YouTube, etc., as well as a variety of other information sharing platforms that are used between teachers and parents/guardians, such as SeeSaw.

### **News Media**

From time to time, news media visits schools and may interview students. Only students who wish to be interviewed will be. News media coverage may be available publically on newsprint, radio, television, websites and social media. Student full names, grade and school name may be used. Any interviewing of students that is done will always be in the presence of that student's teacher, or school/school division staff member.

### **A Note about Sports Reporting**

*Students may participate in sporting events and competitions as part of a team, or annual event. These sports activities often take place in locations that are open to the public. Student achievement in sports, especially in football, hockey, basketball, track, etc. is occasionally reported on by the Regina High School Sports Association (RHSSA) and news/sports media. This reporting will usually include student full name, grade/age, school name and achievement/place/standing. As this information is documented publically, Regina Public Schools cannot control its use. Parents wishing to not have their daughter/son's information shared may have to make special arrangement with the coach/tournament.*

### **School Yearbook**

Primarily used in high schools, the yearbook includes student achievements and school activities. This document is not available on the internet, it is printed and distributed only to students and their families who purchase it.



In keeping with the Saskatchewan *Local Authority of Freedom of Information and Protection of Privacy Act (LAFOIP)*, parents/guardians and students who are of the age of majority must provide informed consent before student images, work or information is shared. The reverse side of this form describes how and where sharing may occur. Please fill out the information below as appropriate.

Note that this is a multi-year release form. By filling it out and signing it, you give your consent for the student named below (or for yourself if you are a student aged 18 or older). This form will remain in force unless changed by the parent/guardian/adult student for the duration of the student's time at Regina Public Schools. Selections on this form may be made at any time by contacting the school principal.

**Student Information**

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

**Authorization**

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (if 16 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

I give permission       I do not give permission  
for my child/ward/self to be photographed and/or have personal information shared, as described in this document.

*Note: Parent/guardian consent is necessary for students younger than 16 years of age. For students 16 to 17, both parent/guardian and student consent is required. For students 18 years or older, only student consent is required.*



# Student Transportation Information Form 2020-2021

Ph: 306 791-8245

REGINA PUBLIC SCHOOL DIV #4

email: transportation@rbe.sk.ca

School: \_\_\_\_\_ PowerSchool ID #: \_\_\_\_\_

NEW STUDENT(S)  CHANGE FOR EXISTING RIDER(S)  EXCEPTION REQUEST

1. Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade: \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program): \_\_\_\_\_

2. Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade: \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program): \_\_\_\_\_

3. Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Gender: F  M

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade: \_\_\_\_\_ (If K, note Schedule) A  B  Program: French  English  Spec Ed (indicate program): \_\_\_\_\_

## HOME ADDRESS:

Apt/Unit #: \_\_\_\_\_ Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Cell/Work Phone #: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Cell/Work Phone #: \_\_\_\_\_

## ALTERNATE ADDRESS: If pick up and drop off are other than HOME address (such as Childcare Provider)

Alternate Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Please note: Transportation cannot accommodate alternating schedules. We can only accommodate set days per week remaining the same each week.

Please indicate transportation below: H = Thursday

PICK UP: Home: M T W H F

RETURN: Home: M T W H F

Alternate: M T W H F

Alternate: M T W H F

PICK UP NOT REQUIRED:

RETURN NOT REQUIRED:

Date Required: \_\_\_\_\_ NOTES: \_\_\_\_\_

Name(s) of sibling(s) transported: \_\_\_\_\_

For bussing inquiries, call dispatch 306 546-4022

For changes & eligibility, call 306 791-8245 (school board)

PICK UP STOP: \_\_\_\_\_ TIME: \_\_\_\_\_ (approx.)

Route: \_\_\_\_\_ Existing Stop  New Stop  Bus Color: \_\_\_\_\_ Vendor (taxi) / bus driver: \_\_\_\_\_

DROP OFF STOP: \_\_\_\_\_ TIME: \_\_\_\_\_ (approx.)

Route: \_\_\_\_\_ Existing Stop  New Stop  Bus Color: \_\_\_\_\_ Vendor (taxi) / bus driver: \_\_\_\_\_

Qualify  Exception  > Granted  Denied  reason: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ Database updated By/On: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

Copy for bussing  Copy for school  Copy for LVT  SCHOOL PLEASE CALL PARENTS  PARENTS CALLED