



<b>Student Information</b>			
Student's Legal Last Name			
Student's Legal First Name			
Student's Legal Middle Name		Date of Birth (mm/dd/yyyy)	Male Female
Student's Residence			On Reserve
House # Street Name		Town/Village	Prov. Postal Code
Mailing Address (If different from Resident address)			
Box Number		Town/Village	Prov. Postal Code
Home Phone ( ) -	Student Cell ( ) -	Grade	
Program Enrollment		Sask. Learning Number	
Regular (English)	Immersion ( French Cree)	Adult Secondary	
Alternative Education	Functional Integrated Program	Adult Alternative	
Previous School Attended		Health Service Number (HSN)	
City/Town/Village		Prov.	
Please list any siblings attending this school (optional)		*Medical Information: Please provide any necessary medical information on supplemental form <i>Student Registration Medical Information</i> .	

<b>Heritage Information*</b>	<b>Self-Declaration*</b>
Country of Birth	If you wish to self-declare that you are an Aboriginal person, please specify: Treaty/Registered                      Metis Non-Status                                      Inuit
Country of Citizenship	
First Language Spoken at Home Cree    Dene    English    Other:	Treaty Number
Second Language Spoken at Home Cree    Dene    English    Other:	Band Affiliation

\*If you would like to know why this information is being collected please request a copy of the *Student Registration Information* sheet.

<b>Office Use Only</b>	
Information Verification: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Status Card <input type="checkbox"/> Other:	
Home Room:	
Notes:	





**This form should be completed and reviewed annually if:**

- The student has any life-threatening medical or physical conditions which may result in an emergency situation
- The student or family would like to inform the school of non-life threatening medical or physical conditions which may affect behaviour, attendance, and/or success within the school environment

V1.0

Student Name	Date
Home Room	Grade

### Medical Information

Does the student have any life threatening medical conditions which may cause the daily possibility of an emergency? This includes, but is not limited to anaphylactic allergies, diabetes, and some seizures. YES NO

If yes, please explain:

Does the student have any non-life threatening medical conditions which the school should be aware of? This includes, but is not limited to pregnancy, panic attacks, and non-life threatening allergies. YES NO

If yes, please explain:

### Medical Alert

Our student information system has the ability to create an informational alert which allows the above information to be shared with staff throughout the building. Would you like an alert to be created to ensure that this information is readily available to teachers\*?

Do you permit the school to create a Medical Alert: Yes No  
 Would you like this alert to expire after a set amount of time? Yes Date: (dd/mmm/yyyy)

\*Please note that alerts will be created for all anaphylactic allergies

# Consent to Share Student Information

Media Relations –Grade 10 to Grade 12

Northern Lights School Division is seeking your consent to share information about your child as described below. Before we share any information that is not covered in this consent, we will ask your permission.

## The information that we would like your consent to share is:

- student's name, grade level and age
- individual or group photos and video
- artwork, writing samples or other student work

## We would like to use this information in the following ways:

1. Education purposes in the school and community:
  - school calendar, newsletter or other school publications
  - honour roll, yearbook
  - displays of student work in the school division
  - sharing copies of photos and videos with classmates
2. Public media including the internet:
  - school division website
  - congratulatory messages for graduation, academic or athletic achievement
  - media interviews
  - photos and video shared with the media
  - displays of student work outside the school division

## If we share any student information we promise to:

- check that we have your consent on file
- consider the privacy interests of your child
- balance the privacy interests of your child with the educational value for students sharing the pride of their achievements

## Please note that:

1. We are required by law to share personal information of students with the Ministry of Education; and,
2. in some cases, we are allowed by law to share personal information of students with other agencies such as Health when it is in the best interest of the child.

# Consent to Share Student Information

Media Relations – Grade 10 to Grade 12

1. I understand that Northern Lights School Division may share the information of my child for the purposes listed on page 1. Uses may include both education purposes and public media including the internet.
2. I understand that consent only needs to be signed once and will cover my child for as long as my child is a student registered in the Northern Lights School Division.
3. I understand that if I wish to withdraw my consent, I can immediately contact the principal in writing.
4. I understand that I can submit a new consent form to the school at any time to change my consent.

***Please select one, sign and return to the school:***

**Yes, as the parent or legal guardian of the student named below, I give my consent to the use of my child’s information as described on page 1**

**(or)**

**No, as the parent or legal guardian of the student named below, I do not give my consent to the use of my child’s information as described on page 1**

\_\_\_\_\_  
Parent/Legal Guardian – print name

X \_\_\_\_\_  
Parent/Legal Guardian - signature

\_\_\_\_\_  
Student – print full legal name

X \_\_\_\_\_  
Student signature is optional

*In cases of students living independently from parents/legal guardians, then only the student's consent is needed.*

Student’s age today: \_\_\_\_\_

Date of Consent: \_\_\_\_\_  
Day / Month / Year

# Use of Lockers & Desks

## Letter of Agreement

Each student is required to read this "Letter of Agreement" and sign it, thereby signifying that he/she understands the terms and conditions by means of which she/he will be allowed to use a locker and/or desk(s).

*The following statements are taken from NLSD #113 Administrative Procedure 355 Student Discipline:*

8. *Alcohol and Drugs*

8.1 *The Division will not tolerate alcohol or drugs on school property during any school activity.*

8.2 *Superintendents of Education are to ensure that infractions are to be covered under school procedures.*

1. Search and Seizure

**1.1** School lockers and desks remain the property of the school and must be assigned to students after they have signed a Letter of Agreement indicating that position.

**1.2** If the Principal has evidence or justification that a student may possess any illicit spirits, drugs, or other material, the Principal has the right of search.

**1.3** In the case where the student is of the age of majority, the Principal may request the service of a legal authority (R.C.M.P.) to conduct such a search.

**1.4** Any such search shall be conducted in the presence of a witness.

**1.5** Upon confirmation of possession/use of alcohol or drugs during school hours, the Principal shall immediately inform the student's parent(s) or guardian(s), and the Superintendent of Education.

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I, \_\_\_\_\_  
*Student name printed*

**have read, understand and agree to this letter of agreement.**

Signature of Student: \_\_\_\_\_

Name of School: **Churchill Community High School**

Date: \_\_\_\_\_

Signature/initials -  
Principal or Designate: \_\_\_\_\_





# CHURCHILL COMMUNITY HIGH SCHOOL

Bag Service #7500, LA RONGE, SK S0J 1L0 Tel (306) 425-2255 Fax (306) 425-3955 email [cchs@nlsd113.ca](mailto:cchs@nlsd113.ca)

*“From Possibility to Actuality”*

Scott Tomprowski, Principal

Rebecca Slater, Vice Principal

Kristianna Mercredi, Vice Principal

## Computer User Agreement Form

In order to use computer network resources, all students must sign and return this form to their supervising teacher. All students under the age of 18 **must** obtain parental permission. **Students in grades seven to nine must complete this form at the start of each school year to obtain access to the computers. Once a student is in grade 10 this form will remain valid for the remainder of their high school career.**

The activities listed below are not permitted.

- Sending, creating, saving or displaying messages, pictures or files that contain obscene language or material that is offensive, illegal or pornographic in nature
- Engaging in activities that harass, insult or attack others
- Damaging computers, computer hardware or software, any other systems and/or networks.
- Engaging in practices that threaten the computer network (e.g., loading files that may introduce a virus into the system).
- Employing the system for commercial purposes, financial gain or fraud.
- Using Chat rooms, e-mail, instant messaging or social media unless authorized
- Violating copyright laws.
- Using other people’s passwords.
- Sharing your password with others
- Trespassing in other people’s folders, work or files.
- Wasting limited resources.
- Giving personal information when using the system(s). This includes complete name, address, phone number and identifiable photo without permission of a teacher and parent(s)/guardian(s).

Violation of any of the above provisions may result in loss of access as well as other disciplinary or legal action.

I understand and agree to the statements, conditions and rules outlined in this document.

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

Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date activated

\_\_\_\_\_



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“From Possibility to Actuality”

## Student Library Account Information & Update Form

In order to better serve students, and aid in the return of library materials, including textbooks, all students must fill out and return this form to their supervising teacher or directly to the school librarian.

PLEASE PRINT NEATLY

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(PO Box) (Town) (Postal Code)

Phone: ( ) - \_\_\_\_\_ and/or ( ) - \_\_\_\_\_  
(Home) (Cell phone)

Your Email: \_\_\_\_\_ Parents Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

### Agreement:

#### **Library Books:**

- Student may have out a total of 8 items at once.
- All fiction is due back after 21 days (3 weeks).
- All non-fiction is due back after 7 days.
- If a student wishes to keep an item longer, they may renew the item before the due date
- Student may have to pay replacement cost for lost or damaged books.

#### **Textbooks:**

- Textbooks are circulated in and out through the library.
- Textbooks must be returned promptly upon the completion or withdrawal from a course.
- Students may be held responsible for the replacement cost of lost or damaged textbooks.
- Student with a track record of lost/unreturned textbooks risk being limited to in-school textbook access only, eBooks, and photocopies of assigned/needed textbook materials.

I, \_\_\_\_\_ understand it is my responsibility to return all borrowed library books and textbooks on the given due date. Date: \_\_\_\_\_



# VTRA - Fair Notice Letter to Parents/Guardians

## Division Letter

### **NORTHERN LIGHTS**

### **SCHOOL DIVISION No. 113**

Bag Service #6500

La Ronge, Saskatchewan

S0J 1L0

Telephone: (306) 425-3302

Fax: (306) 425-3377

September 2019

Dear Parents/Guardians:

Northern Lights School Division is committed to providing safe, caring and accepting learning and work environments for our students, staff, parents/guardians and members of our wider learning community who are guests in our facilities. In keeping with our commitment to safety, Northern Lights School Division is a community partner in the Northern Saskatchewan Community Threat Assessment and Support Protocol. This protocol allows us to respond quickly to any potential threatening incidents through use of the Violence Threat Risk Assessment (VTRA).

Student and staff safety is our number one priority. Our commitment to student and staff safety is to take all threats seriously, conduct investigations, and include an appropriate response. All actions or statements suggesting intent to harm or act violently against someone or something will be considered a threat and will be assessed utilizing Violence Threat Risk Assessment (VTRA). This assessment enables us to respond more effectively to situations where students may pose a risk /threat to themselves or others. The protocol outlines how a school responds to threatening incidents including, but not limited to: possession of a weapon or replica weapon; bomb threat or plan; verbal or written (including electronic) threats to harm oneself or others, and fire setting. This letter constitutes Fair Notice of this process.

The purpose of a VTRA is to determine how to support a student so his/her behaviour does not become violent or self-injurious. Community partners, such as the RCMP and community agencies may become involved in a VTRA, to provide effective support and share confidential information that may help inform those working on developing safety and intervention plans.

Parents and guardians will be notified if a VTRA will be conducted on their child. If parents/guardians cannot be reached, or if they choose not to provide consent but a concern for safety still exists due to threatening behaviour, the threat assessment will still proceed. Personal information shared throughout this process will respect and balance each individual's right to privacy with the safety needs of all.

Northern Lights School Division is proud to be able to provide this level of support for school safety and is most fortunate to have our community partners working with us. The ultimate goal, as always, is to continue to ensure student safety within a caring environment.

Yours in Education,



Jason Young  
Director of Education

Also see:

AP322 Violent Threat Risk Assessment

AP322 APPENDIX B - Northern Sask Community Violence Threat Risk Assessment & Support Protocol