



## SHAWANOSOWE SCHOOL REGISTRATION PACKAGE CHECKLIST

- Shawanosowe School Registration Form
- Emergency Contact Form
- Copies of your child's identification (copies can be made for you by the school if needed).
  - Birth Certificate/Statement of Live Birth Form
  - Health Card
  - Status Card
  - Current Immunization Record
- Physical Education Acknowledgement of Risk Form
- Shawanosowe School Internet and Computer Network Policy/Technology Usage
- Consent Form for Using Student Photographs and Student Work
- Parent/Guardian Permission to Apply Insect Repellent and Sunscreen to Your Child
- Walking Excursion Form – Immediate Community

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# Shawanosowe School Registration Form

STUDENT INFORMATION			
Grade entering:		Year:	
Legal Last Name:	Legal First Name:	Middle Name:	
Preferred Name:		Date of birth (MM/DD/YYYY):	
Gender: Male	Female	Prefer not to disclose	Prefer to specify Specify:
<b>Please provide copies of the following for your child:</b>			
Health card:	Status card:	Current Immunization:	
PHYSICAL ADDRESS			
Street (house #, building/block, street name):			P.O. Box #:
City/Town:	Province:	Postal Code:	
PARENT/GUARDIAN INFORMATION			
<b>1st CONTACT</b>	Lives with student? Yes No		
Last Name:	First Name:	Relationship to student:	
Address (if different from student). Please include civic address and P.O. Box #:			
Home Phone:		Cell Phone:	
Place of Employment:		Work Phone:	
Email:		Work Email:	
<b>2nd CONTACT</b>	Lives with student? Yes No		
Last Name:	First Name:	Relationship to student:	
Address (if different from student). Please include civic address and P.O. Box #:			
Home Phone:		Cell Phone:	
Place of Employment:		Work Phone:	
Email:		Work Email:	



EMERGENCY CONTACTS (other than parent/guardian)			
Call First: _____ Can pick up student? <input type="checkbox"/>	Call Second: _____ Can pick up student? <input type="checkbox"/>		
Relationship: _____	Relationship: _____		
Last Name: _____	Last Name: _____		
First Name: _____	First Name: _____		
Address: _____	Address: _____		
Home Phone: _____	Home Phone: _____		
Cell Phone: _____	Cell Phone: _____		
Work Phone: _____	Work Phone: _____		
STUDENT ALLERGIES AND HEALTH CONDITION INFORMATION			
Doctor Name: _____	Phone Number: _____	Health Card #: _____	
My Child has an Allergy and/or Health Condition <input type="checkbox"/>		No Health Concerns to Report <input type="checkbox"/>	
Allergies and Health Conditions:			
Allergy/Condition 1: _____	Life Threatening <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergy/Condition 2: _____	Life Threatening <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Notes: _____ _____			
BUSSING INFORMATION			
Does your child/ren require bus pick up? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Address (please include civic address if different from home address provided.) _____ _____			
Does your child/ren attend daycare before and/or after school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', is that where your child/ren are to be picked up and dropped off daily? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If your child/ren are to be re-directed to an alternate drop off location after school please call the office before 2:30pm.</i>			

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

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_



Dear Parent/Guardian:

Physical activity is essential for healthy growth and development. Growing bones and muscles require not only good nutrition and regular sleep but also the stimulation of vigorous physical activity to increase the strength and endurance necessary for a physically active lifestyle. Active participation in games, fitness activities, dance, gymnastics, and other outdoor cultural pursuits provides opportunities for students to discover and trust themselves, to take pride in their identity, and to gain the confidence necessary to play and work cooperatively and competitively with their peers. Such activities also boost healthy brain development and can help students perform better in school and in all areas of their lives. Both curricular and co-curricular Physical Education programs provide opportunities for students to experience “the fitness feeling” and to help them understand and make decisions regarding personal fitness and the value of physical activity.

During Physical Education classes, as well as Daily Physical Activity and outdoor Land-Based Learning sessions, students will participate in a variety of activities (e.g., tag and playground games, introductory sports, dance, running and fitness activities, outdoor and cultural games and activities). Students may also have the opportunity to choose to participate in intramural activities (e.g., soccer, basketball, floor hockey) that are offered outside of classroom time (e.g., at recess/lunch breaks). Permission is required for students to participate in intramural activities.

Please be advised that some Physical Education classes, Daily Physical Activity sessions and intramural activities, such as cross-country running, hiking, softball, and soccer, may take your child off the school ground and into the immediate community. Supervision will be provided.

#### **ELEMENTS OF RISK NOTICE**

The risk of injury exists in every athletic activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. These injuries result from the nature of the activity and can occur without fault on either the part of the student, the School or its employees or agents, or the facility where the activity is taking place. The safety and well-being of students is a prime concern, and attempts are made to manage the foreseeable risks inherent in physical activity as effectively as possible.

It is important that your child participate safely and comfortably in the Physical Education, Daily Physical Activity and intramural programs. In your child’s best interests, we recommend the following:

- a) Students should have an annual medical examination.
- b) Students should bring emergency medications (e.g., asthma inhalers) to Physical Education classes, Daily Physical Activity sessions and intramural activities.
- c) Appropriate clothing should be worn for safe participation (e.g., T-shirts, shorts or track pants, and athletic running shoes appropriate for environmental conditions). Jewelry must be removed, if possible. Jewelry that cannot be removed and that presents a safety concern (e.g.,



medical alert identification or religious requirement) must be taped, or the activity must be modified.

- d) An eyeglass band and shatter-resistant/shatterproof lens should be worn if your child wears glasses that cannot be removed during Physical Education classes, Daily Physical Activity sessions and intramural activities.
- e) Attention should be paid to protection from environmental concerns (e.g., sun, hypothermia, dehydration, frostbite, and insect bites and stings).
- f) Safety inspection should be done at home of any equipment brought to school for personal use in class and intramural activities (e.g., skis, skates, helmets).
- g) When it is necessary to use a water bottle, students should use a personal water bottle that is not shared.

**Please sign and return the Physical Education Acknowledgement of Risk section below. If you anticipate that your child/ward will be participating in intramural activities, please also sign and return the Intramural Activities Permission section.**

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#### **PHYSICAL EDUCATION ACKNOWLEDGEMENT OF RISK**

In signing this form, I acknowledge the information about the elements of risk noted in the letter attached to this form (*Form 511K: Physical Education Information and Intramural Information/Permission*). I/we also acknowledge that some Physical Education activities, including Daily Physical Activity sessions, will occur in the immediate community.

Name of Student: \_\_\_\_\_ Grade/Class \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ (*please print*)

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

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#### **INTRAMURAL ACTIVITIES PERMISSION**

I/we give permission for my child/ward, \_\_\_\_\_, to participate in intramural activities. I acknowledge the information about the elements of risk noted in the letter attached to this form (*Form 511K: Physical Education Information and Intramural Information/Permission*). I also acknowledge that some activities may occur in the immediate community.

Name of Parent/Guardian: \_\_\_\_\_ (*please print*)

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



## SHAWANOSOWE SCHOOL INTERNET AND COMPUTER NETWORK POLICY/TECHNOLOGY USAGE

The Network/Internet and use of iPads and other computer peripherals are provided for the students and staff to promote educational excellence in our school through resource sharing, innovation, and communication. Access to Network/Internet and technology will be provided to users who agree to act in a considerate and responsible manner consistent with the educational mission of Shawanosowe School.

Students are responsible for ensuring they use the Network/Internet only in the presence of staff or teachers and according to the following rules:

1. Use all computers carefully and courteously.
  - Use the computer's keyboard, mouse, and screen in a gentle manner.
  - Do not change the settings or control panel.
  - Do not attempt to gain access to the File Server or any unauthorized computer.
  - Do not deliberately disrupt the computer network or damage equipment.
2. Use school software on school computers and use it properly.
  - Follow the Teacher's or Support staff's direction and behave according to classroom rules.
  - Follow the program directions and ask for help when needed.
  - Report any problems to your teacher.
  - Do not load programs from an outside source.
  - Do not copy any school programs for other uses.
3. Respect the privacy of others.
  - Do not log in under another student's account.
  - Do not open, copy, or change a folder or file that does not belong to you.
4. Protect everyone's safety. All Network/Internet users must agree to the following:
  - I will not send mean messages to another student, nor will I respond to any messages I may receive that are inappropriate or make me feel uncomfortable.
  - I will not give out my name or address or parent's name or school name without permission.
  - I will be a good online citizen and not do anything that hurts another person.
  - I will talk with my parents about the rules for going online.
5. Use the internet and any other computer resource for educational purposes only and only as directed by a teacher.
6. I understand that deliberately disobeying any of the rules will result in loss of use for a time as specified by the classroom teacher, and in the case of damage, I am assuming responsibility for replacing damaged equipment.

Student Name: \_\_\_\_\_

I will discuss this agreement with my child and strongly encourage them to follow it.

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



## CONSENT FORM FOR USING STUDENT'S PHOTOGRAPHS AND STUDENT WORK

STUDENT NAME: \_\_\_\_\_

Our students' safety and well-being is a key priority for us, and we all have a role to play to safeguard children's privacy and identity. By working together, we can create awareness so that children's photos, images, and work are not misused.

By signing this document, I/we consent to having our child photographed and/or videotaped by School staff and to publishing and/or displaying said images in various school publications and on the School and/or WRFN Education websites or Facebook pages, School Seesaw/Google Classroom pages, and internally at the school for display purposes with the express intent of promoting education and Shawanosowe School. This consent only applies to the types of media and situations below that I/we have initialled/checked off.

- Photograph of the above-mentioned student.
- Group and class photographs, including the above-mentioned student.
- Essays written by the above-mentioned student.
- Projects done by the above-mentioned student.
- Awards, scholarships, and prizes received by the above-mentioned student.
- Participation of the above-mentioned student in any extracurricular activities.
- Participation in a photo for the media promoting education or a school event.
- Participation in any filming by the media (i.e., MCTV).
- Promotional material with the intent of promoting Shawanosowe School.
- Participation in filming/recording for Shawanosowe School/WRFN DVD.
- Other specific items/activities identified by the school (Kenjgewin Teg Educational Institute, Union of Ontario Indians, Anishinabek News, and other Indigenous media).

I/we are aware that by giving consent, I/we are permitting personal information about the above-mentioned student to be published in publications or posted to the school/board website and that if consent were withheld, this publication/posting would not occur.

I/we further understand that **this consent is valid for one year and may be withdrawn by me/us at any time**, upon written notice. In the event that consent is withdrawn, I/we understand that the information about the above-mentioned student will be removed.



## CONSENT FORM FOR USING STUDENT'S PHOTOGRAPHS AND STUDENT WORK

We also recognize that parents or other family members may wish to take photos of their child(ren) at school events, and we support this practice. However, it is important to be aware that any pictures taken at school that include other students and staff cannot be shared in public (e.g., media) or posted on the Internet, including any social media (such as Facebook, Flickr, etc.) without the express written consent of the other students' parents or the staff member in the photo. Similarly, other students' and staff names cannot be shared publicly without prior consent.

I/we the parents of \_\_\_\_\_ have given this consent voluntarily.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Note: Only persons having lawful custody of students may sign this consent form as parent or legal guardian. If both parents have lawful custody, one or both may sign. All references to parents on this form apply equally to guardians.





## SHAWANOSOWE SCHOOL CONSENT FORM

### PARENT/GUARDIAN PERMISSION TO APPLY INSECT REPELLENT AND SUNSCREEN TO CHILD

Name of child/ren: \_\_\_\_\_

As a parent, I recognize that insect bites to my child can pose a risk of an allergic reaction and disease.

Therefore, I give permission for the staff of Shawanosowe School to apply an insect repellent approved for use on my child/ren: Johnson-Off Family care for kids.

I also give permission for the staff of Shawanosowe School to apply sunscreen lotion approved for use on my child/ren: Coppertone, Pure and Simple kids SPF 50.

Use of insect repellent and sunscreen products may occasionally cause a skin reaction. If that happens, we will discontinue use of the product and wash affected skin.

If you choose to supply your own insect repellent and sunscreen for your child/ren please include your child/ren's name(s) on the product provided by you.

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

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





## SHAWANOSOWE SCHOOL

### Walking Excursion Form – Immediate Community

Dear Parent/Guardian:

From time to time, students are engaged in non-high-care curricular activities that occur off school property in the immediate community, but within walking distance of the school. Some examples of these activities are walking to the library, the community centre, or our 'Forest School' classrooms.

The principal will approve such excursions, and teacher supervision will be provided at all times.

Whenever possible, parents/guardians will be notified in advance by one or more methods, such as the following:

- school newsletter
- note home,
- Seesaw post.

Principal: \_\_\_\_\_ Principal Signature: \_\_\_\_\_

**Please sign and return the bottom section of this page.**

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SHAWANOSOWE SCHOOL  
PERMISSION FOR WALKING EXCURSION – IMMEDIATE COMMUNITY

In signing this form, I give permission for my child, \_\_\_\_\_,  
*(child's name, please print)*

to participate in those school-specific curricular activities that occur off school property in the immediate community and within walking distance of the school.

Name of Child's Teacher: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ *(please print)*

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