



# CHIEF PASKWA EDUCATION CENTER

PO Box 10, Pasqua First Nation, Saskatchewan S0G 5M0  
Phone: 306-332-1588 - HS Phone: 306-332-1571 - Fax: 306-332-1593  
Email: [cpec@saktel.net](mailto:cpec@saktel.net) - Website: [pasquaeducation.com](http://pasquaeducation.com)

SDS Number: \_\_\_\_\_  
For Office Use Only

## STUDENT INFORMATION

|                               |                       |                     |
|-------------------------------|-----------------------|---------------------|
| <b>Surname (Family Name):</b> | <b>First Name:</b>    | <b>Middle Name:</b> |
| <b>Grade:</b>                 | <b>Date of Birth:</b> | <b>Gender:</b>      |

SK Hospitalization #: \_\_\_\_\_ Status #: \_\_\_\_\_ House #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Band Member of: \_\_\_\_\_

Transported by: BUS PARENT OWN VEHICLE

Student Resides: EAST END WEST END NEW CORE NEW DEV OLD CORE OFF RESERVE

## PARENT/GUARDIAN INFORMATION

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

Phone Number: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Employer: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does this student have a SEVERE or LIFE THREATENING medical condition? \_\_\_\_\_

Does this Student have any SPECIAL NEEDS or DISABILITIES? \_\_\_\_\_

If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## SIBLING INFORMATION \*please list all siblings at CPEC



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| Name: | Age: | Name: | Age: |
|-------|------|-------|------|
|       |      |       |      |
|       |      |       |      |
|       |      |       |      |

## LAST SCHOOL ATTENDED

Name of School: \_\_\_\_\_ Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_

## 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? \_\_\_\_\_  
If you answered YES, please plan to discuss this situation with the school administration.

FOSTER CARE: Is this Student in Foster Care? \_\_\_\_\_

If you answered YES, please provide the following information:

Foster Care Agency: MINISTRY OF SOCIAL SERVICES    TOUCHWOOD CHILD & FAMILY    OTHER  
Social Worker’s Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## WAIVER

- A) **ACTIVITIES PERMISSION** I give permission for my child to participate in low-risk educational activities that occur during the normal school hours away from the school grounds. I understand that the activities will be connected to education objectives. The school will inform me by written note when a trip will occur.
- B) **MEDIA PERMISSION** I give permission for my child’s personal information (name, grade, school) photos, video recording and or work to be displayed beyond the school or school division and that it will be accessible to the public through posting, publication or CPEC Facebook Website.
- C) **COVID-19** We acknowledge that Pasqua First Nation and Chief Paskwa Education Center has developed COVID 19 pandemic safety plans for all aspects of the students’ day including transportation, instruction, co/extra-curricular, nutrition and routines. We agree to not hold Pasqua First Nation or Chief Paskwa Education Center liable for unforeseen events related to the COVID 19 pandemic.

As parents/guardians, we consent to \_\_\_\_\_ being registered at Chief Paskwa Education Center for the 2020-2021 school year.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date