



## The Pathways to Education Program Parent/Guardian Registration Form 2019-2020

**Parent/Legal Guardian Information:** *please print clearly*

Name: \_\_\_\_\_  
**First Name** **Last Name**

Relationship to Student: \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ May we contact you by email? Yes  No

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_

Do you currently have (or have had) another child registered in Pathways? Yes  No

Name of child: \_\_\_\_\_ School: \_\_\_\_\_

Is English your first language? If YES – Check box  and skip the rest of this section  
If **No**, please fill in the rest of this section

First Language spoken at home: \_\_\_\_\_

Is written translation required? Yes  No  Is interpretation required? Yes  No

If you are not the parent, what is your relationship to the student: \_\_\_\_\_

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Is there another Parent/Legal Guardian? Yes  No  Relationship to the student: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
**First Name** **Last Name**

Address (if different): \_\_\_\_\_ Apt #: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone (if different): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_



## STUDENT MEDICAL INFO

Family Doctor (Name & Address) \_\_\_\_\_

Sask Health Card # \_\_\_\_\_ Other Insurance: \_\_\_\_\_

Please describe any physical/learning exceptionality that Pathways should be aware of: \_\_\_\_\_

Does your child require any learning accommodations? Yes  Please describe \_\_\_\_\_  
No

Please describe any allergies, health concerns, medications, dietary needs, or special needs that Pathways should be aware of: \_\_\_\_\_

## Emergency Contact Information:

Name of person we can contact in an emergency, if unable to reach either parent/legal guardian listed above:

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

**First Name**

**Last Name**

Relationship to student: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ I chose not to provide this information

	<b>Parent/Guardian 1</b>		<b>Parent/Guardian 2</b>	
High School	some of <input type="checkbox"/>	completed <input type="checkbox"/>	some of <input type="checkbox"/>	completed <input type="checkbox"/>
Trade or Technical School	some of <input type="checkbox"/>	completed <input type="checkbox"/>	some of <input type="checkbox"/>	completed <input type="checkbox"/>
Community College	some of <input type="checkbox"/>	completed <input type="checkbox"/>	some of <input type="checkbox"/>	completed <input type="checkbox"/>
University	some of <input type="checkbox"/>	completed <input type="checkbox"/>	some of <input type="checkbox"/>	completed <input type="checkbox"/>
Completed in:	Canada <input type="checkbox"/>	Elsewhere <input type="checkbox"/> _____	Canada <input type="checkbox"/>	Elsewhere _____

Is there an older child in the family who is or has attended College or University?

No  Now Attending  Previously Attended

What financial support would be ideal for your child? Bus tickets  or Bus Pass ? School Supplies



## The Pathways to Education Program Parent/Guardian Consent to Share Information

The Pathways to Education Program is part of Saskatoon Tribal Council (STC) and works in partnership with the Saskatoon Public and Greater Saskatoon Catholic School Divisions. Program staff may consult with staff of Saskatoon Tribal Council and of the school division staff (e.g. teachers, guidance, administrators) when appropriate to support participants to achieve academic, social and career goals.

I give permission to the Saskatoon Tribal Council Pathways to Education Program to share information with school staff members of the school board or other programs of Saskatoon Tribal Council as necessary to ensure that my child receives appropriate support and educational programming and that they are able to successfully participate in and benefit from the Pathways to Education Program.

I understand that information regarding school attendance and academic progress including course grades, as well as participation in Pathways tutoring and mentoring may be shared with Pathways' program partners, including post-secondary institutions when necessary to support my participation and success in the Pathways to Education Program. Information will also be shared with Pathways to Education Canada for the purpose of program evaluation and research requirements.

I understand that the Saskatoon Tribal Council will not release information to any other person or agency without my consent, except if required by law.

I understand that information in the client record may be accessed according to the Program's policies and those of Saskatoon Tribal Council.

Records may be accessed by the parent/guardian unless the student is of the age of majority (18), at which time the student can agree to share this information.

I have read and agreed to the above terms:

Name of student (please print):

\_\_\_\_\_

\_\_\_\_\_

Your Name (please print):

\_\_\_\_\_

\_\_\_\_\_

Your Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



## PARENT/GUARDIAN

### Program Activity Waiver 2019-2020

This is to certify that I allow \_\_\_\_\_, the youth under my trust, to attend facilitated activities through the Saskatoon Tribal Council Pathways Program which could occur off the premises. Program outings may include but are not limited to swimming, bowling, movies, laser tag, wall climbing, sliding, cultural activities, visit the library, etc.

I am aware that all youth participating in this program will be supervised at all times by a staff member of Saskatoon Tribal Council Pathways to Education. I agree that Saskatoon Tribal Council Pathways is not responsible for any bodily injury, loss or damage to personal property suffered by the youth before, during, or after the activity.

By participating in the activity, I agree that the youth under my trust will be participating voluntarily and at their own risk. I agree to fully release Saskatoon Tribal Council Pathways staff and volunteers from all claims or lawsuits for any injuries, death, property damage, or theft losses, or any liability of any kind arising directly or indirectly out of his/her participation in the activity.

Child's Name (please print): \_\_\_\_\_

First name

Last name

Your Name (please print): \_\_\_\_\_

First name

Last name

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

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

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

If you have any questions, please phone **(306) 659-2550**

**Please note: Your child will not be able to participate  
Until we have received your completed consent form**



## The Pathways to Education™ Program Expectations of Parent/Legal Guardian Involvement 2019-2020

**SUBJECT TO FUNDING AVAILABILITY** The Pathways to Education Program will provide tutoring, mentoring, SPW (Student Parent Worker) support and a daily financial support. Bursary monies will also be provided based on available funds to be used towards Pathways approved college/university expenses. Active participation in school and program activities are required to be eligible to receive this bursary.

For my child to remain an active Pathways student and receive financial supports and bursary I must:

- Encourage and support my child to attend school.
- Communicate regularly with my child’s SPW.
- Encourage and support my child to attend and participate in scheduled Pathways programming with at least:
  - 12 hrs of Tutoring a month
  - 4hrs of Mentoring a month

### Parent/Legal Guardian Agreement to Participate

I have read and understand the above Expectations of Parent/Legal Guardian Involvement and I agree to participate in the Pathways to Education Program. I understand that failure to abide by the Expectations of Parent/Legal Guardian Involvement may result in my child’s withdrawal of daily financial support and/or being withdrawn from the program. In the event of withdrawal, I understand that my child shall forfeit any entitlement to benefits of the program, including any entitlement to funds held in trust for post-secondary training expenses.

Student’s Name (please print):

First name	Last name

Your Name (please print):

First name	Last name

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



**PHOTO VIDEO CONSENT FORM FOR PATHWAYS CANADA**

I, \_\_\_\_\_, hereby agree and give permission for Pathways to Education Canada and partners to record, film, or photograph, my child’s photos and quotes and to display or distribute them in organizational documents (ex. newsletters, donor reports), on Pathways Canada’s website, and on social media.

The photos and quotes will be used to help Pathways Canada spread awareness of and fundraise for the Pathways Program. This will help ensure that the Pathways Program can continue to operate at its current locations, and Pathways Canada can partner with new communities to serve additional youth across Canada.

I understand that Pathways Canada will not include my child’s last name without separate permission.

I understand that my child’s photos and quotes will not be used for a national campaign or media purposes, and that Pathways Canada will always seek separate permission for those uses.

I hereby waive any right to approve the use of my child’s photos and quotes now or in the future, whether the use known to me or unknown, and I waive any right to any royalties related to the use of these photos/quotes.

I understand that my child’s name, photos, and quotes may appear in electronic form on the internet or in other publications outside of Pathways Canada’s control. I agree that I will not hold Pathways Canada responsible for any harm that may arise from such unauthorized reproduction.

I understand that this is an annual consent form and will need to be re-registered each year while my child is registered in the Pathways Program.

I understand that I can revoke consent at any point by contacting Saskatoon Tribal Council. In the case of revoked consent, I understand that any photos or quotes that have been used by or provided to Pathways Canada prior to my revoked consent cannot be removed from those publications or instances where they have been used and cannot be removed from Pathways Canada’s database of consented photos and quotes, but that any of my child’s photos and quotes supplied post-revoked consent will not be used by Pathways Canada.

Please mark this box if you **AGREE** to give consent for the above.

Please mark this box if you **DO NOT WISH** to give consent for the above

*(I understand that, if consent has been given prior to this form, that any photos and quotes supplied prior to this revoking of consent cannot be removed from use.)*

I have read this Student Consent Form for Pathways Canada and I fully understand the contents and meaning of this release. I understand that I am free to contact Pathways Canada with any question regarding this release.

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pathways Program location: \_\_\_\_\_

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

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

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