



# Pathways to Education

Please return completed forms to  
Saskatoon Tribal Council  
Pathways to Education Program  
2010-7th Street East, Saskatoon, SK S7H 0Z7  
If you have any questions  
please contact us at (306) 659-2547

## OFFICE USE ONLY

P2E# \_\_\_\_\_ SPW \_\_\_\_\_

Grade \_\_\_\_\_ Cohort \_\_\_\_\_

New  RE-registering

Re-instated  CIC

### The Pathways to Education Program Student Registration Form 2019-2020

#### Student Information: *please print clearly*

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

**First Name**

**Last Name**

Common First Name: \_\_\_\_\_ Date of Birth (mm-dd-yyyy): \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

Do you have a computer at home? Yes  No  Do you have internet access? Yes  No

Are you on Facebook? Yes  No  Twitter? Yes  No  Other Social Media? \_\_\_\_\_

Are you interested in receiving an invite to join Pathways Facebook? Yes  No

Grade 8 School: \_\_\_\_\_

2019-20 High School: \_\_\_\_\_ 2019-20 Grade: \_\_\_\_\_

School Student Number: \_\_\_\_\_ Provincial Student Number: \_\_\_\_\_

Have you received any of the following extra learning supports (e.g. Special Education, resource room, ESL)?

None  IEP/IPP  ELD  Other  \_\_\_\_\_

Do you require any learning accommodations? Yes  Please Describe \_\_\_\_\_  
No

**Student Registration Form continued ...**

Were you born in Canada? Yes  No  If No, Country of Birth: \_\_\_\_\_

b) When did you arrive in Canada (mm/dd/yyyy)? \_\_\_\_\_

Do you have First Nation Status? Yes  No  Band: \_\_\_\_\_ Treaty #: \_\_\_\_\_

Is English your primary language? Yes  No  If no, what is your primary language? \_\_\_\_\_

Do you speak a First Nation Language? Yes  No

Do you speak another language? \_\_\_\_\_

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## The STC Pathways to Education Program Student Consent to Share Information 2019-2020

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 STC 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 Pathways to Education Program to share information with staff of the school board or other programs of STC as necessary to ensure that I receive appropriate support and educational programming and that I am able to successfully participate in and benefit from the STC Pathways to Education Program.

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

I understand that the STC will not release information to any other person or agency without my consent, except when required by law.

I understand that information in the client record may be accessed according to the Program's policies and those of STC. Records may not be accessed by the parent/guardian unless the student agrees or is assessed not to be competent to understand the consequences of his/her actions.

I have read and agreed to the above terms:

Student Name (please print): \_\_\_\_\_  
First Name Last Name

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

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



## STUDENT

### Program Activity Waiver 2019-2020

This is to certify that I, \_\_\_\_\_, will attend facilitated activities through the STC Pathways Program which could occur off the premises. Program outings may include but are not limited to swimming, bowling movies, laser tag, wall climbing, sledding, cultural activities, visiting the library, etc.

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

By participating in the activity, I agree that I will be participating voluntarily and at my own risk. I agree to fully release STC Pathways staff and volunteers from all claims or lawsuits for any injuries, death, property damage, or theft, losses, or any other liability of any kind arising directly or indirectly from my participation in the activity.

Student Name (please print): \_\_\_\_\_  
First Name Last Name

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

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

**Please note: You will not be able to participate until we have received your completed consent form.**



## The Pathways to Education Program Expectations of Student Involvement 2019-2020

**SUBJECT TO FUNDING AVAILABILITY**, The Pathways to Education Program will provide tutoring, mentoring, SPW 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.**

To remain an active Pathways student and receive financial supports and bursary I must:

- Actively attend classes in school.**
- Connect in-person with my SPW at least once a week.**
- Participate in-person with scheduled Pathways programming with at least:**
  - 12hrs of Tutoring a month**
  - 4hrs of Mentoring a month**

### Student Agreement to Participate

I have read and understand the above Expectations of Student Involvement and I agree to participate in the Pathways to Education Program. I understand that failure to abide by the Expectations of Student Involvement may result in withdrawal of daily financial support and/or being withdrawn from the program. In the event of withdrawal, I understand that I shall forfeit any entitlement to benefits of the program, including and entitlement to funds held in trust for college/university expenses.

Student Name (please print): \_\_\_\_\_  
First name Last name

Signature \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_