

ScienceTrek Application

2020-2021



Montgomery School
3220 Ortona St.
Saskatoon, SK
S7M 3R6
www.sciencetrek.ca
ScienceTrek@spsd.sk.ca

Located at Montgomery School, ScienceTrek is a year-long, grade eight, field-based science program created to inspire grade eight students to grow academically, socially, personally, and culturally. ScienceTrek is highlighted by hands-on, out of school experiences intended to fuel a passion for science and learning. ScienceTrek promotes lifelong outdoor pursuits such as hiking, biking, swimming, skiing, camping, and canoeing. The program helps to foster an understanding of the diversity of science and the impact of science on human culture and the environment.

Name:

School:



Saskatoon Public Schools
Inspiring Learning

A complete application package should contain the following:

- ❑ A completed 2020-2021 ScienceTrek Student Application including the ScienceTrek (Montgomery School) Registration Form 2020-2021 (pg. 3-4).
- ❑ A one-page typed essay that answers the question "Why would I be a great member of the ScienceTrek team?" The writing should demonstrate understanding of writing conventions, elements of creativity, and have clear organization. Provide evidence utilizing specific examples from your life including a moment of personal perseverance.
- ❑ A copy of your grade 7 (term 2) report card.

Please submit a complete application package to the office at Montgomery School by **3:45 p.m. on April 8, 2020.** **Incomplete or late applications will not be considered.**

All complete applications will have the following criteria taken into consideration:

- Student essay
- Report card performance
- Teacher reference (we will contact your teacher - do not ask them for a letter of reference)
- Student self evaluation
- Preference will be given to students enrolled in Saskatoon Public Schools
- Applicants must be able to continuously and independently swim 150 m (unassisted). (Roughly Swim Kids 7)

Applicants that meet the set criteria will be entered into a lottery system from which students will be selected for our grade eight classroom. The waitlist will be a continuation of the lottery and communication will only occur if space becomes available.

All communication regarding application and admission will occur via email. On the registration form the parent/guardian information that will be utilized for all communication is "first parent/guardian". Please provide a parent email that is frequently checked as this will be the sole method of communication for all aspects of the application process.

All applicants will be notified of their selection status by email between May 27 and May 29, 2020.

Parent & Student Information Meeting

Tuesday, March 17, 2020

7:00 p.m. - Montgomery School

Costs

The cost to the student for this program will be a \$130.00 student fee. Payment will be due when the students begin the program. Acceptance into this program is not based on the ability to pay. If cost is a barrier, please contact us via email (sciencetrek@spsd.sk.ca). There may also be additional fundraising that will require student time only.



Please note that all communication regarding application status and admission will occur via email. On the registration form the parent/guardian information that will be utilized for all communication is "first parent/guardian". Please provide a parent email that is frequently checked as this will be the sole method of communication for all aspects of the application process.

STUDENT INFORMATION

Student's Legal name		Birthdate		Gender	
Last Name		MMM	DD	YYYY	<input type="checkbox"/> Male
					<input type="checkbox"/> Female
First Name		Languages	First Language		
			Second Language		
Middle Name		Has student ever been registered with Saskatoon Public Schools?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Usual or Called Name <i>(If different from First Name)</i>		Previous School Attended		Previous School's Location	

First Nations, Inuit and Métis (voluntary self-declaration)

First Nations Status First Nations Non-Status Inuit Métis

Reserve Name: _____

Citizenship Is the named student a Canadian citizen? Yes No If no, citizenship: _____

If not a Canadian citizen contact Newcomer Student Centre Country of Birth: _____

NEWCOMER STUDENT CENTRE USE ONLY Last Country Student Attended School: _____

Proof of legal status must be provided in order to register

Permanent Resident Refugee Category Parent Work Permit Exp mmm/dd/yyyy _____

Study Permit (International Student Program) Parent Study Permit Exp mmm/dd/yyyy _____

Signature of school official verifying document _____

OFFICE USE ONLY How was the student's name and birthdate verified?

Birth Certificate Passport Status Card

Immigration Papers / Permanent Resident Card Other (Name Official Document) _____

Signature of school official verifying document _____

STUDENT'S RESIDENCE STUDENT'S CONTACT INFORMATION

House Number	Apt# (if applicable)	Area Code	Phone
Street		Email	
City		Area Code	Cell
Province	Postal Code	Student resides with	<input type="checkbox"/> Two Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/> Joint Custody <input type="checkbox"/> Relative <input type="checkbox"/> Guardian

EMERGENCY / MEDICAL INFORMATION

Who should be contacted first in the case of school closure or an emergency? (e.g. Mother, Father, Guardian)

1. _____

2. _____

Doctor's Name Phone Saskatchewan Health Card Number

Life Threatening Medical Condition(s) that requires regular medication or requires emergency medication that the school should be aware of.

Other Medical Condition(s) that the school should be aware of.

First parent/guardian		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
Last Name		Address if different from Student			
First Name		House/Apt #			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Street			
		City			
Phone	(306)	Province		Postal Code	
Email		Employer			
Cell	()	Employer Phone		()	
Second parent/guardian		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
Last Name		Address if different from Student			
First Name		House/Apt #			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Street			
		City			
Phone	()	Province		Postal Code	
Email		Employer			
Cell	()	Employer Phone		()	
Third parent/guardian		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
Last Name		Address if different from Student			
First Name		House/Apt #			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Street			
		City			
Phone	()	Province		Postal Code	
Email		Employer			
Cell	()	Employer Phone		()	
Fourth parent/guardian		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
Last Name		Address if different from Student			
First Name		House/Apt #			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Street			
		City			
Phone	()	Province		Postal Code	
Email		Employer			
Cell	()	Employer Phone		()	

GUARDIANSHIP, CUSTODY, OR ACCESS RIGHTS	Indicate if such document(s) exist: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Legal Document:	<input type="checkbox"/> Access and/or Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship <input type="checkbox"/> Protection <input type="checkbox"/> Other
Copy in Student Record:	<input type="checkbox"/> Yes <input type="checkbox"/> No Document Expiry Date (if applicable)

OFFICE USE ONLY (NOTES):

Employees of Saskatoon Public Schools may use the information collected on this form to help provide appropriate educational programming and support for the student.

*We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatoon Health Region for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the **Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.***

Declaration I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Date	Signature of Parent / Custodial Parent / Legal Guardian

Student Self Evaluation

The **ScienceTrek** program will require a great deal of student responsibility with regard to: completion of academic work, independent research, learning skills in outdoor pursuits, behaviour in and out of school, and cooperation with other students, including group work.

How do you rate yourself in the following areas? Think deeply and honestly in regards to the following statements.

	Area of growth	Area of strength
1. I work hard at school to complete my work on time.....	1	2 3
2. I willingly accept the direction and feedback of teachers.....	1	2 3
3. I see mistakes as an opportunity to learn and improve myself.....	1	2 3
4. I have a positive attitude even in situations that are new to me.....	1	2 3
5. I am able to work with a variety of people with differing viewpoints.....	1	2 3
6. I am able to work independently without direct teacher supervision.....	1	2 3
7. I take full responsibility for my actions and do not blame others for my choices..	1	2 3
8. I am physically determined and willing to push myself in new situations.....	1	2 3
9. I love to learn.....	1	2 3
10. I appreciate good health and eat nutritious food.....	1	2 3
11. During group work I willingly volunteer ideas and contribute to the end product..	1	2 3
12. I recognize when it is time to work and use class time efficiently.....	1	2 3
13. I am honest, trustworthy, and accountable for my behaviour.....	1	2 3
14. I enjoy being in the outdoors in a variety of weather conditions.....	1	2 3
15. I am driven to perform my best in all I do and am mentally determined.....	1	2 3

My area of strength from above and why: _____

My area of growth from above and why: _____

Fitness

- Rank yourself on your level of fitness ability. **Poor** 1 2 3 4 5 **Excellent**
- Rank yourself on your level of fitness determination (how hard you try). **Poor** 1 2 3 4 5 **Excellent**
- Yes / No (please circle)**, I am able to continuously and independently swim 150 m (unassisted). (Roughly Swim Kids Level 7.)
- Yes / No (please circle)**, I am comfortable biking throughout the city and can travel at least 6 kilometers.

Band

Band is offered at Montgomery School and we encourage students to continue to be involved while in ScienceTrek. Do you plan to attend band class? YES / NO (circle one) If yes, which instrument? _____

Other Information

How did you hear about ScienceTrek? _____

If you are applying for another grade eight program, please rank your preferences:

_____ ScienceTrek _____ Ecoquest _____ Let's Lead / Nīkānētān _____ Creative Action

References

Your references may be contacted to review appropriate sections of this application. Please ask your references' permission to use their name. By signing this, your current teacher and principal acknowledge your application to ScienceTrek.

1. Current Homeroom Grade 7 Teacher: _____ School: _____

Phone: _____ Ext: _____

Signature: _____

2. Current School Principal: (name) _____

Signature: _____

Time Commitment

This program will require that you spend periods of time away from school and home. The length of time can vary from one (1) to three (3) days in duration and activities may involve time during the day or night. Your class time may not always be between 8:30 a.m. and 3:30 p.m. Some of these activities may be scheduled with less than 48 hours notice.

Student Name: _____ Parent 1 Signature: _____

Date: _____ Parent 2 Signature: _____



Saskatoon Public Schools
Inspiring Learning

ScienceTrek Activity Consent

Having your child as a participant in the ScienceTrek program at Montgomery School offered through the Saskatoon Public School Division, we hope that your child is able to make the most of this incredible learning opportunity.

One of the goals of the ScienceTrek program is for our students to participate in a plethora of out of school learning and physical activities. These out of school experiences are an integral part of the program which help each student flourish as a learner and an integral member of the ScienceTrek community. Throughout the course of the year, your child will transport themselves to numerous learning experiences by bike or public transportation. They will also engage in activities such as: swimming, canoeing, skiing, kayaking, biking, tobogganing, etc. Many of these activities will take place outside of the traditional school setting, in turn increasing the level of risk involved.

I/We understand that ScienceTrek is a smoke/alcohol/drug free program.

I/We fully support our child's full participation in all activities and opportunities presented to ScienceTrek students in the course of the school year.

I/We fully understand that all activities will be supervised and will take place at reputable and safe locations.

I/We fully understand that the specific details of each experience will be communicated to me/us prior to the event.

I hereby give my permission for my son/daughter _____
to transport themselves to activities by bike or public transportation and to fully
participate in all activities through the ScienceTrek program.

Parent/Guardian Signature _____

Date _____