



Saskatoon
Open Door
Society

Welcoming. Connecting. *Belonging.*

PROTECTED –B-WHEN COMPLETED

SSWIS CONSENT FORM

PROGRAM INFORMATION AND CONSENT

The **Settlement Support Workers in Schools (SSWIS)** program is a partnership of the Saskatoon Open Door Society, Saskatoon Public Schools, Greater Saskatoon Catholic Schools, Conseil Des Écoles Fransaskoises and Immigration, Refugees and Citizenship Canada which aims to facilitate the integration of newcomer students and their families into the Canadian school system.

I, _____ (Parent/Guardian/or Student over 18),
(Please Print)

give permission to Saskatoon Open Door Society's Settlement Workers in Schools to use the information collected on this form for the purposes of registration, referrals, providing support and reporting to funders.

Signature: _____ Date: _____
(Day/Month/Year)

STUDENT INFORMATION

First Name			
Last Name			
Date of Birth	____ / ____ / ____ Day Month Year	____ / ____ / ____ Day Month Year	____ / ____ / ____ Day Month Year
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Immigration Status	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work permit <input type="checkbox"/> Student Visa <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other _____	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work permit <input type="checkbox"/> Student Visa <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other _____	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work Permit <input type="checkbox"/> Student Visa <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other _____
UCI/ IMM/ Client ID #			
Date of Arrival	____ / ____ / ____ Day Month Year	____ / ____ / ____ Day Month Year	____ / ____ / ____ Day Month Year
Country of Origin			
Language(s) spoken			
Interpreter needed for parent/guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grade			
School			

CONTACT INFORMATION

Home Address:		Apt/Unit #:
City/Town:	Postal Code:	Home Phone No:
Cell Phone No:	Email:	
Parent/Guardian First Name:	Parent/Guardian Last Name:	

Please forward to Saskatoon Open Door Society - Fax #: (306) 653-7159
Please keep copy in student's Cumulative folder