



Student Registration Form
Greater Saskatoon Catholic Schools

School _____

Language _____ School Year _____

Students who are not Canadian Citizens must contact the Newcomer Registration Centre, 420-22nd ST E 306-659-7000

Kindergarten

Programs are specific to each school

Student

Legal Last name _____

Grade _____

Primary Phone _____ Cell Phone _____

Legal First Name _____

Street Address _____

Legal Middle Name(s) _____

Preferred Last _____

City _____ Prov _____ PC _____

Preferred First _____

Land Location _____

Preferred Middle _____

QS SEC RL TWSP REG MER

Gender _____ Date of birth _____

MMM/DD/YYYY

Mailing Address (if different than property address)

Student e-mail _____

Street Address _____

Religion(Catholic or Non-Catholic) _____

RR Number/ PO Box _____

Parish _____

City _____ Prov _____ PC _____

Previous School Name _____

City _____

Has your child ever been enrolled in a school in Saskatchewan? Yes No

PARENT/GUARDIAN INFORMATION

Last, First name _____

Property Address (if not living with student)

Relationship _____

Street Address _____

Emergency Priority (1,2,3) _____

Emergency priority is the order in which a parent/guardian will be called. Number 1 will be the first contacted.

Parent/Guardian _____ Lives with student _____

City _____ Prov _____ PC _____

Emergency Contact (Y,N) Legal Guardianship _____

Land Location _____

Primary Phone _____ Cell Phone _____

QS SEC RL TWSP REG MER

Work Phone _____

Mailing Address (if different than student /property address)

E-mail Address _____

Street Address _____

RR Number/ PO Box _____

City _____ Prov _____ PC _____

PARENT/GUARDIAN INFORMATION

Last, First name _____

Property Address (if not living with student)

Relationship _____

Street Address _____

Emergency Priority (1,2,3) _____

Emergency priority is the order in which a parent/guardian will be called. Number 1 will be the first contacted.

Parent/Guardian Lives with student

City _____ Prov _____ PC _____

Emergency Contact (Y,N) Legal Guardianship

Land Location _____

Primary Phone _____ Cell Phone _____

QS SEC RL TWSP REG MER

Work Phone _____

Mailing Address (if different than student /property address)

E-mail Address _____

Street Address _____

RR Number/ PO Box _____

City _____ Prov _____ PC _____

PARENT/GUARDIAN INFORMATION

Last, First name _____

Relationship _____

Emergency Priority (1,2,3) _____

Emergency priority is the order in which a parent/guardian will be called. Number 1 will be the first contacted.

Parent/Guardian Lives with student

Emergency Contact (Y,N) Legal Guardianship

Primary Phone _____ Cell Phone _____

Work Phone _____

E-mail Address _____

Property Address (if not living with student)

Street Address _____

City _____ Prov _____ PC _____

Land Location _____

QS SEC RL TWSP REG MER

Mailing Address (if different than student /property address)

Street Address _____

RR Number/ PO Box _____

City _____ Prov _____ PC _____

EMERGENCY CONTACT INFORMATION (Contact if parents can't be reached in order they are to be called)

Please provide at least one emergency contact that is different than those listed above under parent/guardians – no need to re-enter parents or guardians in this area.

Emergency Contact 1 _____ Primary Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

Emergency Contact 2 _____ Primary Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

Emergency Contact 3 _____ Primary Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

SIBLING INFORMATION *Please list current school age siblings only

Legal Last Name _____ Gender _____ Birthdate _____
MMM/DD/YYYY

Legal First Name _____ Relationship _____

Legal Last Name _____ Gender _____ Birthdate _____
MMM/DD/YYYY

Legal First Name _____ Relationship _____

Legal Last Name _____ Gender _____ Birthdate _____
MMM/DD/YYYY

Legal First Name _____ Relationship _____

Legal Last Name _____ Gender _____ Birthdate _____
MMM/DD/YYYY

Legal First Name _____ Relationship _____

STUDENT MEDICAL ALERTS

Description _____

OTHER STUDENT ALERTS- Health, family or other information

Description _____

NEWCOMER STUDENT REGISTRATION (proof of legal status must be provided in order to register)

Last country student attended school _____

Permanent Resident	Refugee Category	Temporary Resident	Parent Work Permit expires _____ MMM/DD/YYYY
Study Permit (International Student Program)			Parent Study Permit expires _____ MMM/DD/YYYY

Citizenship Country _____

Entry to Canada Date _____
MMM/DD/YYYY

Citizenship Country 2 _____

Citizenship Effective Date _____
MMM/DD/YYYY

Country of Birth _____

Home Language _____

Country of Origin _____

Home Language 2 _____

INDIGENOUS ANCESTRY

Inuit/Inuk	Metis	Non-Status- Indian	Status Indian
Living on Reserve	Reserve of Residence _____	Band Affiliation _____	

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/Legal Guardian _____
MMM/DD/YYYY

Note: Your child is not officially registered until legal documentation is brought directly to the school and verified by school personnel

OFFICE USE ONLY

Pupil Number _____ Ministry Student Number _____

Registration Date _____ Starting Date _____

Non-Catholic Student Declaration? Yes No Met with Administrator Yes No

International Student(tuition paid?) Yes No

How was the student's name and birthdate verified?

Birth Certificate Baptismal Certificate Passport Status Card Immigration Papers/Permanent Resident Card

Other (Name of document) _____ Signature of School Official Verifying _____