



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

Student
Legal Last name _____
Legal First Name _____
Legal Middle Name(s) _____
Preferred Last _____
Preferred First _____
Preferred Middle _____
Gender _____ Date of birth _____
Student e-mail _____
Religion(Catholic or Non-Catholic) _____
Parish _____

Grade _____
Primary Phone _____ Cell Phone _____
Street Address _____
City _____ Prov _____ PC _____
Land Location _____
QS SEC RL TWSP REG MER

Mailing Address (if different than property address)
Street Address _____
RR Number/ PO Box _____
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 _____
Relationship _____
Emergency Priority (1,2,3) _____
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 addre:
Street Address _____
RR Number/ PO Box _____
City _____ Prov _____ PC _____

PARENT/GUARDIAN INFORMATION

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Relationship _____
Emergency Priority (1,2,3) _____
Parent/Guardian [] Lives with student []
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Street Address _____
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Mailing Address (if different than student /property 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 (Contacted if parents can't be reach 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 INFORMATIONLegal 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

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 _____

ABORIGINAL 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

Program of Study _____

International Student(tuition paid?) Yes No

Met with Administrator 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 _____