



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: Tues/Thur/Alt Fri Mon/Wed/Alt Fri
 (Programs are specific to each school) All Day

Student
 Legal Last name _____
 Legal First Name _____
 Legal Middle Name(s) _____
 Preferred Last _____
 Preferred First _____
 Preferred Middle _____
 Gender _____ Date of birth _____
MMM/DD/YYYY
 Student Email _____
 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) _____
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 _____

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 _____

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 onlyLegal 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 _____

Citizenship Country _____

Entry to Canada Date _____

MMM/DD/YYYY

Citizenship Country 2 _____

Citizenship Effective Date _____

MMM/DD/YYYY

Home Language _____

Home Language 2 _____

Country of Origin _____

Country of Birth _____

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

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 _____

MMM/DD/YYYY

Signature of Parent/Legal Guardian _____

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 _____