



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 Street East (306) 659-7000

STUDENT INFORMATION GIVEN NAMES (as per Birth Certificate)			DATE OF BIRTH (mmm-dd-yyyy)			AGE	RELIGION (Catholic or Non-Catholic)	GRADE	GENDER
Last Name	First Name	Middle Name(s)	Month	Day	Year				

Preferred Contact: _____ **Primary Phone:** _____ **Secondary Phone:** _____

Physical Address/Mailing Address and Postal Code: _____

Or Legal Land Description (No PO Box #'s): _____

Home E-mail Address: _____

Electronic Newsletter Preference: Yes No

Additional E-mail Address(s): _____

Note: Newsletters can also be found on our website at www.gscs.ca

Other Information (Common or Usual Name/Nick Name/Student Cell, etc.): _____

May we share your child's first name and parent/guardian's first name, phone number, email address for school related functions and activities? Yes No

Previous School: _____ **Address:** _____ **Phone:** _____ **Fax:** _____

Parish: _____ **Sacraments Received:** Baptism Reconciliation First Communion Confirmation

Aboriginal Self-Declaration: Status/Treaty/Registered Non-Status Métis Inuit

Band Name: _____

Newcomer Student Registration (proof of legal status must be provided in order to register):

Last country student attended school: _____ **Date of arrival in Canada:** _____

Permanent Resident
 Refugee Category
 Parent Work Permit - Expires (mmm/dd/yyyy) _____
 Study Permit (International Student Program)
 Parent Study Permit - Expires (mmm/dd/yyyy) _____

Citizenship:

Place of Birth: _____ Place of Origin: _____ Citizenship: _____

1st Language: _____ 2nd Language: _____ Spoken at Home: _____

Kindergarten Preference (Note That Programs Are Specific to Each School):

English French Other _____

_____ MON/WED/Alternate/Scheduled/Occasional Extra Day _____ TUES/THUR/Alternate/Scheduled/Occasional Extra Day

Speech-Language Pathologists are part of the Kindergarten Program. May we screen your child's hearing and/or provide in-classroom observations as requested by the classroom teacher? Yes No

Student Resides With: Two Parents Mother Father Shared Custody Foster Parent Relative Guardian

Parent (1)/Guardian: _____ Father Mother Step Father Step Mother Legal Guardian Other
First Name *Last Name*

Address (if different from student): _____ Primary Phone: _____

Employer: _____ Work Phone: _____ Secondary Phone: _____

E-mail: _____ Family Status: Married Single Separated Divorced Other

Parent (2)/Guardian: _____ Father Mother Step Father Step Mother Legal Guardian Other
First Name *Last Name*

Address (if different from student): _____ Primary Phone: _____

Employer: _____ Work Phone: _____ Secondary Phone: _____

E-mail: _____ Family Status: Married Single Separated Divorced Other

Parent (3)/Guardian: _____ Father Mother Step Father Step Mother Legal Guardian Other
First Name *Last Name*

Address (if different from student): _____ Primary Phone: _____

Employer: _____ Work Phone: _____ Secondary: _____

E-mail: _____ Family Status: Married Single Separated Divorced Other

Parent (4)/Guardian: _____ Father Mother Step Father Step Mother Legal Guardian Other
First Name *Last Name*

Address (if different from student): _____ Primary Phone: _____

Employer: _____ Work Phone: _____ Secondary Phone: _____

E-mail: _____ Family Status: Married Single Separated Divorced Other

Guardianship, Custody, or Access Rights – Indicate if such document(s) exist: Yes No Type of Document: _____

Copy in Student Records: Yes No **Legal Custody With** (If applicable): _____

Emergency/Medical Information:

Contact Person (1) Other than Parent: _____ Phone: _____ Relationship to Student: _____

Contact Person (2) Other than Parent: _____ Phone: _____ Relationship to Student: _____

Childcare: _____ Address: _____ Primary #: _____ Secondary #: _____

Medical Conditions that require Medical or Emergency Services: _____

If applicable, please list any health issues which may affect this child's school life: _____

Immunization Records Presented: Yes No

Permission Granted to Fax/Mail/Email Immunization Records to the Saskatchewan Health Region: Yes No

*Employees of Greater Saskatoon Catholic 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.***

Please List all School Aged Siblings:

Full Name: _____ Birthdate: _____ Current School: _____ Grade: _____
(mmm/dd/yyyy)

Full Name: _____ Birthdate: _____ Current School: _____ Grade: _____
(mmm/dd/yyyy)

Full Name: _____ Birthdate: _____ Current School: _____ Grade: _____
(mmm/dd/yyyy)

Full Name: _____ Birthdate: _____ Current School: _____ Grade: _____
(mmm/dd/yyyy)

Full Name: _____ Birthdate: _____ Current School: _____ Grade: _____
(mmm/dd/yyyy)

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.

<i>Date</i> <i>(mmm/dd/yyyy)</i>		<i>Signature of Parent/Legal Guardian</i>	

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

OFFICE USE ONLY

MW Student #: _____	Ministry Student #: _____			
Registration Date: _____	Starting Date: _____			
<i>Non-Catholic Student Declaration?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Met with Administrator?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>International Student (Tuition Paid)?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
How was the student's name and birthdate verified?				
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Status Card	<input type="checkbox"/> Immigration Papers /Permanent Resident Card
<input type="checkbox"/> Other (Name of Official Document): _____	Signature of School Official Verifying: _____			

To submit the form electronically:

- Please fill in all relevant information on the form.
- Save the completed form to your computer.
- On the Greater Saskatoon Catholic Schools' [website](#), locate your school and call for information regarding submission via email.
- You will be required to sign the form and show legal documentation to verify the student's birthdate during your next visit to the school.

To submit at the school:

- Please fill in all relevant information, then print the form, or;
- Print the form, then fill in all relevant information.
- Bring the completed form to the school's office and show the legal documentation to verify the student's birthdate.

Paper copies of these forms are always available at the office of every school.