



**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 \_\_\_\_\_  
MMM/DD/YYYY  
 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) \_\_\_\_\_  
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**

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 \_\_\_\_\_

Immunization Records Presented

Yes  No

Permission granted to fax/mail/email immunizations records to the Saskatchewan Health Region

Yes  No

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.

**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 \_\_\_\_\_

**KINDERGARTEN PREFERENCE ( Programs are specific to each school)**

English  French  Other \_\_\_\_\_

Monday/ Wednesday/ alternating Friday

Tuesday/ Thursday/ alternating Friday

Speech-Language Pathologists are part of the Kindergarten Program. May we screen your child's hearing ? Yes  No

**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 \_\_\_\_\_  
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 \_\_\_\_\_