



BISHOP JAMES MAHONEY HIGH SCHOOL  
REGISTRATION FORM 2025-2026

GRADE \_\_\_\_\_

**STUDENT** (Enter your name exactly as it appears on your Birth Certificate)

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Second Name \_\_\_\_\_

\_\_\_\_\_  Male  Female  Unspecified \_\_\_\_\_  
Name by which you are called Student Cell No.

\_\_\_\_\_ Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Student's Home Number \_\_\_\_\_

Student lives with  Both Parents (same residence)  Both Parents (separate residences)  Mother Only  Father Only  Other \_\_\_\_\_

Birth: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Religion: \_\_\_\_\_

\_\_\_\_\_ Last School Attended \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

**Bishop James Mahoney uses email and phone to communicate with our families. Please provide your:**

\_\_\_\_\_ Preferred Phone Number \_\_\_\_\_ Preferred Email Address \_\_\_\_\_

**Bishop James Mahoney has committed to increase First Nation and Metis graduation rates. Your self-declaration will help to achieve this goal by ensuring access to resources for our FNM students to experience greater academic success.**

**Voluntary Declaration of Aboriginal Status:**  Does not Apply  First Nation  Métis  Inuit

**MOTHER/GUARDIAN INFORMATION: \*Please include e-mail address**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address:  same as student's OR \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary phone: \_\_\_\_\_ Other: \_\_\_\_\_ **E-mail** \_\_\_\_\_

Workplace \_\_\_\_\_ Telephone: \_\_\_\_\_

**FATHER/GUARDIAN INFORMATION: \*Please include e-mail address**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address:  same as student's OR \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary phone: \_\_\_\_\_ Other: \_\_\_\_\_ **E-mail** \_\_\_\_\_

Workplace \_\_\_\_\_ Telephone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than Parent or Guardian):**

First Emergency Contact Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Second Emergency Contact Name: \_\_\_\_\_ Home # \_\_\_\_\_ Work/Cell # \_\_\_\_\_

**Medical Information (e.g. allergies, medications, conditions)** \_\_\_\_\_

Date of Registration: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**OFFICE USE:**  Entered in My School Sask  Schedule Entered

