



BISHOP JAMES MAHONEY HIGH SCHOOL
REGISTRATION FORM 2023-2024

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

