



Greater Saskatoon Catholic Schools

**NON-CATHOLIC STUDENT DECLARATION OF INTENTION**

Date of Registration: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Surname Given name(s)

Date of Birth: \_\_\_\_\_

Address of Parents/Guardians: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to have my child/children attend a Catholic school. I intend and desire that my child/children participate in the spiritual formation and atmosphere of the Catholic school. I agree to abide, to the best of my ability, with the vision, mission, and values of the school division, the spirit of the religious education program, and the religious celebrations of the school division.

Name of Registering Catholic School: \_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

Signature of School Official: \_\_\_\_\_

~Original of this form to be kept in the student Cumulative Record folder~