

Greater Saskatoon Catholic Schools

NON-CATHOLIC STUDENT DECLARATION OF INTENTION

Date of Registration:							
Name of Parent(s)/Guardian(s):							_
Name of Student:	Surname		Giv	ven name(s)			_
Date of Birth:							_
Address of Parents/Guardians:							
							_
I wish to have my child/children a child/children participate in the spectool. I agree to abide, to the bethe school division, the spirit of the celebrations of the school division	oiritual for est of my ne religio	ormation y ability	n and at , with th	mospher ie vision,	e of the mission.	Catholio , and va	c llues of
Name of Registering Catholic Scho	ool:						-
Signature of Parent(s)/Guardian(s)	: _						-
Signature of School Official:	-						-

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