



Student Registration Form
Greater Saskatoon Catholic Schools

Students who are not Canadian Citizens must contact the Newcomer Registration Centre, 420-22nd ST E 306-659-7000

School _____

Language _____ School Year _____

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 _____

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Parent/Guardian ☐ Lives with student ☐Emergency Contact (Y,N) ☐ Legal Guardianship ☐

Primary Phone _____ Cell Phone _____

Work Phone _____

E-mail Address _____

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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 (Contacted if parents can't be reach 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 INFORMATIONLegal 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 _____

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/YYYYStudy 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 _____

ABORIGINAL ANCESTRYInuit/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 ☐

Program of Study _____

International Student(tuition paid?) Yes ☐ No ☐Met with Administrator 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 _____