



Student Registration Form
Greater Saskatoon Catholic Schools

School _____

Language _____ School Year _____

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

Student

Legal Last name _____ Primary Phone _____ Cell Phone _____

Legal First Name _____

Street Address _____

Legal Middle Name(s) _____

Preferred Last _____

City _____ Prov _____ PC _____

Preferred First _____

Land Location _____

Preferred Middle _____

QS SEC RL TWSP REG MER

Gender _____ Date of birth _____
MMM/DD/YYYY

Mailing Address (if different than property address)

Student e-mail _____

Street Address _____

Religion(Catholic or Non-Catholic) _____

RR Number/ PO Box _____

Parish _____

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 _____

Property Address (if not living with student)

Relationship _____

Street Address _____

Emergency Priority (1,2,3) _____

City _____ Prov _____ PC _____

*Emergency priority is the order in which a parent/guardian will be called.
 Number 1 will be the first contacted*

Land Location _____

QS SEC RL TWSP REG MER

Parent/Guardian Lives with student

Emergency Contact (Y,N) Legal Guardianship

Mailing Address (if different than student /property addre:

Primary Phone _____ Cell Phone _____

Street Address _____

Work Phone _____

RR Number/ PO Box _____

E-mail Address _____

City _____ Prov _____ PC _____

PARENT/GUARDIAN INFORMATION

Last, First name _____

Property Address (if not living with student)

Relationship _____

Street Address _____

Emergency Priority (1,2,3) _____

City _____ Prov _____ PC _____

*Emergency priority is the order in which a parent/guardian will be called.
 Number 1 will be the first contacted*

Land Location _____

QS SEC RL TWSP REG MER

Parent/Guardian Lives with student

Emergency Contact (Y,N) Legal Guardianship

Mailing Address (if different than student /property address)

Primary Phone _____ Cell Phone _____

Street Address _____

Work Phone _____

RR Number/ PO Box _____

E-mail Address _____

City _____ Prov _____ PC _____

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 _____

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/YYYY

Study 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 ANCESTRY

Inuit/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 _____