



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 _____
 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 _____
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Primary Phone _____ Cell Phone _____

Work Phone _____

E-mail Address _____

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City _____ Prov _____ PC _____

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Mailing Address (if different than student /property address)

Street Address _____

RR Number/ PO Box _____

City _____ Prov _____ PC _____

EMERGENCY CONTACT INFORMATION (Contact if parents can't be reached 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 INFORMATION

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 _____

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 _____

Immunization Records Presented

Yes No

Permission granted to fax/mail/email immunizations records to the Saskatchewan Health Region

Yes No

Contact information is collected and shared with the Saskatoon Health Region for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.

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 _____

KINDERGARTEN PREFERENCE (Programs are specific to each school)

English French Other _____

All day Kindergarten

Speech-Language Pathologists are part of the Kindergarten Program. May we screen your child's hearing ? Yes No

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

Met with Administrator Yes No

International Student(tuition paid?) 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 _____