



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~