



**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

Kindergarten

Programs are specific to each school

**Student**

Legal Last name \_\_\_\_\_

Grade \_\_\_\_\_

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.

Parent/Guardian \_\_\_\_\_ Lives with student \_\_\_\_\_

Land Location \_\_\_\_\_

Emergency Contact (Y,N)  Legal Guardianship \_\_\_\_\_

QS    SEC    RL    TWSP    REG    MER

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mailing Address ( if different than student /property address)**

Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

RR Number/ PO Box \_\_\_\_\_

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.

Parent/Guardian  Lives with student

Land Location \_\_\_\_\_

Emergency Contact (Y,N)  Legal Guardianship

QS    SEC    RL    TWSP    REG    MER

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mailing Address ( if different than student /property address)**

Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

RR Number/ PO Box \_\_\_\_\_

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 (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** \*Please list current school age siblings only

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 \_\_\_\_\_

**NEWCOMER STUDENT REGISTRATION** ( proof of legal status must be provided in order to register)

Last country student attended school \_\_\_\_\_

Permanent Resident	Refugee Category	Temporary Resident	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 \_\_\_\_\_

**INDIGENOUS 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 \_\_\_\_\_ Signature of Parent/Legal Guardian \_\_\_\_\_  
MMM/DD/YYYY

**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 \_\_\_\_\_