



Student Registration Form
Greater Saskatoon Catholic Schools

School Ecole St Peter
Language English / French School Year 2024/2025

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

Kindergarten: Tues/Thur/Alt Fri [ ] Mon/Wed/Alt Fri [ ]
(Programs are specific to each school) All Day [ ]

Student
Legal Last name
Legal First Name
Legal Middle Name(s)
Preferred Last
Preferred First
Preferred Middle
Gender Date of birth
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)
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

PARENT/GUARDIAN INFORMATION

Last, First name
Relationship
Emergency Priority (1,2,3)
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

**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 onlyLegal 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 \_\_\_\_\_