



**Student Registration Form**  
**Greater Saskatoon Catholic Schools**

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

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

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 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
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**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 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/YYYYStudy 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 \_\_\_\_\_