

Student Registration Form

School _____

Greater Saskatoon Catholic Schools

Language _____ School Year **2026-2027**

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



Student

Legal Last name _____

Student Email _____

Personal Email _____

*Personal Email is required for grade 9 to 12 students.

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)

Grade _____

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) _____

Emergency priority is the order in which a parent/guardian will be called. Number 1 will be the first contacted.

City _____ Prov _____ PC _____

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) _____

Emergency priority is the order in which a parent/guardian will be called. Number 1 will be the first contacted.

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e the first contacted.

Parent/Guardian ☐

Lives with student

Emergency Contact (Y,N) ☐

Legal Guardianship ☐

Primary Phone _____

Cell Phone_____

Work Phone _____

E-mail 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 VIER**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 _____ Work _____

Emergency Contact 2 _____ Primary Phone _____ Phone _____

Cell Phone _____ Relationship _____ Work _____

Emergency Contact 3 _____ Primary Phone _____ 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 _____

Citizenship Country _____

Entry to Canada Date _____

MMM/DD/YYYY

Citizenship Country 2 _____

Citizenship Effective Date _____

MMM/DD/YYYY

Home Language _____

Home Language 2 _____

Country of Origin _____

Country of Birth _____

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

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 _____