

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

Student Email _____

Personal Email _____

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

Legal Last name _____

Primary Phone _____

Cell Phone _____

Legal First Name _____

Street Address _____

Legal Middle Name(s) _____

City _____ Prov _____ PC _____

Preferred Last _____

Land Location _____

Preferred First _____

QS SEC RL TWSP REG MER

Preferred Middle _____

Mailing Address (if different than property address)

Gender _____ Date of birth _____

MMM/DD/YYYY

Street Address _____

Grade _____

RR Number/ PO Box _____

Religion(Catholic or Non-Catholic) _____

City _____ Prov _____ PC _____

Parish _____

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)

Street Address _____

Relationship _____

City _____ Prov _____ PC _____

Emergency Priority (1,2,3) _____

Land Location _____

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

QS SEC RL TWSP REG MER

Primary Phone _____

Cell Phone _____

Mailing Address (if different than student /property address)

Street Address _____

Work Phone _____

E-mail Address _____

RR Number/ PO Box _____

City _____ Prov _____ PC _____

PARENT/GUARDIAN INFORMATION

Last, First name _____

Property Address (if not living with student)

Street Address _____

Relationship _____

Emergency Priority (1,2,3) _____

1 _____

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

w _____

i _____

l _____

r _____

b _____

e the first contacted.

Parent/Guardian

Lives with student

City _____ Prov _____ PC _____

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)

Street Address _____

Work Phone _____

RR Number/ PO Box _____

E-mail Address _____

City _____ Prov _____ PC _____

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 _____