



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

Language \_\_\_\_\_ School Year \_\_\_\_\_

**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) \_\_\_\_\_

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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)**

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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**

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 \_\_\_\_\_

Immunization Records Presented

Yes ☐ No ☐

Permission granted to fax/mail/email immunizations records to the Saskatchewan Health Region

Yes ☐ No ☐

Contact information is collected and shared with the Saskatoon Health Region for follow-up with families regarding the following health services: immunization, vision screening, hearing screening, dental programs and transportation. How this information is accessed, used, or disclosed is protected under the Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.

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

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

Permanent Resident ☐Refugee Category ☐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 \_\_\_\_\_

**KINDERGARTEN PREFERENCE ( Programs are specific to each school)**English ☐ French ☐ Other \_\_\_\_\_Monday/ Wednesday/ alternating Friday ☐Tuesday/ Thursday/ alternating Friday ☐Speech-Language Pathologists are part of the Kindergarten Program. May we screen your child's hearing ? Yes ☐ No ☐**ABORIGINAL 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 \_\_\_\_\_  
MMM/DD/YYYY

Signature of Parent/Legal Guardian \_\_\_\_\_

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