Student Registration Form
Greater Saskatoon Catholic Schools

School Choose a School
Language Choose a Language Program School Year 2026-2027

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

Student

Grade____

Legal Last name _____ Primary Phone_____ Cell Phone_____

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 Choose gender Date of birth _____ MMM/DD/YYYY

Mailing Address (if different than property address)

Student e-mail _____ 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 _____

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_____

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Primary Phone _____ Cell Phone_____

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Property Address (if not living with student)

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City_____ Prov_____ PC _____

Land Location _____ _____ _____ _____ _____ _____

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_____

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 _____

If you are not a Canadian citizen, please fill out the sections below.

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_____