

## **Student Registration Form**

School	
Language	School Year

Prov

PC

**Greater Saskatoon Catholic Schools** Students who are not Canadian Citizens must contact the Newcomer Registration Centre, 420-22nd ST E 306-659-7000 Mon/Wed/Alt Fri Kindergarten: Tues/Thur/Alt Fri (Programs are specific to each school) All Day SCHOOLS Student Grade Primary Phone Cell Phone Legal Last name Street Address Legal First Name Legal Middle Name(s) Preferred Last City\_\_\_\_\_ Prov\_\_\_\_ PC \_\_\_\_\_ Preferred First Land Location SEC OS RL**TWSP** REG Preferred Middle MER Gender \_\_\_\_\_ Date of birth \_\_\_\_ Mailing Address (if different than property address) MMM/DD/YYYY Student Email Street Address Religion(Catholic or Non-Catholic) RR Number/ PO Box PC\_\_\_\_\_ Prov\_\_\_\_ Parish Previous School Name City Has your child ever been enrolled in a school in Saskatchewan? Yes PARENT/GUARDIAN INFORMATION **Property Address (if not living with student)** Street Address \_\_\_\_\_ Last, First name Relationship City\_\_\_\_\_\_ Prov\_\_\_\_ PC 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 Land Location Emergency Contact (Y,N) Legal Guardianship OS SEC RL **TWSP** REG MER Mailing Address (if different than student /property address) Primary Phone \_\_\_\_\_ Cell Phone\_\_\_\_\_ Work Phone \_\_\_\_\_ Street Address\_\_\_\_\_ RR Number/ PO Box\_\_\_\_\_ E-mail Address Prov\_\_\_\_\_ PC\_\_\_\_ **Property Address (if not living with student)** PARENT/GUARDIAN INFORMATION Last, First name Street Address Relationship City Prov PC 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. Lives with student Land Location Parent/Guardian QS SEC **TWSP** Emergency Contact (Y,N) Legal Guardianship RL REG MER Mailing Address (if different than student /property address) Primary Phone Cell Phone Work Phone \_\_\_\_\_\_ Street Address RR Number/ PO Box E-mail Address

City

PARENT/GUARDIAN INFORMAT	ION	Property Address (if not I	living with s	tudent)			
Last, First name		Street Address					
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Emergency Contact (Y,N)	Legal Guardianship	QS					MER
Primary Phone	Cell Phone	Mailing Address ( if differ			•	•	
Work Phone		Street Address					
E-mail Address		RR Number/ PO Box					
		City	Prov		PC		
EMERGENCY CONTACT INFORM  Please provide at least one emer  Emergency Contact 1	rgency contact that is different parents or g	t than those listed above un uardians in this area.	nder parent/		- no need		
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Emergency Contact 2				Vork Phone			
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Emergency Contact 3							
		Cell Phone	R	elationship			
SIBLING INFORMATION *Please I Legal Last Name			Birth	date			
Legal First Name		School Attending	Relat	tionship	MMM/DD/		
Legal Last Name		Gender	Birth	date	MMM/DD/		
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Legal First Name		School Attending	Relat	tionship			
STUDENT MEDICAL ALERTS							
Description							
OTHER STUDENT ALERTS- Healt							
Description							

Entry to Canada Date
MMM/DD/YYYY
Citizenship Effective Date
MMM/DD/YYYY
Home Language 2
Country of Birth
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Parent Work Permit expires
MMM/DD/YYYY
Parent Study Permit expires
MMM/DD/YYYY
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Band Affiliation
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