



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 _____

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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 INFORMATIONLegal 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 _____

All day Kindergarten

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 _____