



# STUDENT REGISTRATION FORM

GREATER SASKATOON CATHOLIC SCHOOLS

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

Students who are not Canadian Citizens must contact the Newcomer Registration Centre, 420 – 22<sup>nd</sup> Street East (306) 659-7000

STUDENT INFORMATION GIVEN NAMES (as per Birth Certificate)			DATE OF BIRTH (mmm-dd-yyyy)			AGE	RELIGION (Catholic or Non-Catholic)	GRADE	GENDER
Last Name	First Name	Middle Name(s)	Month	Day	Year				

Preferred Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Physical Address/Mailing Address and Postal Code: \_\_\_\_\_

Or Legal Land Description (No PO Box #'s): \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Electronic Newsletter Preference: Yes  No

Additional E-mail Address(s): \_\_\_\_\_

Note: Newsletters can also be found on our website at [www.gscs.ca](http://www.gscs.ca)

Other Information (Common or Usual Name/Nick Name/Student Cell, etc.): \_\_\_\_\_

May we share your child's first name and parent/guardian's first name, phone number, email address for school related functions and activities? Yes  No

Previous School: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parish: \_\_\_\_\_ Sacraments Received:  Baptism  Reconciliation  First Communion  Confirmation

Aboriginal Self-Declaration:  Status/Treaty/Registered  Non-Status  Métis  Inuit

Band Name: \_\_\_\_\_

<b>Newcomer Student Registration</b> (proof of legal status must be provided in order to register):	
Last country student attended school: _____	Date of arrival in Canada: _____
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Parent Work Permit - Expires (mmm/dd/yyyy) _____
<input type="checkbox"/> Refugee Category	<input type="checkbox"/> Parent Study Permit - Expires (mmm/dd/yyyy) _____
<input type="checkbox"/> Study Permit (International Student Program)	

**Citizenship:**

Place of Birth: \_\_\_\_\_ Place of Origin: \_\_\_\_\_ Citizenship: \_\_\_\_\_

1<sup>st</sup> Language: \_\_\_\_\_ 2<sup>nd</sup> Language: \_\_\_\_\_ Spoken at Home: \_\_\_\_\_

**Kindergarten Preference** (Note That Programs Are Specific to Each School):

English  French  Other \_\_\_\_\_

\_\_\_\_\_ MON/WED/Alternate/Scheduled/Occasional Extra Day \_\_\_\_\_ TUES/THUR/Alternate/Scheduled/Occasional Extra Day

Speech-Language Pathologists are part of the Kindergarten Program. May we screen your child's hearing and/or provide in-classroom observations as requested by the classroom teacher? Yes  No

**Student Resides With:**  Two Parents  Mother  Father  Shared Custody  Foster Parent  Relative  Guardian

**Parent (1)/Guardian:** \_\_\_\_\_  Father  Mother  Step Father  Step Mother  Legal Guardian  Other  
*First Name Last Name*

Address (if different from student): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Family Status:  Married  Single  Separated  Divorced  Other

**Parent (2)/Guardian:** \_\_\_\_\_  Father  Mother  Step Father  Step Mother  Legal Guardian  Other  
*First Name Last Name*

Address (if different from student): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Family Status:  Married  Single  Separated  Divorced  Other

**Parent (3)/Guardian:** \_\_\_\_\_  Father  Mother  Step Father  Step Mother  Legal Guardian  Other  
*First Name Last Name*

Address (if different from student): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

E-mail: \_\_\_\_\_ Family Status:  Married  Single  Separated  Divorced  Other

**Parent (4)/Guardian:** \_\_\_\_\_  Father  Mother  Step Father  Step Mother  Legal Guardian  Other  
*First Name Last Name*

Address (if different from student): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Family Status:  Married  Single  Separated  Divorced  Other

**Guardianship, Custody, or Access Rights** – Indicate if such document(s) exist: Yes  No  Type of Document: \_\_\_\_\_

**Copy in Student Records:** Yes  No  **Legal Custody With** (If applicable): \_\_\_\_\_

**Emergency/Medical Information:**

Contact Person (1) Other than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Person (2) Other than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Childcare: \_\_\_\_\_ Address: \_\_\_\_\_ Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

**Medical Conditions that require Medical or Emergency Services:** \_\_\_\_\_

If applicable, please list any health issues which may affect this child's school life: \_\_\_\_\_

Immunization Records Presented: Yes  No

Permission Granted to Fax/Mail/Email Immunization Records to the Saskatchewan Health Region: Yes  No

*Employees of Greater Saskatoon Catholic Schools may use the information collected on this form to help provide appropriate educational programming and support for the student. We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with Saskatchewan Ministry of Education to support the Student Data System. 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.***

**Please List all School Aged Siblings:**

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(mmm/dd/yyyy)*

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(mmm/dd/yyyy)*

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(mmm/dd/yyyy)*

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(mmm/dd/yyyy)*

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
*(mmm/dd/yyyy)*

**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.

<i>Date</i> <i>(mmm/dd/yyyy)</i>			<i>Signature of Parent/Legal Guardian</i>

**Note: Your child is not officially registered until legal documentation is brought directly to the school and verified by school personnel.**

## OFFICE USE ONLY

<b>MW Student #:</b> _____	<b>Ministry Student #:</b> _____			
<b>Registration Date:</b> _____	<b>Starting Date:</b> _____			
<i>Non-Catholic Student Declaration?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Met with Administrator?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>International Student (Tuition Paid)?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>How was the student's name and birthdate verified?</b>				
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Status Card	<input type="checkbox"/> Immigration Papers /Permanent Resident Card
<input type="checkbox"/> Other (Name of Official Document): _____	Signature of School Official Verifying: _____			

To submit the form electronically:

- Please fill in all relevant information on the form.
- Save the completed form to your computer.
- On the Greater Saskatoon Catholic Schools' [website](#), locate your school and call for information regarding submission via email.
- You will be required to sign the form and show legal documentation to verify the student's birthdate during your next visit to the school.

To submit at the school:

- Please fill in all relevant information, then print the form, or;
- Print the form, then fill in all relevant information.
- Bring the completed form to the school's office and show the legal documentation to verify the student's birthdate.

Paper copies of these forms are always available at the office of every school.