



Student Registration Form

Holy Family Roman Catholic Separate School Division #140

#23 - 110 Souris Ave, Weyburn SK, S4H 2Z8

Telephone:(306) 842-7025; Fax: (306) 842-7033

Email: office.weyburn@holyfamilyrcssd.ca

SCHOOL INFORMATION

- St. Michael School - Weyburn
- St. Olivier School - Radville
- St. Augustine School - Wilcox
- St. Mary's School - Estevan
- Sacred Heart / Sacré Coeur - Estevan French Immersion English

STUDENT INFORMATION

Student's Legal Name: _____ Male
Last First Middle Female

Birthdate: ____/____/____ (Provide copy of birth certificate) Enrolment Date: ____/____/____
Month Day Year Month Day Year

Baptised Catholic: Yes No (provide copy of baptismal certificate)

Preferred Name (If different from Legal): _____

Mailing Address: _____

City: _____ Postal Code: _____

Student's Home Telephone: _____ Student Email: _____

Student Cell Number: _____

Physical Address (if different from above): _____
Street Address or
Land Location NE NW SE SW Section _____ Twnshp _____ Range _____ W _____

Previous Residence (if other than SK): _____

Grade: _____ Previous School: _____
(Name and phone number of last school attended)

MEDICAL INFORMATION

SK Health Card No: _____

Doctor's Name: _____

Phone Number: _____

Does this student have a severe or life treating condition or a medical / physical condition or allergy that the school should be aware of? Please list below, along with list of medication(s), dose and any special aids/equipment. Yes No

MEDICAL NOTES:

CONTACT INFORMATION

Parents/Guardians

Contact #1 Information

Contact #2 Information

Name: _____
Address: _____
Relationship: _____
Lives with Student: Yes No
Work Phone: _____
Home Phone: _____
Cell Phone: _____
Catholic: Yes No

Name: _____
Address: _____
Relationship: _____
Lives with Student: Yes No
Work Phone: _____
Home Phone: _____
Cell Phone: _____
Catholic: Yes No

If you select not Catholic please fill out Declaration of Status Form Info 1 OP 5011

I consent to receive electronic messages from Holy Family that may be characterized as commercial in nature, such as invitations to purchase school photographs, school wear, yearbooks, etc. I understand I can revoke my consent at any time by contacting the school.

Email: _____
Consent to receive emails: Yes No

Email: _____
Consent to receive emails: Yes No

Contact # 3 Information

Contact #4 Information

Name: _____
Address: _____
Relationship: _____
Lives with Student: Yes No
Work Phone: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Address: _____
Relationship: _____
Lives with Student: Yes No
Work Phone: _____
Home Phone: _____
Cell Phone: _____

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Email: _____
Consent to receive emails: Yes No

Email: _____
Consent to receive emails: Yes No

Emergency Contacts

Name: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____

Siblings

Name: _____
Name: _____
Name: _____
Name: _____

Age: _____
Age: _____
Age: _____
Age: _____

BUSING INFORMATION

Holy Family Bus Yes No Bus Route: _____ (Must complete bus form)

BUSING INFORMATION - RURAL STUDENTS (must register with SECPSD) (excluding Wilcox)

Driver Name: _____ Bus Number: _____

Billet Information:

Name(s): _____ Phone: _____

CUSTODY

In rare instances a child may be designated as "Protected" if a court has issued a restraining order. The School Administration should be aware of any such Court Order for the protection of your child. Please indicate if you have a Court Order involving your child (children)

Yes

No

If "YES" please make arrangements to discuss this situation with the school administration. Legal documentation will be required.

ABORIGINAL ANCESTRY

The following information shall be given voluntarily

Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Métis, or Inuit. Based on this definition, do you consider your child to be an Aboriginal person?

Yes

No

If YES please specify the Aboriginal Group you belong to: _____

Non-Status Indian

Registered/Treaty/Status Indian

Métis

Inuit/Inuk

Other

If the student is living on reserve, list the name of the reserve: _____

Band Affiliation: _____

Band Number: _____

Treaty Number: _____

Name of Sponsoring Agency (if applicable): _____

NEWCOMER INFORMATION

1st Language Spoken at Home: _____ 2nd Language Spoken at Home: _____

Country of Birth: _____ Citizenship: _____

Country Origin (country last lived in if other than Canada): _____

EAL Program: Yes No

Immigration Status:

Canadian Citizen

Other Citizenship: _____

Permanent Resident

Refugee / Refugee Claimant (Expires: _____)

Temporary Resident with

Visitor permit (Expires: _____)

Study permit (Expires: _____)

Temporary resident permit (Expires: _____)

Other

Arrival: in Canada _____ (MM/DD/YYYY) in Saskatchewan _____ (MM/DD/YYYY)

LANGUAGE HISTORY

First Language Spoken at Home: _____ Second Language Spoken at Home: _____

(How much and for how long?)

Prior English language study:

In-school _____

Private tutoring _____

History of Parent's Language Skills:

Mother: Can speak: _____

Can read/write: _____

English: None Some Fluent

Father: Can speak: _____

Can read/write: _____

English: None Some Fluent

CONSENT FOR STUDENT

I give permission for my son/daughter to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me of out of town trips by written note or telephone when a trip is going to occur.

Yes No

I give permission for my son/daughter to leave the school grounds during lunch hour following the guidelines described in the school handbook and have discussed these guidelines with my child and appropriate permission form has been signed by parent.

Yes No

I am willing to volunteer at my child's school and I will submit a Criminal Record and Vulnerable Sector Check.

Yes No

I give permission for the School Division to share my child's demographic information with supporting agencies. (For example: provide information to SK Health for the purpose of developing a consent list for immunizations.)

Yes No

Other Comments or pertinent information

SIGNATURE REQUIRED

SIGNATURE REQUIRED: I hereby declare that I have read and understood the information contained on this form and that the information I have provided is correct.

Date

Signature of Parent/Guardian

OFFICE USE

Documents Gathered/Copied:

- Birth Certificate
- Baptism Certificate (if applicable)
- Transcripts of CUM from previous school
- Passport (photo page & visa) or Immigration Document (if applicable)
- Bus Form (if applicable)
- Appendix 5-L Permission to use student pictures and work
- Other: _____
- Other: _____

Notes: