



Students who are not Canadian citizens must contact the  
Newcomer Student Centre, 310 – 21<sup>st</sup> Street East, (306) 683-8400

|  |  |                          |    |                            |   |
|--|--|--------------------------|----|----------------------------|---|
| Students Legal name  |  | Birthdate                |    | Gender                     |   |
| Last Name  |  | MMM                      | DD | YYYY                       | <input type="checkbox"/> Male <input type="checkbox"/> Female<br><input type="checkbox"/> Unspecified |
| First Name   |  | Languages                |    | First Language             |   |
| Middle Name  |  |                          |    | Second Language            |   |
| Usual or Called Name (If different from First Name)  |  | Previous School Attended |    | Previous School's Location |   |
| Registering for Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |  | Siblings                 |    |                            |   |

**First Nation, Inuit and Métis** (voluntary self-declaration)

First Nation Status  First Nation Non-Status  Inuit  Métis

Reserve Name: \_\_\_\_\_

**Citizenship** Is the named student a Canadian citizen?  Yes  No If No, Citizenship: \_\_\_\_\_

*If Not a Canadian citizen contact Newcomer Student Centre* Country of Birth: \_\_\_\_\_

**NEWCOMER STUDENT CENTRE USE ONLY** Last Country Student Attended School: \_\_\_\_\_

Proof of legal status must be provided in order to register (A copy will be placed in the student's cumulative folder.)

Permanent Resident  Refugee Category  Parent Work Permit Exp mmm/dd/yyyy \_\_\_\_\_

Study Permit (International Student Program)  Parent Study Permit Exp mmm/dd/yyyy \_\_\_\_\_

Signature of School official Verifying document \_\_\_\_\_

**OFFICE USE ONLY** How was the students name and birthdate verified?

Birth Certificate  Passport  Status Card

Immigration Papers / Permanent Resident Card Other (Name Official Document) \_\_\_\_\_

Signature of School official Verifying document \_\_\_\_\_

| STUDENT'S RESIDENCE |                      | STUDENT'S CONTACT INFORMATION   |       |
|---------------------|----------------------|---|-------|
| House Number        | Apt# (if applicable) | Area Code   | Phone |
| Street              |                      | Email   |       |
| City                |                      | Area Code   | Cell  |
| Province            | Postal Code          | Student Resides with <input type="checkbox"/> Two Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father<br><input type="checkbox"/> Joint Custody <input type="checkbox"/> Relative <input type="checkbox"/> Guardian |       |

**EMERGENCY / MEDICAL INFORMATION**

Who should be contacted first in the case of school closure or an emergency? (i.e. Mother, Father, Guardian)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. Other Emergency Contact Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

4. Other Emergency Contact Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Saskatchewan Health Card Number \_\_\_\_\_

**Life Threatening Medical Condition(s)** that requires regular medication or requires emergency medication that the school should be aware of.

**Other Medical Condition(s)** that the school should be aware of.

|  |  |
|--|--|
| <b>GUARDIANSHIP RIGHTS, CUSTODY, OR ACCESS RIGHTS</b>  | Indicate if such document(s) exist: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Legal Document: <input type="checkbox"/> Access and/or Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship <input type="checkbox"/> Protection <input type="checkbox"/> Other |  |
| Copy in Student Record: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Document Expiry Date (if applicable)   |
| <b>OFFICE USE ONLY (NOTES):</b>  |  |

|  |  |  |             |
|--|--|--|-------------|
| <b>First parent/Guardian</b>   |  | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other |             |
| Last Name  |  | Address if different from Student  |             |
| First Name   |  | House/Apt #  |             |
| Title  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. | Street   |             |
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other |  | City   |             |
| Phone  | ( )  | Province   | Postal Code |
| Email  |  | Employer   |             |
| Cell   | ( )  | Employer Phone   | ( )         |

|  |  |  |             |
|--|--|--|-------------|
| <b>Second parent/Guardian</b>  |  | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other |             |
| Last Name  |  | Address if different from Student  |             |
| First Name   |  | House/Apt #  |             |
| Title  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. | Street   |             |
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other |  | City   |             |
| Phone  | ( )  | Province   | Postal Code |
| Email  |  | Employer   |             |
| Cell   | ( )  | Employer Phone   | ( )         |

|  |  |  |             |
|--|--|--|-------------|
| <b>Third parent/Guardian</b>   |  | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other |             |
| Last Name  |  | Address if different from Student  |             |
| First Name   |  | House/Apt #  |             |
| Title  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. | Street   |             |
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other |  | City   |             |
| Phone  | ( )  | Province   | Postal Code |
| Email  |  | Employer   |             |
| Cell   | ( )  | Employer Phone   | ( )         |

|  |  |  |             |
|--|--|--|-------------|
| <b>Fourth parent/Guardian</b>  |  | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other |             |
| Last Name  |  | Address if different from Student  |             |
| First Name   |  | House/Apt #  |             |
| Title  | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. | Street   |             |
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other |  | City   |             |
| Phone  | ( )  | Province   | Postal Code |
| Email  |  | Employer   |             |
| Cell   | ( )  | Employer Phone   | ( )         |

*Employees of Saskatoon Public 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**.*

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

**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 / Custodial Parent / Legal Guardian |
|      |   |



# Bedford Road Collegiate International Baccalaureate Diploma Programme Course Selection Form



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one:       Diploma Student (DP)\*                       Diploma Courses Student (DCS)\*\*

Check if applicable:       Interested in IB Bilingual Diploma (French)

**Grade 11 Diploma/Courses Student:**

- Group I             (HL) IB English 20
- Group II             (SL) French B (Immersion)
- or             (SL) French ab initio (Core)
- or             French A, Self Study (Bilingual IB Diploma Students)
- Group III             (HL) IB History 20
- Group IV             (HL) IB Health Science 20
- (HL) IB Environmental Science 20 } Pre-requisites for IB Biology
- (SL) IB Physical Science 20
- (SL) IB Chemistry 30\*\*\*
- Group V             (SL) Math Pre Calculus 20E – (Mathematics Analysis and Approaches)
- Group VI             (SL) IB Art 20 (can omit if IB Chemistry 30 is selected)
- IB Core             Theory of Knowledge (ToK)
- Extended Essay (EE)
- Creativity, Activity, Service (CAS)
- Elective \_\_\_\_\_

**Grade 10 Prerequisites:**

- English 10 A & B
- Science 10
- History 10  
                          or Indigenous Studies 10
- Math Foundations 20
- French 10
- Visual Art 10

\*DP students will choose 6 Diploma courses (3HL & 3SL) plus the IB Core.  
 \*\*DCS students can select individual IB courses, including ToK.  
 \*\*\*Students complete IB Chemistry 30 (includes IBPSC20) at the end of Year 1.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Part B: Reflection – This section is designed to help you consider how IB supports your learning goals, to reflect upon your prior learning, and to play for continued growth as an IB learner.

1. Why do you want to enter the IB program? What aspects of the program are important to you?

2. See the IB Learner Profile to answer the questions below.

a. IB learners strive to be balanced. What will you do to strive towards a healthy balance between school, homework, family and other activities?

b. Which traits on the IB Learner Profile are your strongest? Describe specific examples in which you have exemplified these traits.

c. Which traits on the IB Learner Profile are your weakest? What actions can you take in the upcoming school years to develop yourself in these areas?



**IB learner profile**

The aim of all IB programmes is to develop internationally minded people who, recognizing their common humanity and shared guardianship of the planet, help to create a better and more peaceful world.

As IB learners we strive to be:

|   |   |
|---|---|
| <b>INQUIRERS</b><br>We nurture our curiosity, developing skills for inquiry and research. We know how to learn independently and with others. We learn with enthusiasm and sustain our love of learning throughout life.              | <b>OPEN-MINDED</b><br>We critically appreciate our own cultures and personal histories, as well as the values and traditions of others. We seek and evaluate a range of points of view, and we are willing to grow from the experience.                                   |
| <b>KNOWLEDGEABLE</b><br>We develop and use conceptual understanding, exploring knowledge across a range of disciplines. We engage with issues and ideas that have local and global significance.                                      | <b>CARING</b><br>We show empathy, compassion and respect. We have a commitment to service, and we act to make a positive difference in the lives of others and in the world around us.  |
| <b>THINKERS</b><br>We use critical and creative thinking skills to analyse and take responsible action on complex problems. We exercise initiative in making reasoned, ethical decisions.   | <b>RISK-TAKERS</b><br>We approach uncertainty with forethought and determination; we work independently and cooperatively to explore new ideas and innovative strategies. We are resourceful and resilient in the face of challenges and change.                          |
| <b>COMMUNICATORS</b><br>We express ourselves confidently and creatively in more than one language and in many ways. We collaborate effectively, listening carefully to the perspectives of other individuals and groups.              | <b>BALANCED</b><br>We understand the importance of balancing different aspects of our lives—intellectual, physical, and emotional—to achieve well-being for ourselves and others. We recognize our interdependence with other people and with the world in which we live. |
| <b>PRINCIPLED</b><br>We act with integrity and honesty, with a strong sense of fairness and justice, and with respect for the dignity and rights of people everywhere. We take responsibility for our actions and their consequences. | <b>REFLECTIVE</b><br>We thoughtfully consider the world and our own ideas and experience. We work to understand our strengths and weaknesses in order to support our learning and personal development.   |

The IB learner profile represents 10 attributes valued by IB World Schools. We believe these attributes, and others like them, can help individuals and groups become responsible members of local, national and global communities.

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