



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

Students Legal name		Birthdate		Gender	
Last Name		MMM	DD	YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
First Name		Languages		First Language	
Middle Name				Second Language	
Usual or Called Name (If different from First Name)		Has student ever been registered with Saskatoon Public Schools?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		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 <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.

GUARDIANSHIP RIGHTS, CUSTODY, OR ACCESS RIGHTS	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)
OFFICE USE ONLY (NOTES):	

First parent/Guardian	<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	()	

Second parent/Guardian	<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	()	

Third parent/Guardian	<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	()	

Fourth parent/Guardian	<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

Grade 9 Course Selection



All Grade 9 students will be enrolled in the following classes:

- English 9A
- English 9B
- Math 9
- Science 9
- Social Studies 9
- Physical Education
- Health/Career Education
- Arts Education 9
 - Dance
 - Music
 - Theatre Arts
 - Visual Art

Regular Programming

_____ Please check here if you are registering at Bedford Road Collegiate for regular programming **AND** choose ONE elective from the choices on the next page.

The International Baccalaureate (IB) Diploma Programme

IB classes are offered in Grade 11 & 12. Bedford Road offers IB Preparation classes in Grades 9 & 10.

_____ Please check here if you are interested in this program **AND** select French 9 from the electives on the next page. You may also choose Band 9 (before school) if you want to receive band instruction.

SAGE

SAGE classes are offered in Grades 9 & 10.

_____ Please check here if you've been accepted into the SAGE program (you would have received a letter from SPSP) **AND** choose ONE elective from the next page. It is recommended that you choose French 9 if you plan to continue in IB. You may also choose Band 9 (before school) if you want to receive band

The Land-Based Education Program

This program offers students an opportunity to learn in alternative settings, explore the outdoors, be active and connect to the land.

_____ Please check here if you are interested in this program, select ONE elective from the list on the next page, **AND** complete the application form at the link below:

<https://www.spsd.sk.ca/school/bedfordroad/ProgramsServices/Documents/Land%20Based%20Education%20Application.pdf>

Elective classes:

- _____ French 9
- _____ English as an Additional Language
- _____ Band 9 (before school-level 4)
- _____ Band 9 (in timetable-level 3)
- _____ Choral 9 (non-semestered class-runs before school or at noon)
- _____ Practical & Applied Arts
- Food Studies & Design
 - Carpentry & Construction
 - Clothing
 - Computers & Drafting

I am **not** planning on attending Bedford Road Collegiate. I am attending _____
(School/Collegiate)

Driver Education:

I will be 15 by April 2022 and would like to be placed on the Driver Education waiting list:

Yes _____ No _____

We (the undersigned) understand that this application is used to staff and schedule for the school year. Students are expected to continue in the courses originally selected. If a change is necessary or if circumstances cause us to withdraw this application, we will promptly notify Bedford Road Collegiate.

Parent Name: _____
(Please Print)

Student Name: _____
(Please Print)

Parent Signature: _____

Student Signature: _____

TO BE COMPLETED BY THE GRADE 8 TEACHER:

Do you recommend this student for:

Resource:	Yes _____	No _____
EAL- English as an Additional Language:	Yes _____	No _____
Math 9+	Yes _____	No _____
Literacy Support	Yes _____	No _____

Grade 8 Teacher Signature: _____



If you have questions, please do not hesitate to contact us.

Bedford Road Collegiate

(306) 683-7650

bedfordroadschool@spsd.sk.ca



Principal, Mr. Ferguson
Vice Principal, Mrs. Pierce

Counsellor, Ms. Laliberte
Counsellor, Mr. Schumacher