



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

Student's Legal Name		Birthdate			Gender	
Last Name		MMM	DD	YYYY	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name		Languages		First Language		
Middle Name		Has Student Ever Been Registered with Saskatoon Public Schools?				
Usual or Called Name <small>If different from First Name</small>		Previous School Attended		Previous School's Location		
Names of siblings currently attending this school:						
Registering for Grade <input type="checkbox"/> 9						
Program <input type="checkbox"/> Regular English <input type="checkbox"/> French Immersion <input type="checkbox"/> FLS						
Special Programs <input type="checkbox"/> Exchange Student <input type="checkbox"/> International Program Student						

First Nation, Inuit and Métis (voluntary self-declaration)			
<input type="checkbox"/> First Nation Status	<input type="checkbox"/> First Nation Non-Status	<input type="checkbox"/> Inuit	<input type="checkbox"/> Métis
Reserve Name:			

Citizenship	Is the student a Canadian citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, citizenship:
IF not 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.)				
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Refugee Category	<input type="checkbox"/> Parent Work Permit	Exp mmm/dd/yyyy _____	
<input type="checkbox"/> Study Permit (International Student Program)		<input type="checkbox"/> Parent Study Permit	Exp mmm/dd/yyyy _____	
Signature of School Official Verifying document _____				

OFFICE USE ONLY	How was the student's name and birthdate verified?
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport
<input type="checkbox"/> Immigration Papers / Permanent Resident card	<input type="checkbox"/> Status Card
	Other (Name Official Document) _____
Signature of School Official Verifying document _____	

STUDENT'S RESIDENCE			STUDENT'S CONTACT INFORMATION		
Home Phone Number ()			Student's Cell Phone ()		
House Number		Apt # (if applicable)	Student's Email		
Street			Student Resides with		
City	Province SK	Postal Code	<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.	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.			

GRADE 9 COURSE SELECTION 2021-2022.....English Program

Compulsory Courses

Student will be enrolled in the following:

Commerce and Computer Applications 09 (integrated with Mathematics 9)

- English A09
- English B09
- Science 09
- Social Studies 09

Please check the box of the appropriate level/class:

- Math 09 Regular Enriched
- Physical Education/ Career Education/ Health 09..... Female Male Soccer Academy
- Arts Education 09 Art Dance Drama

Elective Courses (Please check the box of one elective)

Fine Arts Options:

Band 09 (Instrument: _____)

Choral 09 (noon hour class therefore is **not 1 of the 10 classes**; can be chosen as **a second elective**)

▪ **Practical and Applied Arts Options** Independent Living 09 Survey Industrial Arts 09 Survey

▪ **Language Option:** French 09

Academic Support Options

Skills Lab

English as an Additional Language (EAL) Support

Student has selected French, Skills Lab, or EAL Support, but it is also interested in taking Band. Please see Page 8 in the Centennial Course Selection Book for information about Arts Education – Band. It can be an option to replace the Arts Education – Art/Dance/Drama choice. (Instrument: _____)

For the Grade 8 Teacher

Transition form has been completed and attached _____

(Grade 8 teacher signature)

Teacher Comments: _____

Driver Education:

Student must be 15 years of age before May 1, 2022; this class is a 6 week, non-credit, noon hour course.

We understand that this application is used to staff the school and to plan the coming year. Students are therefore expected to continue in the courses originally selected. However, if a change in the course selection is necessary or if circumstances force us to withdraw this application, we will promptly notify Centennial Collegiate Student Services at 306-683-7956.

Student Signature

Parent/Guardian Signature

Date

Counsellor: _____

GRADE 9 COURSE SELECTION 2021-2022..... French Immersion

Compulsory Courses:

Student will be enrolled in the following:

- Commerce and Computer Applications 09 (integrated with Mathématiques 09)
- Éducation Artistique 09 (integrated within Français A09 and Français B09)
- English B09
- Français A09
- Français B09
- Mathématiques 09
- Sciences 09
- Sciences Humaines 09

Please check the box of the appropriate level/class:

- Physical Education/ Career Education/ Health 09..... Female Male Soccer

Elective Courses (Please check the box of one elective)

▪ Fine Arts Options:

Band 09 (Instrument: _____)

Choral 09 (noon hour class therefore is **not 1 of the 10 classes**; can be chosen as a **second elective**)

- **Practical and Applied Arts Options** Independent Living 09 Survey Industrial Arts 09 Survey

▪ Academic Support Options

Skills Lab

English as an Additional Language (EAL) Support

For the Grade 8 Teacher

Transition form has been completed and attached

Grade 8 teacher signature)

Teacher Comments:

Driver Education

Student must be 15 years of age before May 1, 2022; this class is a 6 week, non-credit, noon hour course.

We understand that this application is used to staff the school and to plan the coming year. Students are therefore expected to continue in the courses originally selected. However, if a change in the course selection is necessary or if circumstances force us to withdraw this application, we will promptly notify Centennial Collegiate Student Services at 306-683-7956.

Student Signature

Parent/Guardian Signature

Date

Counsellor: _____

GUARDIANSHIP, 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"/> Miss <input type="checkbox"/> Ms. <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"/> Miss <input type="checkbox"/> Ms. <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"/> Miss <input type="checkbox"/> Ms. <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"/> Miss <input type="checkbox"/> Ms. <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>I will notify the school of any changes to the information on this form.</i>	
Date	Signature of Parent / Custodial Parent / Legal Guardian		