



<b>Student's Legal Name</b>		<b>Birthdate</b>			<b>Gender</b>	
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 <small>If different from First Name</small>		Has Student Ever Been Registered With Saskatoon Public Schools?				
		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
		Previous School Attended		Previous School's Location		
Siblings currently attending this school						
Registering for Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 5 <sup>th</sup> yr <input type="checkbox"/> Upgrader <input type="checkbox"/> Adult 12 <input type="checkbox"/> Adult ( 22 or Older)						
Program <input type="checkbox"/> Regular English <input type="checkbox"/> French Immersion <input type="checkbox"/> FLS <input type="checkbox"/> LSWS						
Special Programs <input type="checkbox"/> Arlington Ave <input type="checkbox"/> Bridges <input type="checkbox"/> Omega <input type="checkbox"/> Admin Assistants <input type="checkbox"/> Exchange Student <input type="checkbox"/> International Student Program						

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

<b>Citizenship</b>	Is the named student a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, Citizenship: _____
<b>IF not Canadian citizen contact Newcomer Student Centre</b>	Country of Birth: _____
<b>NEWCOMER STUDENT CENTRE USE ONLY</b>	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 _____	

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

STUDENT'S RESIDENCE		STUDENT'S CONTACT INFORMATION	
House Number	Apt # (if applicable)	Area Code ( )	Phone -
Street		Email	
City	Postal Code	Area Code ( )	Cell -
Province		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.	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

ELA09R	Eng A9 REG
ELB09R	Eng B9 REG
PHF09-N	Girls P.E./Car/Health 9
PHM09-N	Boys P.E./Car/Health 9
SCI09R	Science 9 REG
SOC09	Social Studies 9 REG

## GRADE 10

ACC10	Accounting 10 (\$15.00)
BAN10-N	Band 10 NS (\$30.00)
CWE10	Career Work Exp. 10
CHO10-N	Choral 10 NS (\$20.00)
CME10	Communications Media 10
CAC10	Construction 10 (\$20.00)
DAN10	Dance 10
DRF10	Drafting 10
DRA10	Drama 10
ELA10R	English A10 REG
ELA10E	English A10 Enriched
ELB10R	English B10 REG
ELB10E	English B10 Enriched
FRE10	French 10
GUI10	Guitar 10
HIS10	History 10
INF10	Information Processing 10
JAZ10	Instrumental Jazz 10
JAP10	Japanese 10
MAN10	Mandarin (Chinese) 10
MFP10	Math Found. & Pre-Calculus 10
MFP10E	Math Found. & Pre-Cal. 10 Enr.
MWA10	Math Workplace & Appren. 10
MTH11	Math 11
NAT10	Indigenous Studies 10
PHO10	Photo/Graphics 10 (\$45.00)
PAA10	Prac. & App. Art 10 (\$30.00)
SCI10	Science 10
SCI10E	Science 10 Enr.
SPA10	Spanish 10
VAR10	Visual Art 10 (\$15.00)
WLF10	Wellness 10 (Girls)
WLM10	Wellness 10 (Boys)

## GRADE 11

ACC20	Accounting 20 (\$15.00)
ALF20	Active Living 20 (\$100.00)
BAN20-N	Band 20 NS (\$30.00)
CHO20-N	Choral 20 NS (\$20.00)
CME20	Communications Media 20
CSC20	Computer Science 20
CAC20	Construction 20
DAN20	Dance 20
DRF20	Drafting 20
DRA20	Drama 20
ELA20AP	Pre-Advanced Placement Eng.
ELC20AP	Lit. and Composition
<b>(CHOOSE BOTH COURSES)</b>	
ELA20R	English 20 REG
ESC20	Environmental Science 20
FRE20	French 20
GUI20	Guitar 20
HIS20	History 20
HSC20	Health Science 20
INF20	Information Processing 20
JAZ20	Instrumental Jazz 20
JAP20	Japanese 20
MAN20	Mandarin (Chinese) 20
MAF20	Math Foundations 20
MPC20	Math Pre-Calculus 20
MPC20E	Pre-AP Math Pre-Calculus 20
MWA20	Math Workplace & Appren. 20
MTH21	Math 21
PHO20	Photo/Graphics 20 (\$45.00)
PED20	Phys. Ed. 20 (co-ed) (\$100.00)
PED20-G	Phys. Ed 20 (girls only) (\$100.00)
PSC20	Physical Science 20
SPA20	Spanish 20
VAR20	Visual Art 20 (\$20.00)
VAR20S	Pre-AP Visual Art 20 (\$40.00)

## GRADE 12

ACC30 Accounting 30

ALF30 Active Living 30 (\$100.00)

BAN30-N Band 30 NS (\$30.00)

BIO30 Biology 30

CAL30 Calculus 30

**CAL30I(A/B)Integral (AP) Calculus 30  
MPC30AP (CHOOSE ALL 3 COURSES)  
CAL30AP (\$40.00)**

CAL30I(C/B/C)Integral (AP) Calculus 30

**CWA30 Career Exp. A30  
CWB30 Career Exp. B30  
(CHOOSE BOTH COURSES)**

CHE30 Chemistry 30

CHO30-N Choral 30 NS (\$20.00)

CME30 Communications Media 30

CSC30 Computer Science 30

CON30 Construction 30

CRW30 Creative Writing 30

DAN30 Dance 30

DRF30 Drafting 30

DRA30 Drama 30

ELA30R English A 30 REG

ELB30R English B 30 REG

**ELA30P Advance Placement English  
ELB30P Lit. and Composition  
(CHOOSE BOTH COURSES)**

FOO30 Food Studies 30 (\$45.00)

FRE30 French 30

CLO30 Global Citizenship 30

GUI30 Guitar 30

HIS30 History 30

INF30 Information Processing 30

JAZ30 Instrumental Jazz 30

JAP30 Japanese 30

LAW30 Law 30

LRT30 Life Transitions 30

MAN30 Mandarin (Chinese) 30

MAF30 Math Foundations 30

MPC30 Math Pre-Calculus 30

NAT30 Indigenous Studies 30

PHO30 Photo/graphics 30 (\$45.00)

PED30 Phys. Ed. 30 (co-ed) (\$100.00)

PED30-G Phys. Ed. 30 (Girls only) (\$100.00)

PHY30 Physics 30

**PHY30AP Physics 30 Advanced  
PHP30P Placement  
(CHOOSE BOTH COURSES)**

PSY30 Psychology 30

**PSY20AP Psychology 30 Advanced  
PSY30AP Placement  
(CHOOSE BOTH COURSES)**

ROW30L Religions of the World 30

SPA30 Spanish 30

VAR30 Visual Arts 30 (25.00)

**VAR30P Adv. Place. Visual Art 30 (\$70.00)  
VAR30L Studio Art 30 (\$35.00)  
(CHOOSE BOTH COURSES)**

## NON-CREDIT CLASSES

AUT Autism/Asperger's Program

EA1X English as a Second Lang.—first semester

EA2X English as a Second Lang.—second semester

DRI10-N Driver Education

RE1X Resource Room—first semester

RE2X Resource Room—second semester

**Modified credits are offered in English, Science and Social Science at the 10/20/30 levels based on student need. Parent permission and consultation with Student Services is required.**

**We (the family) understand that this application for courses will be used to staff the school and plan the coming year. Therefore, students are expected to continue in a full-time program in the courses originally selected. If a change in the course selection is necessary, however, or if circumstances force us to withdraw this application, we will promptly notify Evan Hardy Collegiate at 683-7706.**

<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"/> 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	( ) -

<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"/> 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	( ) -

<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"/> 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	( ) -

<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"/> 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.**

<b>Declaration</b>	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