



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
First Name	Languages	First Language		<input type="checkbox"/> Female
Middle Name	Has Student Ever Been Registered With Saskatoon Public Schools?			<input type="checkbox"/> Unspecified
Usual or Called Name <small>If different from First Name</small>	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 th 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

First Nations, Inuit and Métis (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:

Citizenship	Is the named 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	
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.	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"/> 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.**

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		



Welcome to Evan Hardy Collegiate

Grade 9 Course Selection 2020-2021

In consultation with their grade 8 teacher, parents, and neighbourhood high school counsellor, students should choose the appropriate level for English 9, Social Studies 9, Science 9 and Math 9. Please see page 8 of the Grade 9 Collegiate Handbook insert for more information on grade 9 courses offered. **Please be reminded that final placement in courses is a school decision.**

Compulsory Grade 9 Courses: *Please check the box of the appropriate level/class:*

- ✓ English Regular Enriched
- ✓ Science Regular Enriched
- ✓ Math Regular Enriched
- ✓ Physical Education/Career/Health Girls Boys
- ✓ Social Studies
- ✓ Commerce and Computer Survey (PAA requirement)
- ✓ Arts Education: *Please circle your first, second and third choice of area focus*
 - Drama 1 2 3
 - Dance 1 2 3
 - Music 1 2 3
 - Visual Art 1 2 3

SAGE

English 9

Math 9

Science 9

Social 9

You must also choose Phys. Ed, an Arts Education, and a class from the optional section

Optional Course:

Please circle one elective. If choosing choral, please choose two electives.

- Band Instrument: _____
- Choral (*this is offered in the morning before period 1 – please be sure to choose one other elective*)
- Direct Instruction EAL
- EAL Resource Support
- French
- Practical & Applied Art Survey
- Resource Support

I will be 15 by April of 2020 and would like to be placed on the Driver Education waiting list YES NO



Have you ever been enrolled in a French Immersion Program? Yes No
 If yes, please indicate the last grade you completed in this program_____.

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 Evan Hardy Collegiate.

Date: _____

Parent Name: _____
 (Please Print)

Student Name: _____
 (Please Print)

Parent Signature: _____

Student Signature: _____

Grade 8 Teacher Recommendations – FOR TEACHER USE ONLY

Please indicate the appropriate placement for this student.

<i>English</i>	<i>Social Studies</i>	<i>Science</i>	<i>Math</i>	<i>Support Classes</i>
<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Resource
<input type="checkbox"/> Enriched		<input type="checkbox"/> Enriched	<input type="checkbox"/> Enriched	<input type="checkbox"/> EAL Support
<input type="checkbox"/> SAGE	<input type="checkbox"/> SAGE	<input type="checkbox"/> SAGE	<input type="checkbox"/> SAGE	

Additional Comments:

Teacher Signature: _____

If you have any questions, please do not hesitate to contact us at:

Evan Hardy Collegiate
 605 Acadia Drive



Principal: Mr. Iverson
Vice Principal: Ms. Elliott-Jensen

Main Office – 683-7700
Student Services – 683-7706

Counsellors:
Denise Drake: 683-7712
Wendy Thomas: 683-7713