

# STUDENT REGISTRATION FORM

**Saskatoon French School/Ecole Française de Saskatoon**  
 Associate School of the Saskatoon Catholic Board of Education  
 1441 Wellington St., Saskatoon, SK S7M 1L3

Student ID#: \_\_\_\_\_

Date: \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE : \_\_\_\_\_ CELL# : \_\_\_\_\_

**CHILD TO BE ADMITTED:**

NAME IN FULL (FIRST AND SECOND NAME)	SEX	DATE OF BIRTH			AGE	RELIGION <small>R.C. OR N.C.</small>	PROOF BIRTH		SACRAMENTS			GRADE	COMMENTS: <small>HEALTH/ALLERGIES/OTHER</small>
		MO	DAY	YEAR			BIRTH	BAPT.	PEN.	COM.	CONF.		

PREVIOUS SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FATHER/GUARDIAN: \_\_\_\_\_ OCCUPATION/PLACE OF WORK: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CATHOLIC: YES  NO       surname                      first

MOTHER/GUARDIAN: \_\_\_\_\_ OCCUPATION/PLACE OF WORK: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
 CATHOLIC: YES  NO       surname                      first

PARISH: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

LANGUAGES SPOKEN AT HOME OTHER THAN ENGLISH: \_\_\_\_\_

FILL IN THE BOX THAT BEST DESCRIBES YOUR CHILD'S ABORIGINAL DESCENT (OPTIONAL): NON-NATIVE  METIS  NON STATUS  TREATY  INUIT  BAND NAME: \_\_\_\_\_  
 DOES NOT APPLY

FAMILY STATUS AND/OR LEGAL CUSTODY: \_\_\_\_\_

BABYSITTER/CHILDCARE PROVIDER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

HOSPITALIZATION NUMBER: \_\_\_\_\_

WALKING: YES  NO       DRIVEN TO SCHOOL BY PARENT: YES  NO

BUS PICKUP/DROPOFF: YES  NO  \_\_\_\_\_  
 ADDRESS IF DIFFERENT THAN ABOVE

Kindergarten  
 (Preference only)

Tues/Thurs \_\_\_\_\_

Wed/Fri \_\_\_\_\_  
 (With alternate Mondays)

Other Related Comments:

\_\_\_\_\_

\_\_\_\_\_

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