



# ST. VITAL CATHOLIC SCHOOL

## Registration Form

332-23<sup>rd</sup> Street, PO Box 358, BATTLEFORD SK S0M 0E0

Kindergartens must be 5 years old before December 31 of the year they are registering.

School Year \_\_\_\_\_

### Student Information (1)

Last Name:	First Name:	Middle Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Month Day Year _____

### Sibling Information

Last Name	First Name	Grade	School (if different)
Last Name	First Name	Grade	School (if different)
Last Name	First Name	Grade	School (if different)

### Enrolment Information

<input type="checkbox"/> New Student (no previous schooling) <input type="checkbox"/> Transfer from another SK school <input type="checkbox"/> Transfer from Home-based in SK <input type="checkbox"/> Transfer from other Province <input type="checkbox"/> Transfer from First Nation SK school <input type="checkbox"/> Transfer from another Country <input type="checkbox"/> Baptised – if yes, provide copy of certificate <input type="checkbox"/> First Reconciliation <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation <input type="checkbox"/> Admission Policy is an additional form to be included with registration form for Non-Catholic student(s).	
Grade:	

### Student Personal Information

Mailing Address Box # City/Town Province Postal Code		Home Phone Number: ( )
		Student Cell Phone: ( )
Physical Address House # City/Town Province Postal Code		Student Email Address:
SK Health Number:		Medical Notes:

### Parent/Guardian Information (2)

Parent 1 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent			
Last Name		Mailing & Physical Address (if different from student)	
First Name		Primary Contact # ( )	
Lives with Student Yes / No	Receive mail about student Yes / No	Bus. Phone ( )	Employer
		Cell Phone ( )	
		Email Address	

<b>Parent 2</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Parent			
Last Name		Mailing & Physical Address (if different from student)	
First Name		Primary Contact # ( )	
Lives with Student Yes / No	Receive mail about student Yes / No	Bus. Phone ( )	Employer
		Cell Phone ( )	
		Email Address	
<b>Emergency Contact/Other (please specify-ie. Billet, Grandparent)</b> _____			
Last Name		Mailing & Physical Address	
First Name		Primary Contact # ( )	
Lives with Student Yes / No	Cell Phone ( )	Bus. Phone ( )	Employer

### ***Government (3) and Legal Land Location (3)***

<b>EAL Information</b>	Birth Country	Previous Province (if applicable)
Entry Date to Canada (if applicable) - MM/DD/YY	County of Origin	Previous Country (if applicable)
Entry Date to Canadian School - MM/DD/YY	Citizenship	
First Canadian School Yes / No	Language at home (1)	
Resident Type (Student's Legal Status) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee	Language at home (2)	

<b>Legal Land Location:</b>	Quarter	Section	Township	Range	Meridian	River Lot
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### ***Students of Native Ancestry (4)***

*Aboriginal people are those who identify themselves to be First Nations (Registered/Treaty/Status Indian, Non-Status Indian), Métis, or Inuit/Inuk. Based on this definition, do you consider yourself to be an Aboriginal person?*

Yes / No

Aboriginal Status	<input type="checkbox"/> Treaty	<input type="checkbox"/> Metis	<input type="checkbox"/> Non-Status Indian	<input type="checkbox"/> Inuk	Treaty #
Reside on a Reserve:	Yes / No	Reserve Name:	Reserve House #		
Band Name:	Band Affiliation Code:				

#### **Office Use Only:**

Cum Date Requested:		
Cum Date Received:		