



Office Use			
Student #	Grade	Youngest in Family <input type="checkbox"/> YES <input type="checkbox"/> NO	
Child's Last Name		Date of Registration	
Given Names First Middle Preferred Name(s)			
Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		
I am living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Guardian <input type="checkbox"/> On My Own <input type="checkbox"/> Other			
Home Phone		Cell Phone	
Primary Address (Physical Address)			
Mailing Address (if different from above)			

Contact #1 Information		
Last Name	First Name	Relationship to Child
Resides with Student	<input type="checkbox"/> YES <input type="checkbox"/> NO (Enter address below)	Home/Cell Phone
Place of Employment	Work Phone	
Email Address		

Contact #2 Information		
Last Name	First Name	Relationship to Child
Resides with Student	<input type="checkbox"/> YES <input type="checkbox"/> NO (Enter address below)	Home/Cell Phone
Place of Employment	Work Phone	
Email Address		

Order in Family: _____		
Sibling Information - Name: _____	Birthdate: _____	
Sibling Information - Name: _____	Birthdate: _____	
Sibling Information - Name: _____	Birthdate: _____	

Medical			
Family Doctor Name			
Medical Alert <input type="checkbox"/> YES <input type="checkbox"/> NO	Please List Condition:		
Please indicate if your child is presently experiencing or in the past any medical (physical, cognitive or emotional) condition by listing it below:			
Emergency Contact Name	<div> <div>Last Name</div> <div>First Name</div> </div>		
Relationship to Child	Home/Cell Phone	Work Phone	

Employees of Light of Christ Catholic 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 Local Authority Freedom of Information and Protection of Privacy Act.

Student's Legal Status (Select)	
<input type="checkbox"/> Canadian Citizen (Canadian born or Naturalized) <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee	List Foreign Citizenships:
	Language(s) spoken in the home:
	Country of Birth:
	Last Country of Residence:
	If Canada, what is Province of Origin: <input type="checkbox"/> Saskatchewan <input type="checkbox"/> Other
Date of Arrival in Canada (YYYY-MM-DD)	

Enrollment and Education History	
<input type="checkbox"/> Transfer from another Saskatchewan school <input type="checkbox"/> Transfer from out-of-province schooling	<input type="checkbox"/> New (no previous schooling anywhere) within Canada <input type="checkbox"/> Transfer from home-based schooling within Saskatchewan
Last School Attended	
Last Grade:	Previous School Phone:
Previous School Address	

Activity Waiver	
I am satisfied that my son/daughter, _____, is in good health and may take part in strenuous activities and therefore has my permission to take part in any physical activities and sports conducted by John Paul II Collegiate.	
Parent Type Name	

Local Authority Freedom of Information and Protection of Privacy Act Publication Authorization

Authorization is needed to televise your child's image on local media or print your child's image and/or name in the local media or our school/ division digital media. Therefore, we ask that you please sign this permission slip. Without authorization from you, your child will not be able to perform at the taping of our annual Christmas Concert or have their photo published in our local newspaper or on the school/division websites. I give permission for the above noted child to participate in the videotaping of the Annual Christmas Concert performance which will be taped by Access Communications and televised on Channel 7 and to have his/her name portrayed in the newspaper or on our school/division websites.

Parent Type Name		Date:
Witness Type Name		

Consent to Attend Catholic School

The Education Act, 1995 stipulates that every person who has attained the age of six years but has not yet attained the age of twenty-two years has the right to attend a school in a school division. It also stipulates that students have a right to secure instruction appropriate to their age and level of educational achievement.

"Parents who have the primary and inalienable right and duty to educate their children must enjoy true liberty in their choice of schools."

Congregation for Catholic Education (Vatican) May 5, 2009

Catholic school divisions exist to provide a distinctive Catholic faith-based education. The faith and value dimensions of the Catholic faith are expected to permeate all aspects of instruction and school activities. Schools are expected to exhibit an atmosphere of prayer and be centres of gospel virtues.

Catholicism supports the belief that all parents are their child's primary educators. Parents not of the Catholic faith who desire a Catholic education for their children must be respectful of the teachings of the Catholic Church and agree to abide by the policies and procedures of Catholic school divisions relating to religious instruction and the permeation of faith within all aspects of the student's school experience. However, Catholic school divisions reserve the right to deny admission to a non-Catholic student who will not abide by the policies of the Board relating to religious instruction, religious activities and other such programs specific to our schools.

With this in mind, please indicate which statement(s) apply to you and/or your child(ren):

☐ I am Catholic

☐ My child is not Catholic but an important reason why I am choosing a Catholic school is to have my child/children participate in the spiritual formation and atmosphere that Catholic schools provide. I agree to comply with and support, to the best of my ability, the vision, mission, and covenant of shared values of the school division, the Religious Education program, and the religious celebrations of the Catholic school.

Consent for Out-Of-School Excursions

Many learning opportunities happen within the community and surrounding vicinity. Parents should be aware that students may sometimes leave the school grounds during their regular class time for educational purposes. Students will always be under the direction of a teacher or educational associate and, during such excursions, would normally be walking or riding in an authorized school division vehicle. Parents will be informed of excursions before they occur. I hereby consent that my child _____ may be taken on community excursions authorized by John Paul II Collegiate during the school year.

Parent Type Name	
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Student's Name: _____

Program: Regular Modified Alternate French Immersion

Please consult “Secondary Level Graduation Requirements” and “Prerequisite Courses” in completing the registration

GRADE 10 - Grade 10 students must choose a minimum of ten selections.	
Compulsory Courses <input checked="" type="checkbox"/> Christian Ethics 10 <input checked="" type="checkbox"/> Science 10 <input type="checkbox"/> Workplace & Apprenticeship 10* <input type="checkbox"/> Foundations of Math & Pre-Calculus 10* <input type="checkbox"/> Modified Math 11 <input type="checkbox"/> English Language Arts A10 <input type="checkbox"/> English Language Arts B10 <div style="text-align: center;">or</div> <input type="checkbox"/> Modified English A11 <input type="checkbox"/> Modified English B11 <div style="text-align: center;">or</div> <input type="checkbox"/> ELA A10 Pre-AP** <input type="checkbox"/> ELA B10 Pre-AP** * Most Students Should Select Both Workplace & Apprenticeship 10 and Foundations of Math & Pre-Calculus 10. ** Teacher recommendation and parental consent required	(Select at least one from the group below) <input type="checkbox"/> History 10 <input type="checkbox"/> Native Studies 10 Electives - Certain courses may not be offered if numbers do not justify. <input type="checkbox"/> Accounting 10 <input type="checkbox"/> Visual Art 10 <input type="checkbox"/> Drama 10 <input type="checkbox"/> Information Processing 20 <input type="checkbox"/> Computer Science 20 <input type="checkbox"/> Wellness 10 <input type="checkbox"/> PAA A10 Survey, Industrial Arts <input type="checkbox"/> PAA B10 Survey, Home Economics <input type="checkbox"/> Music 10 <input type="checkbox"/> Communication Media 10 <input type="checkbox"/> Band (Offered twice a week at 8AM) <input type="checkbox"/> Emergency Services 10 (requires additional form)
French Immersion – Compulsory for all French Immersion 10 students <input type="checkbox"/> French Immersion 10 <input type="checkbox"/> French History 10	<input type="checkbox"/> French Christian Ethics 10 <input type="checkbox"/> French Information Processing 10 <input type="checkbox"/> French Psychology 20
GRADE 11 – Grade 11 students must choose a minimum of nine selections.	
Compulsory Courses <input checked="" type="checkbox"/> Christian Ethics 20 (Select one) <input type="checkbox"/> English Language Arts A20 <input type="checkbox"/> ELA A21 Modified <input type="checkbox"/> Pre-AP ELA A20 (must have completed Pre-AP ELA 10)	FRENCH IMMERSION – Compulsory for all French Immersion students <input type="checkbox"/> French Immersion 20 <input type="checkbox"/> French Immersion B20 <input type="checkbox"/> French Social 30 <input type="checkbox"/> French Catholic Studies 30
ELECTIVES - Certain courses may not be offered if numbers do not justify. <input type="checkbox"/> Pre-AP ELA A30 (must have completed Pre-AP ELA 20) <input type="checkbox"/> Accounting 20 (only if completed Accounting 10) <input type="checkbox"/> Visual Art 20 <input type="checkbox"/> PAA A20 Survey - Industrial Arts <input type="checkbox"/> Music 20 <input type="checkbox"/> Physical Education <input type="checkbox"/> Information Processing 20 <input type="checkbox"/> Aboriginal Youth Entrepreneurship 20 <input type="checkbox"/> Band (Offered twice a week at 8AM) <input type="checkbox"/> Power Engineering (Online;requires additional form) <input type="checkbox"/> Emergency Services 20 (Requires completion of ES 10)	(Select at least one from each group) <input type="checkbox"/> Workplace & Apprenticeship 20 <input type="checkbox"/> Foundations of Mathematics 20 <input type="checkbox"/> Pre-Calculus 20 <input type="checkbox"/> Math 21 Modified <input type="checkbox"/> Health Science 20 <input type="checkbox"/> Environmental Science 20 <input type="checkbox"/> Physical Science 20 <input type="checkbox"/> Computer Science 20 <input type="checkbox"/> Law 30 <input type="checkbox"/> Native Studies 20 <input type="checkbox"/> Psychology 20 <input type="checkbox"/> Pre-AP Psychology 20 <input type="checkbox"/> History 20

COMPULSORY COURSES

(Select from one group)

[] ELA B30

[] ELA B31 Modified

(Select at least one)

[] History 30

[] Native Studies 30

[] Physical Education 30

[] French Catholic Studies 30

[] Band (Offered twice a week at 8AM)

Reserve of Residency: (where applicable) Treaty Number: (where applicable)

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