



PRAY – EDUCATE – SERVE

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		
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		Sask Health Card Number	_____
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/Guardian 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/Guardian Type name

Student's Name: \_\_\_\_\_

Program:     ☐Regular     ☐Alternate     ☐French Immersion

## Grade 8

### English Program

#### Compulsory Courses:

- [ XX ] Language Arts A, B
- [ XX ] Mathematics A, B
- [ X ] Science
- [ X ] Social Studies
- [ X ] Physical Education
- [ X ] Christian Ethics
- [ X ] Health & Career
- [ X ] Arts Education

### French Immersion Program

#### Compulsory in French

- [ XX ] French Language Arts A, B
- [ XX ] Mathematics A, B
- [ X ] Science
- [ X ] Social Studies
- [ X ] Health and Career
- [ X ] Christian Ethics

#### Optional Courses:

(Choose **THREE**. Please number 1, 2, 3 in order of priority. See note below).

- [   ] PAA Survey - Home Economics
- [   ] Art
- [   ] Drama
- [   ] PAA Survey - Industrial Arts

#### Compulsory for French Immersion Students in English

- [ XX ] Language Arts A, B
- [ X ] Physical Education
- [ X ] Arts Education

Extra Class for English and French Programs

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

## Grade 8 & 9 Fee Information

### Compulsory for ALL students:

Text/Resource\*     \$25.00 (for first-time registrants only; refundable when student leaves school)

SRC Activities     \$30.00  
                             \$55.00

NOTE: Students are responsible for lost and/or damaged textbooks, and will be charged accordingly.

### Special Fees (may change)

Yearbook     \$40.00

Home Economics 8     \$10.00

Home Economics 9     \$25.00

Arts Education 8 & 9     \$10.00

Industrial Arts     \$30.00

Art     \$15.00

Locks     \$ 7.00

Gym Uniform     \$28.00     \*\*\* All students must have a gym uniform

**School Fees - Please Arrange To Pay School Fees On Registration Day**

## Grade 9

### English Program

#### Compulsory Courses:

- ☐ [ XX ] Language Arts A, B
- ☐ [ XX ] Mathematics A, B
- ☐ [ X ] Science
- ☐ [ X ] Social Studies
- ☐ [ X ] Physical Education
- ☐ [ X ] Christian Ethics
- ☐ [ X ] Health & Career
- ☐ [ X ] Information Processing

#### Optional Courses:

(Choose **THREE**. Please number 1, 2, 3 in order of priority. See note below).

- ☐ [ ] PAA Survey - Home Economics
- ☐ [ ] Art
- ☐ [ ] Drama
- ☐ [ ] PAA Survey - Industrial Arts

### French Immersion Program

#### Compulsory in French

- ☐ [ XX ] Language Arts A, B
  - ☐ [ XX ] Mathematics A, B
  - ☐ [ X ] Science
  - ☐ [ X ] Social Studies
  - ☐ [ X ] Information Processing
  - ☐ [ X ] Christian Ethics
  - ☐ [ X ] Arts Education \*
- \* French Arts Education includes Art, Drama, Music, and/or Home Economics

#### Compulsory for French Immersion Students in English

- ☐ [ XX ] Language Arts A, B
- ☐ [ X ] Physical Education

Extra Class for English and French Programs

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

### NOTES:

1. **Grade 8 & 9:**  
Compulsory courses are marked.  
**Number options in order of preference. Consider choice of options carefully, as timetable changes are permitted only in very special circumstances. Please note that options cannot be guaranteed.**

Parent / Guardian Type Name

**Please complete all four pages.**

**Concerns:** contact Mr. J. McIsaac, Principal at 306-446-2232 FAX: 306-446-0757  
<http://jp2.loccsd.ca/> **Email:** [john.paul@loccsd.ca](mailto:john.paul@loccsd.ca)