

Student Registration Form – Catholic and Non-Catholic Students
Lloydminster RCSSD No.89 6611B – 39 Street, Lloydminster, AB. T9V 2Z4 (780) 808-8585



- Father Gorman Community School** (306) 825-4600
- St. Joseph's Elementary School** (780) 875-2442
- École St. Thomas Elementary School** (780) 875-5366
- St. Mary's Elementary School** (780) 808-8600
- Holy Rosary High School** (780) 875-3600

Legal Name (Surname, First, Middle):			
Preferred Name (Surname, First, Middle):			
Address:	City:	Province:	Postal Code:
Mailing Address (if different than above):			
Land Location (if applicable):			
Phone Number: ()	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other (Please Specify):		Baptized:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grade to be enrolled in:			
Date of Birth (Month, Day, Year)			
Previous School Attended:		Phone Number: ()	
School Address:	City:	Province:	Postal Code:
Language spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Other () <input type="checkbox"/> Other ()			
Number of older brothers: () Number of younger brothers: ()			
Number of older sisters: () Number of younger sisters: ()			

Aboriginal programs are enriched by funding that is dependent upon number of declarations. If you wish to declare that you are an Aboriginal person, please specify:

<input type="checkbox"/> Status Indian/First Nation (311)	<input type="checkbox"/> Non-Status Indian/First Nation (332)	<input type="checkbox"/> Métis (333)	<input type="checkbox"/> Inuit (334)
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ALBERTA & SASKATCHEWAN LEARNING ARE COLLECTING THIS PERSONAL INFORMATION PURSUANT TO SECTION 33(C) OF FOIP ACT AS THE INFORMATION RELATES DIRECTLY TO AND IS NECESSARY TO MEET ITS MANDATE AND RESPONSIBILITIES TO MEASURE SYSTEM EFFECTIVENESS OVER TIME AND DEVELOP POLICIES, PROGRAMS AND SERVICES TO IMPROVE ABORIGINAL LEARNER SUCCESS. For further information or if you have questions regarding the collection activity, please contact the office of the Director, Aboriginal Policy, Policy Sector, Information and Strategic Services Division, Alberta Learning, 10155 – 102 Street, Edmonton, AB T5J 4L5, (780)427-8501.

Health Card #:	Doctor's Name:	Phone Number:
Any medical information that the school should be aware of:		
Has your child previously received Special Education support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will your child require continued support? <input type="checkbox"/> Yes <input type="checkbox"/> No		

The HSN is collected by SDS by Saskatchewan Learning to support the Student Tracking Program. The HSN is used by the Student Tracking Program to identify school-aged youths not registered in an approved education program, so that action can be taken to ensure their educational needs are being met. The number will not be used by Saskatchewan Learning for any other purpose. The number is collected and used at the school level to address emergent medical situations. Access, use, and disclosure is protected under the *Freedom of Information and Protection of Privacy Act* and the *Local Freedom of Information and Protection of Privacy Act*.

<input type="checkbox"/> First Parent <input type="checkbox"/> Guardian		<input type="checkbox"/> Second Parent <input type="checkbox"/> Guardian	
Name:		Name:	
Address:		Address:	
Home Number: Cell:		Home Number: Cell:	
Place of Employment:		Place of Employment:	
Work Number:		Work Number:	
Home Email Address:		Home Email Address:	
Alternate Contact:		Home Number:	
Address:		Work Number:	
For changes in the above information, please notify the school. All information is confidential.			
Parent or Guardian's Signature:		Student's Signature:	
X		X	
Registration Date:		Registered By:	
----- Please attach copy of the Baptismal and Birth Certificates -----			
If you are a Catholic home owner, have your taxes been assigned to the Catholic School System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For Office Use Only		Home Room:	Locker Number:
If you are not Catholic, please complete the rest of this form.			
I agree to have my child(ren) attend the Catholic Schools and will meet the following requirements:			
Our children will participate in the Religious Education Program. They will not be expected to participate in the sacraments such as Holy Communion and Confirmation.			

Parent or Guardian's Signature			
I agree to participate in the Religious Education Program. I will not participate in sacraments such as Holy Communion and Confirmation.			

Student's Signature			
For Office Use Only:			
<input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted			
Designated School _____			
Remarks:			

Signature of Director of Education or Designate			