



# *Christ the Teacher*

**ROMAN CATHOLIC SEPARATE SCHOOL DIVISION #212**

**45A Palliser Way, Yorkton, Saskatchewan, S3N 4C5**

**Telephone: (306)783-8787 Fax: (306)783-4992**

## Elementary School Registration

**Christ the Teacher  
Catholic Schools are  
committed to providing  
young children with  
opportunities for  
discovery and  
development within a  
safe, caring, motivating,  
challenging and  
supportive environment.**



Elementary School is offered at  
the following schools:

**Melville**

St. Henry's Jr. School (306) 728-4758

St. Henry's Sr. School (306) 728-3877

**Theodore**

St. Theodore School (306) 647-2762

**Yorkton**

St. Alphonsus School (306) 783-4121

St. Mary's School (306) 782-2889

St. Michael's School (306) 782-4407

St. Paul's School (306) 783-9212

Registration forms can be dropped off at your local Catholic elementary school or at the CTCS division office: 45A Palliser Way, Yorkton, SK., or visit [www.christtheteacher.ca](http://www.christtheteacher.ca) for online registration.

*Believe...Belong...Become*

**SCHOOL LOCATION**

Which School do you wish to apply for?

Melville:

- St. Henry's Jr. Elementary School
- St. Henry's Sr. Middle School

Theodore:

- St. Theodore Elementary School

Yorkton:

- St. Alphonsus Elementary School
- St. Mary's Elementary School
- St. Michael's Elementary School
- St. Paul's Elementary School

English Program:  Yes  NoFrench Immersion: (St. Michael's, St. Henry's Jr. and Sr. Only)  Yes  No**PREVIOUS SCHOOL ATTENDED**

School Name: \_\_\_\_\_

School City/Town: \_\_\_\_\_

School Address (If known): \_\_\_\_\_

Last Grade your child attended: \_\_\_\_\_

Date your child last attended: \_\_\_\_\_

**STUDENT INFORMATION**

SURNAME:

FIRST NAME:

MIDDLE NAME:

NAME USED (if different from legal name):

Street Address:

City:

Postal Code:

Legal Land Description (If Applicable) and/or Mailing Address (Box No):

Home Email Address:

Home Telephone Number:

Current Age:

Gender:

- Male  Unspecified
- Female

Date of Birth:

Registrar Verification Initials

(Office Use Only)

MMM / DD / YYYY

Baptized:

- Yes
- No

(Copy will be kept on file to share with the Church for the purpose of sacraments)

Parent's Religion:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Child's Religion:

- Roman Catholic
- Ukrainian Catholic
- Other \_\_\_\_\_

Aboriginal Ancestry: (Voluntary)

- Status First Nation
- Non-Status First Nation
- Metis
- Inuit

Place of Birth: (Province)

- Saskatchewan, Canada
- Other: \_\_\_\_\_

Student Lives With:

- Both Parents  Father
- Mother  Guardian
- Other: \_\_\_\_\_

Language Spoken at Home:

- English
- French
- Other: \_\_\_\_\_

Citizenship Status:

- Canadian Citizen  Refugee Claimant  Student Visa
- Permanent Resident  Work Visa

Citizenship: (Only complete if child is not a Canadian Citizen)

Citizenship (other than Canadian): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of Entry Into Canada: \_\_\_\_\_

**MEDICAL INFORMATION****Emergency Contact Information: (Other than Parent/Guardian)**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any medical needs we need to be aware of (i.e. allergies)? Yes / No

If yes, please explain: \_\_\_\_\_

Has your child had his/her immunizations? Yes / No

Has your child had a hearing examination? Yes / No Date of examination: \_\_\_\_\_

Has your child had a vision examination? Yes / No Date of examination: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION****Mother/Stepmother/Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Resides with Student:  Yes  No Address (if different than Child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Father/Stepfather/Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Resides with Student:  Yes  No Address (if different than Child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Home Owner:**  Rent  Own **Taxes:**  Public School  Separate SchoolParents are:  Married  Common Law  Separated/Divorced  Single**Please indicate if there is a custody arrangement or custody order that the school staff should be aware of:** Yes No**If you answered YES, you will need to supply legal documentation to the school administration. This document will be kept in the school principal's office.****OTHER INFORMATION (If Applicable)**

Has your child worked with any of the following support services in our community?

 The Ministry of Social Services..... Worker's Name: \_\_\_\_\_ Kids First..... Worker's Name: \_\_\_\_\_ ASD Services (Autism Spectrum Disorder)..... Worker's Name: \_\_\_\_\_

- Speech and Language Pathologist..... Therapist's Name: \_\_\_\_\_
- Occupational Therapist..... Therapist's Name: \_\_\_\_\_
- Physical Therapist..... Therapist's Name: \_\_\_\_\_
- CNIB..... Worker's Name: \_\_\_\_\_

**Please provide any additional information that you feel would be an important for the school to be aware of:**

I hereby give permission for the support service team staff of Christ the Teacher to share any of the above information in order to make an informed decision to develop an individual supportive program for my child. Only information that directly relates to the needs of the child and family will be shared between the school administrator, classroom teacher, the support service worker (school level), the Coordinator of Student Services, and any of the above services.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Are there any siblings living in the home?**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

**If you are a rural family, please provide the name, address and phone number of a billet, in the city, in case of inclement weather.**

Name of Billet: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Billet: \_\_\_\_\_

### **CATHOLIC DECLARATION (If Non-Catholic)**

I wish to have my child attend a Catholic School. I intend and desire that my child participate in the spiritual formation and atmosphere of the Catholic School. I agree to and abide by and support, to the best of my ability, the philosophy of the school division, the Religious Education Program, and the religious celebrations of the Catholic School Division.

**Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **PARENT DECLARATION AND SIGNATURE**

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Acceptance of Student Registration (Office Use Only)**

**Student Name:** \_\_\_\_\_ **Sask. Learning I.D. #** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Classroom:** \_\_\_\_\_

**Signature of Principal/Designate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Employees of Christ the Teacher 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 the Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatchewan Health Authority 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 Freedom of Information and Protection of Privacy Act and the Local Authority Freedom of Information and Protection of Privacy Act.*