



# Sacred Heart High School



280 Gladstone Avenue North, Yorkton, SK S3N 2A8

School Website: <http://sacredheart.christtheteacher.ca/> School Email: [sacredheart@cttcs.ca](mailto:sacredheart@cttcs.ca)

Ms. Rachel Sterzuk, Principal

Mrs. Melissa Moen, Vice-Principal

## 2018 - 2019 GRADE 9 - 12 STUDENT REGISTRATION FORM

### Student Information (PLEASE PRINT)

Grade \_\_\_\_\_

English  French Immersion

Student's Legal Name: \_\_\_\_\_  Male  Female  
Surname First Name Middle Name

Student's Address: \_\_\_\_\_  
Street Address or Box No (including legal land description if applicable) City/Town Postal Code

Telephone Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Language spoken at home (*other than English*): \_\_\_\_\_

Sask. Health Number: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Student lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_ (*Please specify*)

**Registrar Verification Initials**  
(Office Use Only)

### Parent/Guardian Information (PLEASE PRINT)

Mother/Step-Mother/Guardian (circle one)

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

Address: \_\_\_\_\_  
\*\* (if different from student - please include street address/box number, city, province, postal code) \*\*

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father/Step-Father/Guardian (circle one)

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

Address: \_\_\_\_\_  
\*\* (if different from student - please include street address/box number, city, province, postal code) \*\*

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Religion:  
 Roman Catholic  Ukrainian Catholic  
 Other Religion: (please specify) \_\_\_\_\_

Country of Birth:  CANADA  Other: (please specify) \_\_\_\_\_

Place of Birth (Province):  Saskatchewan, Canada  Other: (please specify) \_\_\_\_\_

Citizenship:  Canadian  Other (please specify) \_\_\_\_\_

**In Case of Emergency – Other than Parent/Guardian**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous School Attended**

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

Address of School: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Aboriginal Ancestry**

*\*\* (The following information is voluntary) \*\**

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

Please indicate: If YES, please specify the Aboriginal group you belong to:

Registered / Treaty / Status Indian     Non-status Indian     Métis     Inuit

*We understand that as a Catholic school Sacred Heart has the following expectations for all students:*

✠ *Each student must strive to create a Christian Community within the school.*

✠ *Christian Ethics classes are compulsory.*

✠ *All students must attend liturgical celebrations.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We understand that this application is used to determine course offerings, staffing and class scheduling for the upcoming school year. We agree, therefore, with school policy that students are expected to continue in the courses selected for each year. Please notify Sacred Heart as soon as possible if a change in course selection is necessary or if you are transferring to another school.

Registration in individual classes will occur on a first come first serve basis. Requests for course changes or late registrations may not be accommodated after the student and teacher timetables have been completed. Students are therefore encouraged to complete their registration forms as soon as possible.

*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.*