

STUDENT (Enter your name exactly as it appears on your Birth Certificate)

_____ Last Name _____ First Name _____ Second Name _____

_____ Male Female Unspecified _____
Name by which you are called _____ Student Cell No. _____

_____ Address _____ Postal Code _____ Student's Home Number _____

Student lives with Both Parents (same residence) Both Parents (separate residences) Mother Only Father Only Other _____

Birth: _____ Month _____ Day _____ Year _____ Religion: _____

_____ Last School Attended _____ City _____ Grade _____ Year _____

Bishop James Mahoney uses email and phone to communicate with our families. Please provide your:

_____ Preferred Phone Number _____ Preferred Email Address _____

Bishop James Mahoney has committed to increase First Nation and Metis graduation rates. Your self-declaration will help to achieve this goal by ensuring access to resources for our FNM students to experience greater academic success.

Voluntary Declaration of Aboriginal Status: Does not Apply First Nation Métis Inuit

MOTHER/GUARDIAN INFORMATION: *Please include e-mail address

Last Name: _____ First Name: _____

Home Address: same as student's **OR** _____ Postal Code _____

Primary phone: _____ Other: _____ **E-mail** _____

Work Place _____ Telephone: _____

FATHER/GUARDIAN INFORMATION: *Please include e-mail address

Last Name: _____ First Name: _____

Home Address: same as student's **OR** _____ Postal Code _____

Primary phone: _____ Other: _____ **E-mail** _____

Work Place _____ Telephone: _____

EMERGENCY CONTACT INFORMATION (other than Parent or Guardian):

First Emergency Contact Name: _____ Home # _____ Work/Cell # _____

Second Emergency Contact Name: _____ Home # _____ Work/Cell # _____

Medical Information (e.g. allergies, medications, conditions) _____

Date of Registration: _____ Parent/Guardian Signature _____

OFFICE USE:

Entered in Maplewood

Schedule Entered

Appendix A

Greater Saskatoon Catholic Schools

NON-CATHOLIC STUDENT DECLARATION OF INTENTION

Date:

Name of Parents/Guardians:

Name of Student:

Address of Parents/Guardians:

I wish to have my child/children attend a Catholic school. I intend and desire that my child/children participate in the spiritual formation and atmosphere of the Catholic school. I agree to abide, to the best of my ability, with the vision, mission, and values of the school division, the spirit of the religious education program, and the religious celebrations of the school division.

Name of Catholic School:

Signature of Parents/Guardians:

Signature of School Official:

**** Please place the original form in the student's CUM folder**

For Office Use Only
Bus Driver

Bus Route #

First Student
110 Faithfull Crescent
Saskatoon, SK
S7K 8H8
Telephone: 306-343-2125
Fax: 306-343-2126

Please check one
MY CHILD IS ENROLLED IN:
___ English
___ French
NEW REGISTRATION _____
ADDRESS CHANGE _____
NEW NUMBER _____

REGISTRATION FOR BUS SERVICE
2021-2022 SCHOOL YEAR
*****PLEASE PRINT CLEARLY*****

Student's First & Last Name: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

School Name ___BISHOP JAMES MAHONEY

Home Address _____

Phone number you can be best reached at: _____

*****PLEASE KEEP PHONE NUMBERS CURRENT*****

Emergency contact name and number: _____

Please note that if you require both pick-up and/or drop-off addresses from a residence other than your home address, fill in information below.

Bus Pick-up Address: _____ Phone Number: _____

Bus Drop-off Address: _____ Phone Number: _____