

**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



BISHOP JAMES MAHONEY HIGH SCHOOL
GRADE 9 COURSE SELECTION
2021 – 2022



STUDENT \_\_\_\_\_
Family Name First Name

Health & Science Academy French Immersion Program

Grade 9 students at Bishop James Mahoney High School are scheduled into classes for five instructional periods each day; 10 instructional periods in total during a complete school year. As a result, students in Grade 9 do not have unassigned time. To achieve Grade 9 standing, students must successfully complete ten Level 90 courses.

All program & course descriptions are available at www.gscs.ca/bjm .

Required Courses (9)

Table with 3 columns: Français A90, Études Catholiques 90, Mathématiques A90; Français B90, Science Humaines 90, Mathematics B90; English Language Arts 90, Science 90H, Physical Education 90.

I am currently taking Math 90 and Career Ed 90 through Cyber School
(Please contact Ms. Hanlan Stroh at 659-7502 prior to the end of the school year and once you have completed the courses)

Elective Courses (1)

All students must select one course from below:

Band with Arts Education 90 Instrument:
Beginner Band with Arts Education 90
Arts Education 90 (Visual Arts, Drama, Graphic Arts, Music)

Choral 90 - 11th class offered during the noon hour every second day

What additional support are you currently receiving or have received in the past?
E.A.L. (English as an Additional Language) Learning Assistance or Resource

**Appendix A**

**Greater Saskatoon Catholic Schools**

**NON-CATHOLIC STUDENT DECLARATION OF INTENTION**

Date:

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Name of Parents/Guardians:

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Name of Student:

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Address of Parents/Guardians:

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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:

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Signature of Parents/Guardians:

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Signature of School Official:

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