



BISHOP JAMES MAHONEY HIGH SCHOOL
REGISTRATION FORM 2021-2022

GRADE _____

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
French Immersion Course Selection Card 2021-2022



Name: _____

<p align="center">GRADE 9 <i>Minimum 5 classes in French</i></p>	<p align="center">GRADE 10 <i>Grade 10 Standing: Minimum 8 credits; Minimum 4/5 credits in French</i></p>	<p align="center">GRADE 11 <i>Grade 11 Standing: Cumulative minimum of 16 credits; 8 credits must be at 20 or 30 level; Cumulative minimum 9 credits in French</i></p>	<p align="center">GRADE 12 <i>Grade 12 Standing: Cumulative minimum of 24 credits; 5 credits must be at 30 level; Cumulative minimum 12 credits in French</i></p>
<p align="center">REQUIRED COURSES</p> <p><input type="checkbox"/> Français A90 <input type="checkbox"/> Français B90 <input type="checkbox"/> English Language Arts 90 <input type="checkbox"/> Science Humaines 90 <input type="checkbox"/> Éducation Chrétienne 90</p> <p><input type="checkbox"/> Mathématiques A90 <input type="checkbox"/> Mathematics B90</p> <p><input type="checkbox"/> Science 90</p> <p><input type="checkbox"/> Physical Education 90</p> <p align="center">ELECTIVE COURSES (1)</p> <p>_____ Band 90 _____ Beginner Band 90 _____ Arts Education 90 (Visual Arts, Drama, Graphic Arts, Music)</p> <p>_____ Choral 90: an 11th class offered during the noon hour</p>	<p align="center">REQUIRED COURSES</p> <p><input type="checkbox"/> Français Immersion10 <input type="checkbox"/> English A10 or <input type="checkbox"/> English A10 Advanced <input type="checkbox"/> English B10 <input type="checkbox"/> English B10 Advanced <input type="checkbox"/> Histoire 10 <input type="checkbox"/> Éducation Chrétienne 10</p> <p>At least one of: _____ Fondements des Mathématiques et Précalcul10 _____ Milieu de travail et formation d'apprentis 10</p> <p><input type="checkbox"/> Science 10</p> <p><input type="checkbox"/> Wellness 10 (Boys/ Girls/ Band)</p> <p align="center">ELECTIVE COURSES (3) <i>** Please rank (1, 2, 3, etc.) your elective choices</i></p> <p>_____ Band 10 _____ Choral 10 _____ Clothing Textiles 10 _____ Commerical Cooking 10 _____ Drafting 10 _____ Drama 10 _____ Guitar 10 _____ Indigenous Studies 10 _____ Industrial Arts 10 _____ Photography 10 _____ Visual Art 10 or _____ Visual Art 10A</p>	<p align="center">REQUIRED COURSES</p> <p><input type="checkbox"/> Français Immersion 20 <input type="checkbox"/> Français Integre Immersion 20 <input type="checkbox"/> English A20 or <input type="checkbox"/> English A20 Advanced <input type="checkbox"/> Histoire 20 <input type="checkbox"/> Éducation Chrétienne 20</p> <p>At least one of: _____ Fondements des Mathématiques 20 or _____ Math Foundations 20 _____ Math Pre-Calculus 20 _____ Math Workplace & Apprenticeship 20</p> <p>At least one of: _____ Computer Science 20 _____ Environmental Science & Toxicology 20H _____ Health Science 20 _____ Physical Science 20</p> <p align="center">ELECTIVE COURSES</p> <p>_____ Band 20 _____ Choral 20 _____ Drafting 20 _____ Drama 20 _____ Graphic Arts 20 _____ Guitar 20 _____ Indigenous Studies 20 _____ Industrial Arts 20 _____ Mental Health & Well-Being 20H _____ Physical Education 20 _____ Visual Art 20 or _____ Visual Art 20A</p>	<p align="center">REQUIRED COURSES</p> <p><input type="checkbox"/> Français Immersion 30 <input type="checkbox"/> English A30 or <input type="checkbox"/> English A30 AP <input type="checkbox"/> English B30 <input type="checkbox"/> English B30 AP <input type="checkbox"/> Sciences Sociales Immersion 30 <input type="checkbox"/> Éducation Chrétienne 30</p> <p align="center">ELECTIVE COURSES</p> <p>_____ Anatomy 30H/ Anatomy 100 (Dual Credit) _____ Band 30 _____ Biology 30 or _____ Biology 30H _____ Biology 120.3 U of S (2 periods, must have Biology 30H) _____ Chemistry 30 _____ Choral 30 _____ Clothing Textiles 30 _____ Computer Science 30 _____ Drafting 30 _____ Drama 30 _____ Food Studies 30 _____ Graphic Arts 30 _____ Guitar 30 _____ Indigenous Studies 30 _____ Industrial Arts 30 _____ Interpersonal Communications 30H/ ICO 291 (Dual Credit) _____ Law 30 _____ Math Foundations 30 _____ Math Pre-Calculus 30 _____ Math 110 U of S (must have Pre-Calculus 30) _____ Physical Education 30 _____ Physics 30 _____ Psychology 30 _____ Studio Art 30P (Advanced Placement) _____ Visual Art 30 or _____ Visual Art 30A</p>
<p align="center">GRADE 9 – 12 PROGRAM SUPPORTS</p> <p>Learning Assistance Support</p> <p>_____ LAT Tutorial Sem 1 (non-credit) _____ LAT Tutorial Sem 2 (non-credit)</p> <p>English as an Additional Language Support</p> <p>_____ EAL Tutorial Sem 1 (non-credit) _____ EAL Tutorial Sem 2 (non-credit) _____ EAL Language Course A10 (EAA10L) _____ EAL Language Course B10 (EAB10L) _____ EAL Language Course A20 (EAA20L) _____ EAL Language Course B20 (EAB20L) _____ EAL Language Course C20 (EAC20L)</p>			

If students select courses that won't work in their timetable, they may have to enroll in an online course.

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: _____