



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, and faith-
filled 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 CTTCS Division Office: 45A Palliser Way, Yorkton, SK or
visit www.christtheteacher.ca for online registration.***

Believe...Belong...Become

SCHOOL LOCATION

Which School do you wish to apply for Elementary School?

Melville:

- ☐ St. Henry's Jr. School
☐ St. Henry's Sr. School

Theodore:

- ☐ St. Theodore School

Yorkton:

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

English Program: ☐ Yes ☐ NoFrench Immersion: (St. Michael's, St. Henry's Jr. and St. Henry's 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: _____ (YYYY/MM/DD)

STUDENT INFORMATION

SURNAME:	FIRST NAME:	MIDDLE NAME:
PREFERRED LAST NAME:	PREFERRED FIRST NAME:	PREFERRED MIDDLE 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: ☐ Unspecified ☐ Male ☐ Female	Date of Birth: _____ YYYY/MM/DD	Baptized: ☐ Yes ☐ No
Child's Religion: ☐ Catholic ☐ Other: _____	Aboriginal Ancestry: (Voluntary) ☐ Metis ☐ Non-Status First Nation ☐ Inuit ☐ Status First Nation	Language: ☐ English ☐ Other: _____ ☐ French _____	

Place of Birth: (Province)

Student Lives With:

- ☐ Saskatchewan, Canada Other: _____ ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian

NEWCOMER STUDENT REGISTRATION

(Proof of legal status must be provided in order to register)

Last country student attended school _____

- ☐ Permanent Resident ☐ Refugee Category

- ☐ Temporary Resident (student/visitor/worker visa's)

Citizenship Country: _____

Country of Birth: _____

Parent Work Permit expires: _____ (YYYY/MM/DD)

Parent Study Permit expires: _____ (YYYY/MM/DD)

Entry to Canada: _____ (YYYY/MM/DD)

Citizenship Effective Date: _____ (YYYY/MM/DD)

Home Language: _____

PARENT/GUARDIAN DETAILS:**Parent/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: (Emergency purposes only)
Email Address:				

Parent/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: (Emergency purposes only)
Email Address:				

Parents are: ☐ Married ☐ Common Law ☐ Separated/Divorced ☐ Single

Please indicate if there is a custody arrangement or custody order the school staff should be aware of:

- ☐ Yes *If you answered YES, you will need to provide legal documentation to the School Administration.*
☐ No

EMERGENCY CONTACT INFORMATION:

(Contact if parents/guardian cannot be reached. Call in order listed below, if more than one provided)

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____
 Name: _____ Relationship: _____ Phone #: _____ Cell #: _____
 Name: _____ Relationship: _____ Phone #: _____ Cell #: _____

Are there any siblings? (home, preschool, elementary school, or high school)

Name: _____ Age _____ Grade _____
 Name: _____ Age _____ Grade _____
 Name: _____ Age _____ Grade _____
 Name: _____ Age _____ Grade _____

STUDENT MEDICAL ALERTS:

Description: _____

Other Student Alerts (Health, family or Other Information)

Description: _____

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, use, 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.**

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: _____
- ☐ PECIP (Parkland Early Childhood Intervention)..... Worker's Name: _____
- ☐ ASD Services (Autism Spectrum Disorder)..... Worker's Name: _____
- ☐ CNIB..... Worker's Name: _____
- ☐ Speech and Language Pathologist..... Therapist's Name: _____
- ☐ Occupational Therapist..... Therapist's Name: _____
- ☐ Physical Therapist..... Therapist's Name: _____

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: _____

BUS ROUTES:

*Refer to website
for pick-up and drop off details or
Contact school directly for
assistance.
Website: <https://www.cttcs.ca>*

- ☐ **Route 1:** St. Alphonsus, St. Michael's and Sacred Heart High School
- ☐ **Route 2:** St. Michael's French Immersion & Sacred Heart High School
- ☐ **Route 3:** St. Mary's (A.M.) & Sacred Heart High School (P.M.)
- ☐ **Route 4:** St. Paul's School
- ☐ **St. Henry's Jr. and St. Henry's Sr. (Melville) East & West Routes**

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: _____

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: _____

ACCEPTANCE OF STUDENT REGISTRATION (Office Use Only)

Student Name: _____ Sask. Learning I.D. # _____

School: _____ Grade: _____

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. 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.***