



# Dreambuilders' High School



345 Broadway Street West, Yorkton, SK S3N 0Y9  
School Website: <http://dreambuilders.christtheteacher.ca/> School Email: [kris.gendall@cttcs.ca](mailto:kris.gendall@cttcs.ca)

*Mr. Kris Gendall, Principal*

## Grade 9 – 12 Student Registration Form

### Student Information (PLEASE PRINT)

Grade \_\_\_\_\_

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: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Registrar Verification Initials  
(Office Use Only)

#### Medical Information School Should Be Aware Of:

Please contact the school directly with specific details about any life-threatening directions. \_\_\_\_\_

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

### Parent/Guardian Information (PLEASE PRINT)

#### Mother/Step-Mother/Guardian (circle one)

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

Address: \_\_\_\_\_

\*\* (if different from student) \*\*

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

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

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

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

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

#### Father/Step-Father/Guardian (circle one)

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

Address: \_\_\_\_\_

\*\* (if different from student) \*\*

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

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

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

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

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

### Aboriginal Ancestry

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

Information on Aboriginal ancestry is collected by Ministry of Education to inform program decisions at the local and provincial levels. Schools are required to provide students with the opportunity to self-declare their ancestry.

Aboriginal people are those who identify themselves to be Registered/Treaty/Status Indian, Non-Status Indian, Metis, or Inuit.

Based on this definition, do you consider yourself to be a(n):  Registered / Treaty / Status Indian  Non-status Indian  Métis  Inuit

Status # \_\_\_\_\_ Band \_\_\_\_\_

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

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

**SERVICES**

|                       |  |                |  |
|-----------------------|--|----------------|--|
| <b>Social Worker</b>  |  | <b>Phone #</b> |  |
| <b>Mental Health</b>  |  | <b>Phone #</b> |  |
| <b>Family Support</b> |  | <b>Phone #</b> |  |
| <b>Other</b>          |  | <b>Phone #</b> |  |

In order to provide the best education possible Dreambuilders' High School will need to work closely with other partners in a student's academic and social development. We will only share information with other agencies if we feel the information will be of true benefit to the student and is not limited to confidentiality. By signing below you provide other agencies and the school permission to share needed information amongst each other.

**Parent/Guardian Signature:** \_\_\_\_\_**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) \_\_\_\_\_

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

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

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

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

**PERSONAL INVENTORY****Parenting Requirements**

|  |        |       |
|--|--------|-------|
| I would like to bring my children to school: | Names: | Ages: |
|--|--------|-------|

**Transportation**Do you have a way to school every day?  Yes  No**Dreambuilders' High School Beliefs**

Dreambuilders' operates on the following beliefs:

1. We believe in the Creator.
2. We believe in being safe.
3. We believe in being respectful.
4. We believe that we are here to learn.

**As a student of Dreambuilders' High School...**

I agree not to come to school under the influence of or in possession of drugs or alcohol. Failure to comply with this will result in my meeting with school administration and possible expulsion from Dreambuilders' High School.

I agree to follow the guidelines of the school attendance policy. Failure to do so could result in removal from class and/or removal from the school.

I agree to participate in spiritual celebrations and ceremonies including – Daily Smudge/Prayer Ceremony, Weekly Talking Circles, and all Catholic functions the school provides.

I, (print) \_\_\_\_\_, agree to follow the rules and regulations outlined above. Failure to follow these guidelines will result in a meeting with school administration. This could result in removal from the regular school program.

Student Signature: \_\_\_\_\_