



# *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](http://www.christtheteacher.ca) for online registration.***

**SCHOOL LOCATION**

Which School do you wish to apply for Elementary School?

|  |  |   |   |
|--|--|---|---|
| <b>Melville:</b><br><input type="checkbox"/> St. Henry's Jr. School<br><input type="checkbox"/> St. Henry's Sr. School | <b>Theodore:</b><br><input type="checkbox"/> St. Theodore School | <b>Yorkton:</b><br><input type="checkbox"/> St. Alphonsus School<br><input type="checkbox"/> St. Paul's School                              | <input type="checkbox"/> St. Michael's School<br><input type="checkbox"/> St. Mary's School |
| <b>English Program:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  | <b>French Immersion: (St. Michael's, St. Henry's Jr. and St. Henry's Sr. Only)</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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**

|                             |                              |                               |
|-----------------------------|------------------------------|-------------------------------|
| <b>SURNAME:</b>             | <b>FIRST NAME:</b>           | <b>MIDDLE NAME:</b>           |
| <b>PREFERRED LAST NAME:</b> | <b>PREFERRED FIRST NAME:</b> | <b>PREFERRED MIDDLE NAME:</b> |
| <b>Street Address:</b>      | <b>City:</b>                 | <b>Postal Code:</b>           |

Legal Land Description (if applicable) and/or Mailing Address (Box No): \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

|                              |   |   |  |
|------------------------------|---|---|--|
| <b>Current Age:</b><br>_____ | <b>Gender:</b><br><input type="checkbox"/> Unspecified<br><input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Date of Birth:</b><br>_____ YYYY/MM/DD<br><small>Registrar Verification Initials (Office Use Only)</small> | <b>Baptized:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------|---|---|--|

|  |   |   |
|--|---|---|
| <b>Child's Religion:</b><br><input type="checkbox"/> Catholic<br><input type="checkbox"/> Other: _____ | <b>Aboriginal Ancestry: (Voluntary)</b><br><input type="checkbox"/> Metis <input type="checkbox"/> Non-Status First Nation<br><input type="checkbox"/> Inuit <input type="checkbox"/> Status First Nation | <b>Language:</b><br><input type="checkbox"/> English <input type="checkbox"/> Other: _____<br><input type="checkbox"/> French _____ |
|--|---|---|

**Place of Birth: (Province)**  Saskatchewan, Canada Other: \_\_\_\_\_ **Student Lives With:**  Both Parents  Father  Mother  Guardian

**NEWCOMER STUDENT REGISTRATION** (Proof of legal status must be provided in order to register)

Last country student attended school \_\_\_\_\_

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Permanent Resident                                 | <input type="checkbox"/> Refugee Category | Parent Work Permit expires: _____ (YYYY/MM/DD)        |
| <input type="checkbox"/> Temporary Resident (student/visitor/worker visa's) |   | Parent Study Permit expires: _____ (YYYY/MM/DD)       |
| <b>Citizenship Country:</b> _____   |   | <b>Entry to Canada:</b> _____ (YYYY/MM/DD)            |
| <b>Country of Birth:</b> _____  |   | <b>Citizenship Effective Date:</b> _____ (YYYY/MM/DD) |
|   |   | <b>Home Language:</b> _____                           |

**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 2022-23
- Route 2:** St. Michael's French Immersion & Sacred Heart High School 2022-23
- Route 3:** St. Mary's (A.M.) & Sacred Heart High School (P.M.) 2022-23
- Route 4:** St. Paul's 2022-23
- Route 5:** St. Henry's Jr. and St. Henry's Sr. (Melville)

**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.***