



Students who are not Canadian citizens must contact the Newcomer Student Centre, 310 – 21<sup>st</sup> Street East, (306) 683-8400

Students Legal name		Birthdate		Gender	
Last Name		MMM	DD	YYYY	<input type="checkbox"/> Male
					<input type="checkbox"/> Female
First Name		Languages		First Language	
				Second Language	
Middle Name		Has student ever been registered with Saskatoon Public Schools?			
		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Usual or Called Name (If different from First Name)		Previous School Attended		Previous School's Location	
Registering for Grade		Siblings			
<input type="checkbox"/> 9		<input type="checkbox"/> 10		<input type="checkbox"/> 11	
<input type="checkbox"/> 12					

**First Nations, Inuit and Métis** (voluntary self-declaration)

First Nations Status       First Nations Non-Status       Inuit       Métis

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

**Citizenship** Is the named student a Canadian citizen?       Yes       No      If No, Citizenship: \_\_\_\_\_

*If Not a Canadian citizen contact Newcomer Student Centre*      Country of Birth: \_\_\_\_\_

**NEWCOMER STUDENT CENTRE USE ONLY**      Last Country Student Attended School: \_\_\_\_\_

Proof of legal status must be provided in order to register (A copy will be placed in the student's cumulative folder.)

Permanent Resident       Refugee Category       Parent Work Permit Exp mmm/dd/yyyy \_\_\_\_\_

Study Permit (International Student Program)       Parent Study Permit Exp mmm/dd/yyyy \_\_\_\_\_

Signature of School official Verifying document \_\_\_\_\_

**OFFICE USE ONLY**      How was the students name and birthdate verified?

Birth Certificate       Passport       Status Card

Immigration Papers / Permanent Resident Card      Other (Name Official Document) \_\_\_\_\_

Signature of School official Verifying document \_\_\_\_\_

STUDENT'S RESIDENCE		STUDENT'S CONTACT INFORMATION	
House Number	Apt# (if applicable)	Area Code	Phone
		( )	
Street		Email	
City		Area Code	Cell
		( )	
Province	Postal Code	Student Resides with	<input type="checkbox"/> Two Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father
			<input type="checkbox"/> Joint Custody <input type="checkbox"/> Relative <input type="checkbox"/> Guardian

**EMERGENCY / MEDICAL INFORMATION**

Who should be contacted first in the case of school closure or an emergency? (i.e. Mother, Father, Guardian)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. Other Emergency Contact      Name: \_\_\_\_\_      Phone ( ) \_\_\_\_\_

4. Other Emergency Contact      Name: \_\_\_\_\_      Phone ( ) \_\_\_\_\_

Doctor's Name      Phone      Saskatchewan Health Card Number

( )      \_\_\_\_\_

**Life Threatening Medical Condition(s)** that requires regular medication or requires emergency medication that the school should be aware of.

\_\_\_\_\_

**Other Medical Condition(s)** that the school should be aware of.

\_\_\_\_\_

<b>GUARDIANSHIP RIGHTS, CUSTODY, OR ACCESS RIGHTS</b>	Indicate if such document(s) exist: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Legal Document: <input type="checkbox"/> Access and/or Custody <input type="checkbox"/> Parenting <input type="checkbox"/> Guardianship <input type="checkbox"/> Protection <input type="checkbox"/> Other	
Copy in Student Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	Document Expiry Date (if applicable)
<b>OFFICE USE ONLY (NOTES):</b>	

<b>First parent/Guardian</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		
Last Name	Address if different from Student		
First Name	House/Apt #		
Title   <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	City		
Phone ( )	Province	Postal Code	
Email	Employer		
Cell ( )	Employer Phone ( )		

<b>Second parent/Guardian</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		
Last Name	Address if different from Student		
First Name	House/Apt #		
Title   <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	City		
Phone ( )	Province	Postal Code	
Email	Employer		
Cell ( )	Employer Phone ( )		

<b>Third parent/Guardian</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		
Last Name	Address if different from Student		
First Name	House/Apt #		
Title   <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	City		
Phone ( )	Province	Postal Code	
Email	Employer		
Cell ( )	Employer Phone ( )		

<b>Fourth parent/Guardian</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step father <input type="checkbox"/> Step Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		
Last Name	Address if different from Student		
First Name	House/Apt #		
Title   <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Street		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other	City		
Phone ( )	Province	Postal Code	
Email	Employer		
Cell ( )	Employer Phone ( )		

Employees of Saskatoon Public Schools may use the information collected on this form to help provide appropriate educational programming and support for the student.

We collect the student's Saskatchewan Health Number to use in case medical care is needed. This number, and other demographic information, is shared with Saskatchewan Ministry of Education to support the Student Data System. Contact information is collected and shared with the Saskatoon Health Region 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**.

**Note: Your child is not officially registered until legal documentation is brought directly to the school and verified by school personnel.**

**Declaration**

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.*

Date	Signature of Parent / Custodial Parent / Legal Guardian

# Welcome to Bedford Road Collegiate

## Grade 9 Course Selection

### Students will be enrolled in the following compulsory classes:

- English 9A
- English 9B
- Math 9
- Science 9
- Social Studies 9
- Arts Education 9 (Theatre Arts/Visual Art/Dance/Music)

### Please choose one of the following compulsory classes:

Girls Phys Ed/Health/Career Education \_\_\_\_\_

Boys Phys Ed/Health/Career Education \_\_\_\_\_

### The International Baccalaureate Diploma Programme at Bedford Road Collegiate

Bedford Road offers Saskatoon students the International Baccalaureate (IB) Programme.

IB courses start in Grade 11, however, the Bedford Road Pre-IB program students will take the following courses:

English 9A  
English 9B  
Social Studies 9  
Math 9  
Science 9  
French 9 (see electives)

Please check if interested in this program:

### SAGE

Those accepted into the SAGE Program (application process) will take the following classes:

English 9A  
English 9B  
Social Studies 9  
Math 9  
Science 9

Please choose **TWO** of the following elective courses:

- English as an Additional Language \_\_\_\_\_
- French 9 \_\_\_\_\_
- Band 9 \_\_\_\_\_
- Practical & Applied Arts  
- may include Carpentry/Construction/Computers/Food Studies \_\_\_\_\_
- Choral 9  
- non-semestered class & runs before school or at noon \_\_\_\_\_

**RESOURCE:**

Grade 8 teachers may recommend Resource in place of an elective course(s).

Does your Grade 8 teacher recommend resource?

Yes \_\_\_\_\_ No \_\_\_\_\_

**EAL- English as an Additional Language:**

Grade 8/EAL teachers may recommend EAL in place of an elective course(s).

Does your teacher recommend EAL?

Yes \_\_\_\_\_ No \_\_\_\_\_

We (the undersigned) understand that this application is used to staff and schedule for the school year. Students are expected to continue in the courses originally selected. If a change is necessary or if circumstances cause us to withdraw this application, we will promptly notify Bedford Road Collegiate.

Parent Name: \_\_\_\_\_  
(Please Print)

Student Name: \_\_\_\_\_  
(Please Print)

Parent Signature: \_\_\_\_\_

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

Grade 8 Teacher Signature: \_\_\_\_\_

*If you have questions, please do not hesitate to contact us.*

**Bedford Road Collegiate**  
Main Office: 306-683-7650  
Student Services: 306-683-7656



Principal, Mr. Fisher  
Assistant Principal, Mr. Ferguson

Counsellor, Mrs. Farmer  
Counsellor, Mr. Schumacher