



Holy Trinity Roman Catholic Separate School Division No. 22

Elementary Registration Application

School: _____ Today's Date: Month/Day/Year

Previous School: _____

Address of Previous School: _____

Has student ever before attended any HTCSD school? No Yes Name: _____

Student Information

Student's Legal Last Name: _____ Student's Legal First Name: _____ Student's Legal Middle Name: _____

Gender:
 Male Female

Birth Date: _____
Month / Day / Year
Birth Certificate provided

Student's Birth Country: _____

Primary Phone #: _____

Mailing Address: _____

Postal Code: _____

City: _____

Physical Home Address: (Rural: include land description)

Parent/Guardian Information

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Address: Same as above

Address: Same as above

Postal Code: _____

Postal Code: _____

Primary Phone #: _____

Primary Phone #: _____

Work Place: _____

Work Place: _____

Work/Other Phone #: _____

Work/Other Phone #: _____

Email: _____

Email: _____

Special Situations

List any medical/allergy situations:

Documentation has been attached to this form

Child resides with: Father Mother Both Other: _____

Languages Spoken: _____

How Long has student been exposed to English?

Outside Agency Support:

Voluntary Declaration: First Nations Métis

First Country of Citizenship: _____

Second Country of Citizenship: _____

Resident Type Canadian Citizen Refugee Permanent Resident
 Temporary Resident Student/Visitor Visa

Child Care Provider

Name: _____

Address: _____

Primary Phone #: _____

Other Phone #: _____

