

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:			Stude	nt's Legal Middle Name:		
Gender:	Birth Date:			Student's Birth Country:			
☐ Male ☐ Female	Birth Certificate provided □	Month / Da	Month / Day / Year				
Primary Phone #:							
Mailing Address:			Postal Code: City:		City:		
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Physical Home Address:(Rural: include land description)							
Parent/Guardian Information							
Last Name:	ast 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	tions:						
□ Documentation has be		rm					
			011				
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:	me: A			Address:			
Primary Phone #:		Other Pho	one #:				

Emergency Contact 1		Emergency Contact 2						
Name:		Name:						
Relationship to student:	Relationship to student:							
Primary Phone #:	Primary Phone #:							
Sibling Information (optional)								
Do you have other children attending or will be attending Holy Trinity Catholic School Division? ☐ Yes ☐ No								
Name	Age	Name Age		Age				
Religion:								
Who is Catholic? Mother □	Father □	Child □						
Student has been: Baptized □	Receive	ed 1 st Communion □ Co	onfirmed \square					
If Religion is other than the Catholic Faith please sign the following acknowledgement: In accordance with Administrative Procedure 300: Admission of Students, I wish to have my child/children attend a Catholic school. My primary motive is to have my child/children participate in the spiritual formation and atmosphere of the Catholic school. I agree to comply with and support, to the best of my ability, the vision, mission, and covenant of shared values of the school division, the Religious Education program, and the religious celebrations of the Catholic school.								
Parent/Guardian Signature		Date:						
Use of Student Work and Personal Inf								
I agree that the Holy Trinity Catholic School Division may use the work produced by my child and/or images/commentary of my child with or without my child's name for any lawful purpose, including, for example such purposes as publicity, illustration, promotion and internet content without payment for the following purposes. (<i>Please check purposes for which you agree to provide permission.</i>)								
☐ For education purposes in the	school c	ommunity						
☐ For the public media including the internet								
☐ Class Lists								
I have read and understand the above and hereby consent to the collection and use of information as indicated above. Parent/Guardian Name:								
Parent Guardian Signature: Date:								
This consent shall remain in effect as long as the student is registered with Holy Trinity Catholic School Division and needs to be signed only once.								
Notification Regarding Yearbook/Class Photo								
Your child's picture will be taken and included in the school yearbook/class photo. If you wish to opt out , please contact the Principal of your child's school.								
If situations arise that cause you, as a parent, to be concerned about your child's privacy or safety, with respect to the potential use(s) of his or her personal information as outlined above, please contact the school principal immediately to make changes to your permissions.								
Out of School Excursions (Parents are to								
Many learning opportunities happen within the community and surrounding vicinity. This consent form has been developed to ensure that parents/guardians are aware that students may, from time to time, leave the school grounds during the day. Students will always be under the direction of a teacher during such excursions and normally would be walking or in a school division vehicle. Examples of such excursions would be to cross country ski, visit the library, Cultural Centre, Post Office, retirement home, etc								
Parents/Guardians will be informed of excursions before they occur.								
I hereby consent that my child may be taken on community excursions authorized Holy Trinity Catholic School Division.								
Parent/Guardian Name:								
Parent Guardian Signature:		Date:						
For Office Use Only:		Notes:						
Principal Signature		Date:						