



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 #: _____

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

Religion:

Who is Catholic? Mother Father Child
Student has been: Baptized Received 1st Communion Confirmed

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 Information Parent/Guardian Permission Form

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. **(Please check purposes for which you agree to provide permission.)**

- For education purposes in the school community
- 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 inform school if situation changes)

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 by Holy Trinity Catholic School Division.

Parent/Guardian Name: _____

Parent Guardian Signature: _____ Date: _____

For Office Use Only :	Notes:
Principal Signature _____	Date: _____