



SACRED HEART HIGH SCHOOL



280 Gladstone Avenue North Yorkton, SK
S3N 2A8

School Website: <http://sacredheart.christtheteacher.ca> / School Email: sacredheart@cttcs.ca

Ms. Rachel Sterzuk, Principal Mrs. Melissa Moen, Vice-Principal

Grade 9 - 12 Student Registration

English

French Immersion

Gender: _____

Grade: _____

LEGAL SURNAME:

LEGAL FIRST NAME:

MIDDLE NAME:

PREFERRED LAST NAME:

PREFERRED FIRST NAME:

PREFERRED MIDDLE NAME:

Street Address:

City:

Postal Code:

Home Email Address:

Home Telephone Number:

Legal Land Description (If Applicable) and/or Mailing Address (Box No.):

Date of Birth:

Country of Birth:

Citizenship:

Canada

Canadian

Other: _____

Other: _____

M/D/YYYY

Child's Religion:

Place of Birth (Province):

Language Spoken at Home

Catholic

Saskatchewan

(Other than English):

Other: _____

Other: _____

Baptized:

Aboriginal Ancestry: (Voluntary Information) ** Indigenous people are those who identify themselves to be First Nations (Registered/Treaty/Status Indian, Non-Status Indian, Metis, or Inuit/Inuk. Based on this definition, do you consider yourself to be an Indigenous Person?

Yes

Metis

Non-Status First Nation

No

Inuit

Registered / Treaty / Status First Nation

Sacred Heart High School Student Registration Form

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:
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:
Email Address:		

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 #: _____

STUDENT MEDICAL ALERTS:

Description: _____

Other Student Alerts (Health, family or Other Information)

Description: _____

Previous School Attended:

Name of School: _____

Address of School: _____

Telephone: _____ Fax: _____ Email: _____

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

Route 2: St. Michael's French Immersion & Sacred Heart High School

Route 3: St. Mary's (A.M.) & Sacred Heart High School (P.M.)

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 Catholic Studies Program, and the religious celebrations of the Catholic School Division.

Parent/Guardian Signature: _____ **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. 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.