

KINDERGARTEN



ST. VITAL CATHOLIC SCHOOL
 P.O. Box 358
 Battleford, Saskatchewan S0M 0E0
 Phone: 937-2233 Fax: 937-7666
 e-mail: stvital@lskysd.ca
 Principal – Mr. Don Buglas Vice Principal – Mr. Kirby Arbeau



20012-13 Student Registration Form

Date _____

Name:

Last	First	Full Middle Name	Goes By
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Date of Birth:

Day	Month	Year	Present Age	Male/Female
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Saskatchewan Health Number:	
Name of Family Physician:	Phone Number:
Please list chronic conditions, allergies or other relevant information (speech/language assistance, counseling, etc.) that we should be aware of:	

Declaration of Aboriginal Status
(Your response is voluntary.)

Status	Yes	No
Non-Status		
Métis		
Does Not Apply		

Student is Entering Grade: (please check)

Students must be 5 years of age on or before October 31 in order to register for Kindergarten

K	1	2	3	4	5	6	7	8
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Address:

Required: Mailing Address (may be a mailbox number):

Required: Street Address (town) or Land Description (please indicate if First Nation Reserve):

Religion:

Current Parish:

Please check all sacraments that have been received:

Baptism	First Reconciliation	Communion	Confirmation
Year Rec'd	Year Rec'd	Year Rec'd	Year Rec'd
Parish	Parish	Parish	Parish

Last School Attended (if other than St. Vital)

Name of School	Location
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Contact Information:

Home Phone Number:	E-Mail Address:
Cell Phone Number:	Student Resides With: please provide name(s)
Mother's Name & Daytime Number(s) & Employer:	
Father's Name & Daytime Number(s) & Employer:	
Please provide a copy of any legal custody agreements or restraining orders to us.	

Emergency Contact Information

Name:	Phone Number:
Relationship to Student:	
Name of Bus Driver and Bus Number:	

Billet Information

ALL students who do not reside in the town of Battleford require emergency shelter plans within the town of Battleford.

Name:	Phone Number:
Street Address:	