



JOHN PAUL II COLLEGIATE GRADE 8 & 9 REGISTRATION FORM 2023 - 2024

Name: _____ Grade Applying For: ____
Last Name Given Names

Have you registered at John Paul II Collegiate at any time before? Yes No

Birth Date: |_|_|_|_| |_|_|_|_| |_|_|_|_| Gender: Preferred Pronoun: He She They
Y Y Y Y M M M D D

Phone Numbers: _____ Home Phone Number Student Cell Phone Number Parent Email Address(es)
Street Address: _____ House Number & Street City Postal Code
Mailing Address: _____ (If different from above) House Number & Street or Post Office Box City Postal Code
Legal Address: _____ Quarter Section Section Township Road Range Road Meridian

Last School Attended: _____ School Name City
Emergency Contact: (If we are unable to reach parents/guardians) Name: _____ Phone: _____

I am living with (check one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only
<input type="checkbox"/> Guardian <input type="checkbox"/> On My Own <input type="checkbox"/> Other _____
Mother/Stepmother/Guardian Name: _____ Cell #: _____
Occupation/Place of Business: _____ Phone: _____
Father/Stepfather/Guardian Name: _____ Cell #: _____
Occupation/Place of Business: _____ Phone: _____

Religion: _____ Were you Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you Confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Parish: _____

MEDICAL INFORMATION: Please list any serious allergies, illnesses or conditions that you feel the school should be aware of. Feel free to contact the main office with details.

Please complete all four pages.
Concerns: contact 306-446-2232 FAX: 306-446-0757
<http://jp2.loccsd.ca/> Email: john.paul@loccsd.ca

Student's Name: _____

Program: Regular French Immersion

GRADE 8

English Program

Compulsory Courses

- Language Arts
- Mathematics
- Science
- Social Studies
- Physical Education
- Catholic Studies
- Health & Career Education
- Arts Education
- PAA Industrial Arts/Home Economics

Extra Class for English and French Programs

- Band (Offered twice a week at 8AM)

French Immersion Program

Compulsory in French:

- French Language Arts
- Social Studies
- Catholic Studies
- Health & Career Education
- Science
- Arts Education

Compulsory in English:

- Language Arts
- Mathematics
- Physical Education
- PAA Industrial Art or Home Ec

John Paul II Academies ***Please inquire with school principal Mr. Yockey at 306-446-2232 if you are interested in these opportunities.*

- Hockey Academy
- Arts Academy

Grade 8 & 9 Fee Information

Compulsory for ALL students:

Text/Resource*	\$25.00 (for first-time registrants only; refundable when student leaves school)
SRC Activities	<u>\$30.00</u>
	\$55.00

NOTE: Students are responsible for lost and/or damaged textbooks, and will be charged accordingly.

Special Fees (may change)

Yearbook	\$40.00
Home Economics 8	\$20.00
Home Economics 9	\$35.00
Arts Education 8 & 9	\$15.00
Industrial Arts	\$40.00
Art	\$20.00
Locks	\$ 7.00
Gym Uniform	\$28.00

School Fees - Please Arrange To Pay School Fees On Registration Day

Student's Name: _____

Program: Regular French Immersion

GRADE 9

English Program

Compulsory Courses:

- Language Arts
- Mathematics
- Science
- Social Studies
- Physical Education
- Catholic Studies
- Health & Career Education
- Arts Education
- PAA Industrial Arts/Home Economics

Extra Class for English and French Programs

- Band (Offered twice a week at 8AM)

French Immersion Program

Compulsory in French

- French Language Arts
- Science
- Social Studies
- Catholic Studies
- Arts Education
- Health/Career Education

Compulsory in English

- Language Arts
- Mathematics
- Physical Education
- PAA Industrial Art or Home Ec

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- Hockey Academy
- Arts Academy

DRIVER EDUCATION is offered during the noon hour as a NON-CREDIT class. Students must be 15 years of age as of May 15, 2024. If you wish to take Driver Education, please complete the following:

Birthday: Year |__|__|__|__| **Month** |__|__|__| **Day** |__|__|

Activity Waiver: I am satisfied that my child, _____, is in good health and may take part in strenuous activities and therefore has my permission to take part in any physical activities and sports conducted by John Paul II Collegiate.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Consent for Out-Of-School Excursions: Many learning opportunities happen within the community and surrounding vicinity. Parents should be aware that students may sometimes leave the school grounds during their regular class time for educational purposes. Students will always be under the direction of a teacher or educational associate and, during such excursions, would normally be walking or riding in an authorized school division vehicle. Parents will be informed of excursions before they occur. I hereby consent that my child _____ may be taken on community excursions authorized by John Paul II Collegiate during the school year.

Parent / Guardian Signature: _____ Date: _____

For Parents/Guardians of Non-Catholic Students: I understand that John Paul II Collegiate is a Catholic school. I agree to have my child fulfill the enrolment requirements of compulsory active participation in Catholic Studies classes and liturgical celebrations, excluding the receiving of the Sacraments.

Parent / Guardian Signature: _____ Date: _____

Self-Declaration Form

This information is used solely to help define programming and services to assist in the success and achievement of Aboriginal students in and throughout their schooling experience.

Are you of Native Ancestry? Yes No If yes, check one: Status/Treaty Metis Non-Status

Reserve of Residency: _____ (where applicable)

Treaty Number: _____ (where applicable)

The Following has Been Requested by Saskatchewan Ministry of Education

First Language Spoken in the Home

English French

Other _____

Second Language Spoken in the Home

English French

Other _____

Citizenship: Canadian Other _____

Country of Birth: Canada Other _____

If Canada, what is Province of Origin: Saskatchewan Other _____

FOR SCHOOL USE ONLY:

Program: English French

Student Number: _____

Department Number: _____