## JOHN PAUL II COLLEGIATE GRADE 8 & 9 REGISTRATION FORM 2024 - 2025

Name:	Last Name (	Given Names	Grade Applying Fo	r:			
			/ - □NI-				
Have you registered at John P Birth Date:	•	me before?  ∟Y ·r:   He     She	es ⊔no				
	M M D D	I. HE SHE					
Phone Numbers:	e Number Student Cell	<del> </del>					
Home Phone	e Number Student Cell	Phone Number	Parent Email Addre	ss(es)			
Street Address:							
House Num	nber & Street	City	, Po	ostal Code			
Mailing Address:							
(If different from above) House Numb	er & Street or Post Office Box	City	y Po	stal Code			
Legal Address:							
Quarter Section	Section Township Road	d Range Road	Meridian				
Last School Attended:							
Last School Attended:	School Name	C	City				
Emergency Contact: (If we are unable to reach parents/guardians)							
I Emergency Contact: (If we are	unable to reach parents	(guardians)	Name: Phone:				
,	unable to reach parents	•					
,	e unable to reach parents	•					
,	·	Phone:	□Mother Only				
Name:	□Both Parents	Phone:	□Mother Only				
I am living with (check one):  Mother/Stepmother/Guardian	Both Parents   □Guardian   Name:	Phone: □Father Only □On My Own	□Other Cell #:				
I am living with (check one):  Mother/Stepmother/Guardian Occupation/Place of Business	□Both Parents   □Guardian   Name:	Phone: □Father Only □On My Own(	□Other Cell #: Phone:				
Name:  I am living with (check one):  Mother/Stepmother/Guardian Occupation/Place of Business Father/Stepfather/Guardian Name	□Both Parents   □Guardian   Name: ::	□ Phone: □Father Only □ On My Own (	□Other Cell #: Phone: Cell #:				
I am living with (check one):  Mother/Stepmother/Guardian Occupation/Place of Business	□Both Parents   □Guardian   Name: ::	□ Phone: □Father Only □ On My Own (	□Other Cell #: Phone:				
Name:  I am living with (check one):  Mother/Stepmother/Guardian Occupation/Place of Business Father/Stepfather/Guardian Na Occupation/Place of Business	□Both Parents □Guardian □Suardian □	Phone:Phone:	□Other Cell #: Phone: Cell #: Phone:				
Name:  I am living with (check one):  Mother/Stepmother/Guardian Occupation/Place of Business Father/Stepfather/Guardian Name	□Both Parents □Guardian □Suardian □	Phone:Phone:	□Other Cell #: Phone: Cell #:				

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 <a href="http://jp2.loccsd.ca/">http://jp2.loccsd.ca/</a> Email: john.paul@loccsd.ca

Student's Name:Program: □Regular □French Immersion				
GRADE 8				
English Program	French Immersion Program			
Compulsory Courses  [XX] Language Arts  [XX] Mathematics  [X] Science  [X] Social Studies  [X] Physical Education  [X] Catholic Studies  [X] Health & Career Education  [X] Arts Education  [X] PAA Industrial Arts/Home Economics	Compulsory in French:  [XX] French Language Arts  [X] Social Studies  [X] Catholic Studies  [X] Health & Career Education  [X] Science  [X] Arts Education  Compulsory in English:  [XX] Language Arts  [XX] Mathematics  [X] Physical Education			
Extra Class for English and French Programs  [ ] Band (Offered twice a week at 8AM)	[X] PAA Industrial Art <u>or</u> Home Ec			
John Paul II Academies ** Please inquire with school principal Mr. Yockey at 306-446-2232 if you are interested in these opportunities. There will be fees attached to these two options, TBD.  [ ] Hockey Academy [ ] Arts Academy				

## **Grade 8 & 9 Fee Information**

Compulsory <b>for AL</b> I	L students:
Text/Resource*	\$25.00 (for first-time registrants only; refundable when student leaves school)
SRC Activities	\$30.00
	\$55.00
NOTE: Students are	e 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	9 \$15.00
Industrial Arts	\$40.00
Art	\$20.00
Locks	\$ 7.00

Student's Name:  Program: □Regular □French Immersion	<u> </u>			
GRADE 9				
English Program Compulsory Courses: [ XX ] Language Arts [ XX ] Mathematics	French Immersion Program Compulsory in French [XX] French Language Arts [X] Science			
<ul> <li>[X] Science</li> <li>[X] Social Studies</li> <li>[X] Physical Education</li> <li>[X] Catholic Studies</li> <li>[X] Health &amp; Career Education</li> </ul>	<ul><li>[X] Social Studies</li><li>[X] Catholic Studies</li><li>[X] Arts Education</li><li>{X] Health/Career Education</li></ul>			
[X] Arts Education [X] PAA Industrial Arts/Home Economics	Compulsory in English [XX] Language Arts [X] Mathematics [X] Physical Education			
Extra Class for English and French Programs  [ ] Band (Offered twice a week at 8AM)	[X] PAA Industrial Art <u>or</u> Home Ec			
John Paul II Academies ** Please inquire with schare interested in these opportunities.  [ ] Hockey Academy [ ] Arts Academy	ool principal <b>Mr. Yockey at 306-446-2232</b> if you			
<b>DRIVER EDUCATION</b> is offered during the noon hour as a <u>NON-CREDIT</u> class. Students must be 15 years of age as of May 15, 2025. If you wish to take Driver Education, please complete the following: <b>Birthday:</b> Year             <b>Month</b>         <b>Day</b>				

Activity Waiver: I am satisfied that my child,	, is in good health and may take
part in strenuous activities and therefore has my perm	nission to take part in any physical activities and
sports conducted by John Paul II Collegiate.	Date:
Parent / Guardian Signature:	Date
Parent / Guardian Consent for Out-Of-School Excessibility in the community and surrounding vicinity. Parent sometimes leave the school grounds during their regulated Students will always be under the direction of a teach excursions, would normally be walking or riding in an be informed of excursions before they occur. I hereby be taken on community excursions authorized by Joh Parent / Guardian Signature:  For Parents/Guardians of Non-Catholic Students: Catholic school. I agree to have my child fulfill the enriparticipation in Catholic Studies classes and liturgical Sacraments.	ts should be aware that students may ular class time for educational purposes. Her or educational associate and, during such authorized school division vehicle. Parents will of consent that my child may an Paul II Collegiate during the school year Date:
Parent / Guardian Signature:	Date:
Self-Declaration Form This information is used solely to help define program achievement of Aboriginal students in and throughout Are you of Native Ancestry? □Yes □No If yes, chec Reserve of Residency: (which the Treaty Number: (which the Control of Treaty Number: (which	t their schooling experience. ck one: □Status/Treaty □Metis □Non-Status vhere applicable)
The Following has Been Requested by Sas First Language Spoken in the Home    English	Second Language Spoken in the Home  □English □French  □Other
FOR SCHOOL USE ONLY:	
Program: □English □French Student Number: Department Number:	