

2024-2025 Student Registration Grade 9

Date of Application:	Ever Attended a School in SK? ☐ Yes ☐ No			□ No	FOR OFFICE USE ONLY		
School Receiving Application: SHELDON-WILLIAMS COLLEGIATE					SDS No.		
Student Information					Room		
Student's Legal Name (documentation v	erifying student's lega	al name and birthd	late is required for re	gistration	n): Midd	lle:	
Preferred Name Used (if different from	m legal name): Last	ı:			First:		
Birthdate:	☐ Male ☐	Female 🚨	Unspecified	0.000.000.000.000.000	dian Citizen	?	□ No
FOR OFFICE USE ONLY				(9 110)			Togot delony
Check documentation used to verify stude Canadian Birth Certificate Permanent Resident Card/Document Signature of person verifying document:	nt's name and birth Canadian Citizer Immigration Pa	nship Certificate	□ Canadian	(If no		ficate of Indian shown, please consistration.)	- 1.1 T. K.
Primary Phone:	Stu	ident Phone:				Grade:	La F
Heritage Information			1 12 4 15 1	10			EGS.
The following information is collected Information and Protection of Privacy							
Country of Birth:		Country of Cit	tizenship:				
First Language spoken at home:		Second Langu	ıage spoken at h	ome:			
In the last school year, has the studen	t had English-lang	uage support?	☐ Yes ☐ No				
Is one or more parent Canadian/Perm	anent Resident?	☐ Yes ☐ No	(If no, please cont	act Newc	omer Welcom	e Centre for regis	tration.)
Home Address: House #	Street		Apartme	nt #	City	Į P	ostal Code
If living on an acreage or farm, ple Section: Town		location:	Range:		Meridia	nn:	
What program are you applying fo	r? 🛘 English	☐ French					
In which school division do parents/gu	uardians reside?	☐ Regina Pub	lic <i>or</i> 🗖 Other (s	pecify)			
School-age Siblings: Please list name, gr	ade and school of ea	ach sibling.					
Last School Attended:							
Self-Declaration Information	on in				30.	O TO THE REAL	You !!
Information on Indigenous ancestry is educational services and program dec Schools are required to provide stude https://www.reginapublicschools.ca/i	isions at the local nts with the oppor	and provincial rtunity to self-	levels. Self-decla	aration	is voluntary	and <u>is not</u> mar	ndatory.
Indigenous people are those who ider Non-Status, Métis, or Inuit. Based on person? ☐ Yes ☐ No							
If Yes , please check the box that best ☐ First Nations/Registered/Treaty/Sta	atus						

Medical Information: Please provide any necessary medical information below or use a separate sheet and attach it to this form if needed.

School registration information may also be provided to the Saskatchewan Health Authority (SHA) for the purpose of arranging, assessing the need for, providing, continuing or supporting the provision of a service requested or required by the student. PLEASE NOTE: Prior to any service being provided to the student by the SHA, express consent will be obtained from the parent/guardian or student (18 years and older).

Custody and/or Contact Arrangements:

Parent/Guardian	or Child Care P	rovider Contact In	formati	on (Please fill out in	order of	contact priori	
Contact #1:	act #1: Last Name First Name			Relationship:			
☐ Lives with student <i>OR</i> giv	e address below:	,					
Apartment # Hou	se #	Street		City		Postal Code	
E-mail:			Place	of Work:			
Home Phone:	Cell Phone:		Work Phone:				
Contact #2:	Last Name First Name			Relationship:			
Lives with student <i>OR</i> giv	e address below:						
Apartment # Hou	se#	Street		City		Postal Code	
E-mail:	mail:			Place of Work:			
Home Phone:	Cell Ph	Work Phone:					
Contact #3:	Last Name First Name			Relationship:			
Lives with student OR giv	e address below:						
Apartment # Hou	se #	Street		City		Postal Code	
E-mail:	nail:		Place of Work:				
Home Phone:	Cell Phone:		Work Phone:				
Contact #4: Last Name First Name			Relationship:				
Lives with student <i>OR</i> giv	e address below:						
Apartment # Hou	se #	Street		City		Postal Code	
-mail:		Place	Place of Work:				
Home Phone:	Cell Ph	Cell Phone:		Work Phone:			
Additional Contac	t Information						
Social Worker Name: (i	f applicable)			Phone:			
Other:				Phone:			



Grade 9 Course Request Form 2024-2025

Student Name:	Previous school	UI:			
Required Courses:					
☑ 0900A English Language Arts 9 (Seme	ster 1) 🗹 0900B English Languag	e Arts 9 (Semester 2)			
☑ 0901A Mathematics 9 (Semester 1)	☑ 0901B Mathematics 9 (Se	emester 2)			
☑ 0902 Science 9		:			
☑ 0913 Social Studies 9	Students will be issued school clothing for Phys. Ed. which is included in their school fees.				
☑ 0906 Physical Education 9		All clothing is adult sizing.			
☑ 0904 Practical & Applied Arts 9	Please select: ☐ Long Sleeve Shirt or				
☑ 0911 Fine Arts 9		☐ Short Sleeve Shirt			
In addition, you must choose one class fro	m the following:	Size: □XS □S □M □L □XL □XXL			
□ 0941 French 9					
□ 0950 Health Education 9					
Elective Courses: You may choose any or all of the following	j :				
	week, all year – must also be in Band)				
☐ 0911 Choral 9 (noon hour class, tw ☐ 0911 Vocal Jazz 9 (7:30am, twice a					
Student Support: To assist you in a smooth transition to Sh □ Learning Resource/Tutorial Support □ English as an Additional Language Sup □ School Counselor Support		k off any supports you received in your previous school			
Student Signature	Parent/Guardian Signature	Date			

FEES: Please be aware that some courses have nominal fees. All students will be issued textbooks in accordance with subjects selected. As the cost of texts can easily be in excess of \$200.00 per student, it is understandable that students must return books in the condition issued. Parents/students will be expected to pay for lost or damaged books.