



ST. BENEDICT CATHOLIC SECONDARY SCHOOL

2993 Algonquin Road
Sudbury, Ontario
P3E 4X5

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K. Dreger, Principal

J. Way, Vice-Principal

STUDENT REGISTRATION FORM Grade 10 - 12

PART A - STUDENT INFORMATION

OEN:	Registration for Grade: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname:	Given Name:	House #:	Street Name:
Date of Birth: Year	Month	Day	Apt #:
Last School Attended:		City:	Site:
		Postal Code:	
		Telephone: <input type="checkbox"/> Unlisted	
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Landed Immigrant Status	Entry Date to Canada:
		Country at Birth:	First Language:
Do you have any siblings attending St. Benedict C.S.S. Name:			Grade:
Religion:		Parish:	
<input type="checkbox"/> Non Resident <input type="checkbox"/> Aboriginal Ancestry			

PART B - PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian			<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian		
Surname	Given Name	Title	Surname	Given Name	Title
<i>(if different from Student's address)</i>			<i>(if different from Student's address)</i>		
Address:		Apt.	Address:		Apt.
City:		Postal Code:	City:		Postal Code:
Home #:	Business #:	Ext.	Home #:	Business #:	Ext.
Cell #:	Email:		Cell #:	Email:	
Student Living with : <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal guardians <input type="checkbox"/> Grandparents					
OR Other (Please identify):					

PART C - EMERGENCY CONTACT INFORMATION

In an emergency, the school will attempt to call either of the parents. The information given here will be used ONLY IF NEITHER PARENT can be reached.

Contact Person's Name:	Doctor's Name:
Telephone:	Telephone:
Ext.:	
Ontario Health Card Number:	
Medic Alert Condition:	Disability Condition:
If your son/daughter has a particular medical problem that the school should know about in case of an emergency, please list it here:	
Parent's Signature	Student's Signature

