



# ST. BENEDICT CATHOLIC SECONDARY SCHOOL

## HOME OF THE BEARS

2993 Algonquin Road, Sudbury, Ontario, P3W 4X5 tel:(705) 523-9235 fax: (705) 523-4115

<http://st-benedict.sudburycatholicsschools.ca>

B. Belanger, Principal



SUDBURY CATHOLIC  
DISTRICT SCHOOL BOARD

PART A - STUDENT INFORMATION			
OEN:		Gender:    Male            Female            Other	
DOB (mm/dd/yyyy)		Street Name:	
Legal Surname:	Legal Given Name:	House #            Apt #            P O Box	
Current School:		City:	Postal Code:
Proof of Age: Birth Cert.            Other		Telephone:	
Canadian Citizen            Province of Birth	Landed Immigrant Status		
		Country of Birth:	First Language
Do you have any siblings attending St. Benedict? If yes, Name(s)			
Religion:		Parish:	
Aboriginal Status:            First Nations            Metis            Inuit			
PART B - PARENT/GUARDIAN INFORMATION			
Father            Step-Father            Guardian	Mother            Step-Mother            Guardian		
Surname, Given Name:		Surname, Given Name:	
(if different from Student's address)		(if different from Student's address)	
Address:		Address:	
City:	Postal Code	City:	Postal Code
Home #            Cell #	Home #            Cell #		
Work #            Ext.	Work #            Ext.		
Email:		Email:	
Student resides with:            Both Parents            Father only            Mother only            Legal guardians			
OR Other (please identify):			
PART C - EMERGENCY CONTACT INFORMATION			
(In an emergency, the school will attempt to call either of the parent(s)/guardian(s). The information given here will only be used IF NEITHER PARENT(S)/GUARDIAN(S) can be reached.)			
Contact Person's Name:		Medical Condition:	
Telephone:	Ext.	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:			

