



ST. BENEDICT CATHOLIC SECONDARY SCHOOL

GRADE 10 TO 12 REGISTRATION FORM

2993 Algonquin Road, Sudbury, Ontario, P3E 4X5

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

Telephone: 705-523-9235

Fax: 705-523-4115

PART A – STUDENT INFORMATION

OEN:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
DOB (mm/dd/yyyy)		House #	Apt # P O Box
Legal Surname:	Legal Given Name:	Street Name: RR #	
		City:	Postal Code:
Current School:		Telephone: ()	
Proof of Age <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Other			
<input type="checkbox"/> Canadian Citizen	Province of Birth:	<input type="checkbox"/> Landed Immigrant Status	Entry Date to Canada
		Country at Birth:	First Language
Do you have any siblings attending St. Benedict? If yes, Name(s)			
Religion:		Parish:	
Aboriginal Status: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit			

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:	Surname, Given Name:
<i>(if different from Student's address)</i>	<i>(if different from Student's address)</i>
Address:	Address:
City: Postal Code	City: Postal Code
Home # Cell #	Home # Cell #
Business # Ext.	Business # Ext.
Email:	Email:
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> 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:	Medic Alert 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:	

GRADE 9 COMPULSORY SUBJECTS				
	OPEN	ACADEMIC	APPLIED	FRENCH IMMERSION
Religion	HRE 100			HRE 10I
English (select 1)		ENG 1D0	ENG 1P0	
Math (select 1)		MPM 1D0	MFM 1P0	
Geography (select 1)		CGC 1D0	CGC 1P0	CGC 1DI
Science (select 1)		SNC 1D0	SNC 1P0	
French (select 1)		FSF 1D0	FSF 100	FIF 1DI
GRADE 10 COMPULSORY SUBJECTS				
	OPEN/ESSENTIAL	ACADEMIC	APPLIED	FRENCH IMMERSION
Religion	HRE 200			HRE 20I
English (select 1)	ENG 2L0	ENG 2D0	ENG 2P0	
Math (select 1)		MPM 2D0	MFM 2P0	
History (select 1)		CHC 2D0	CHC 2P0	CHC 2DI
Science (select 1)		SNC 2D0	SNC 2P0	
French				FIF 2DI
Civics/Careers (select 1)	CHV 200/GLC 200			CHV 20I/GLC 20I
GRADE 11 COMPULSORY SUBJECTS				
	COLLEGE/OPEN/ESSENTIAL	UNIVERSITY	UNIVERSITY/COLLEGE	FRENCH IMMERSION
World Religions (select 1)	HRF 300			HRT 3MI
English(select 1)	ENG 3C0 or ENG 3E0	ENG 3U0		
Math (select 1)	MBF 3C0 or MEL 3E0	MCR 3U0	MCF 3M0	
French				FIF 3UI
GRADE 12 COMPULSORY SUBJECTS				
	COLLEGE/OPEN/ESSENTIAL	UNIVERSITY	UNIVERSITY/COLLEGE	FRENCH IMMERSION
Religion (Church and Culture)	HRE 400		HRE 4M0	
English	ENG 4C0 or ENG 4E0	ENG 4U0		
French				FIF 4UI
ELECTIVES				
Course Name:			Course Code:	
Course Name:			Course Code:	
Course Name:			Course Code:	
Course Name:			Course Code:	
Course Name:			Course Code:	
Course Name:			Course Code:	

"I consent to the collection, use and disclosure of the above noted personal information for the purpose of providing safe student transportation, and I understand that this information may be disclosed to the providers of such transportation."

The student has an exceptionality Exceptionality: _____

Alternative programs Lifeskills ASD

Documentation Received: Report Card Transcript
 Credit Counselling Sheet I.P.R.C.
 I.E.P. Educational Assessment

Parent(s)/Guardian(s) Signature: _____