



# ST. BENEDICT CATHOLIC SECONDARY SCHOOL

2993 Algonquin Road  
Sudbury, Ontario  
P3E 4X5

Telephone: (705) 523-9235

Email: sch1205@scdsb.edu.on.ca

Fax: (705) 523-4115

G. Mathieu, 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 #:	Site: <input type="checkbox"/> R.R.#:	
Last School Attended:			City:	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 #:		Home #:		Business #:
		Ext.				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						
<i>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.</i>						
Contact Person's Name:			Doctor's Name:			
Telephone:		Ext.		Telephone:		
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			

