

**Grade Registering for \_\_\_\_\_**

**Eastern School District- No. 400359**

340 Newfoundland Drive

St. John's, NL,

**ST. PAUL'S JUNIOR HIGH SCHOOL**

**STUDENT REGISTRATION**



Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yy)

Legal Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Have you previously enrolled in a school in NL?  yes  no

Are you a former student of this school?  yes  no

School last attended: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Date of leaving last School: \_\_\_\_\_ Grade at leaving: \_\_\_\_\_

Parent/Guardian 1 (Relationship): \_\_\_\_\_

*Does student reside with this person?*

yes  no

Name: \_\_\_\_\_

(First Name) (Surname)

Phone: Evening: \_\_\_\_\_ Day: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian 2 (Relationship): \_\_\_\_\_

*Does student reside with this person?*

yes  no

Name: \_\_\_\_\_

(First Name) (Surname)

Phone: Evening: \_\_\_\_\_ Day: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*email addresses will be used by the school to send home newsletters and reminders. Hard copies can be requested through the main office.

Does the student use a wheel chair ?  yes  no

Does the student have any medical conditions the school administration/teacher should be made aware of?  yes  no

If yes please describe. \_\_\_\_\_

Are there any special learning needs which would relate to the programming needs for your child? ?  yes  no

If yes please describe. \_\_\_\_\_

**EMERGENCY INFORMATION (if parent not available)**  
***Person(s) authorized to care for child in case of emergency***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Evening: \_\_\_\_\_ Day: \_\_\_\_\_

Phone Evening: \_\_\_\_\_ Day: \_\_\_\_\_

**CUSTODY**

*In rare instances a child may be designated as protected, or may be the subject of a custody or access order, if the Court Order has been issued under the **Child Welfare Act**, the **Divorce Act** or the **Criminal Youth Justice Act**. Please indicate if any such order affecting the safety, security, custody or access of child has been issued*

yes If yes, please make arrangements to discuss this situation with the school administration. **Legal documentation is required.**