



RJC High School RETURNING STUDENT FORM 2024–25

Name _____ Date _____
First Last

Returning for Grade _____ Are you applying to live in dormitory? Yes _____ No _____

Single room (additional fee may apply) _____ Double room _____

Any changes to personal information? Yes _____ No _____

If yes, please update information below:

Home Address _____

Home Phone _____ Student Cell Phone # _____

Parent Email _____ Student Email _____

Other _____

Welcome back! Briefly tell us what you are looking forward to by returning to RJC: _____

Tell us one thing you would like to personally improve on to make this year better: _____

Are you presently on any medication? Yes _____ No _____

If yes, please specify:

***Note that if you are living in the dormitory and requesting RJC staff to dispense medication, a medical dispensation form is required. Please email office@rjc.sk.ca for this document.**

Student, your signature below indicates your continued commitment to RJC and your willingness to contribute in a positive way to create a healthy, positive and supportive learning community.

Signature of Student Date

Parent (Guardian), your signature on this form indicates your support of your child attending RJC and participating in RJC's programming (both on and off campus). Your signature also indicates your responsibility for full payment of fees and/or arrangement of fee payment.

Signature of Parent (Guardian) Date

OFFICE USE: All returning student forms are reviewed by RJC's admin team. If there are any follow up questions or concerns the parent (guardian) will be contacted by the school.

Signature of School Admin Date